



NATIONAL
DOCTORS
TRAINING
& PLANNING

Abstract Booklet

A photograph of two medical professionals in blue scrubs. The woman in the foreground is looking towards the left, gesturing with her hands as if in conversation. The background is slightly blurred, showing a clinical setting.

Development Funding
2023-2024 Cycle





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DEVELOPMENT FUNDING 2023-2024 CYCLE

PROJECT SUMMARIES

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Project: Early Career Surgeons Preparing for Consultant Practice.

2. Royal College of Surgeons in Ireland (RCSI)

Project: Decentralisation of Surgical and Emergency Medicine Training.

3. Royal College of Physicians of Ireland (RCPI)

Project: A Near-peer Mentorship Programme for Paediatric NCHDs across a hospital group.

4. The College of Psychiatrists of Ireland

Project: Train the Trainer for Simulation in Psychiatry (TTTSimPsych).

5. The College of Psychiatrists of Ireland

Project: Curriculum development through building a framework of Entrustable professional activities (EPAs) in psychiatry training in Ireland.

6. Royal College of Surgeons in Ireland (RCSI)

Project: Integration of 'The Anatomy and Radiology Contouring Boot Camp' into the higher specialist training curriculum for Radiation Oncology Specialist Registrars.

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DEVELOPMENT FUNDING 2023-2024 CYCLE

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Project: Development and Roll-Out of Trauma Management Skills (Surgery) Course.

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19. Royal College of Surgeons in Ireland (RCSI)

Project: Peer Mentoring Programme for Core Specialist Trainees.

Project Abstract 1: 03RCSI

► **Project Title: Early Career Surgeons Preparing for Consultant Practice**

► **Lead Agency: RCSI**

Abstract

Appointment to a consultant role is a pivotal point in a clinician's career.

The RCSI is committed to supporting surgeons for the entirety of their journey from trainee to specialist surgeon.

The RCSI has developed a programme designed to equip those who are at this critical point with the skills, knowledge and competences to make a successful transition from trainee to consultant.

The challenges identified by early career surgeons include:

- how to establish a clinical service
- negotiate with colleagues and management
- how to make an immediate positive impact for patients

Education and Training

Surgery is technically challenging for individual surgeons however, successful surgical outcomes depend on complex individual, technical and organisational factors working together.

A human factors programme aimed specifically at Early Career surgeons is now integrated into the final stages of training and includes the following:

- Preparation for Consultant Practice
- Leadership in Healthcare
- Management of a clinical team
- Developing teaching skills
- Management of a clinical practice
- Risk and audit management
- Train the trainer
- Working as a consultant in the Irish health service

Early Career Surgical Network

The RCSI Early Career Surgical Network is a pan-specialty peer support community for surgeons completing training, on fellowship and who have recently started practice as a consultant surgeon.

Membership is open to all those currently working as consultant surgeons in Ireland or Northern Ireland, especially (but not limited to) those in the first 2 years of consultant practice. Open to Irish surgical trainees and post CCSTs currently on international Fellowship. By invitation to doctors who pass Part A of the intercollegiate exam (FRCSI), whether or not they are on a training programme.

Aims and Objectives of the RCSI Early Career Surgical Network

- Create a peer support community for early career surgeon
- Increase opportunities for networking for early career surgeon
- Facilitate increased participation in the RCSI community for those at an early stage of career
- Provide relevant practical information to support younger surgeons with personal and professional development

Some examples of areas for practical support and advice:

- a. How to get started as a consultant (negotiation)
- b. How to set up your practice and develop a job plan
- c. How to negotiate for resources as an early career consultant
- d. Writing a business plan
- e. Managing evolving relationships (mentee to colleague)
- f. How to develop improvements in practice
- g. Pathway to implementing practice change as a new appointee
- h. Maintaining and learning new technical skills
- i. Developing a younger voice and vision from RCSI
- j. Opportunities to influence policy and practice

This group now established with a Chair is Ms Christina Fleming, recently appointed General Surgeon at Limerick University Hospital. A committee has now been established which is inclusive of the different specialties and ensures regional representation. This is an all island group.

The group has a specific brand and a communications strategy.

Project Abstract 2: 04RCSI

- ▶ **Project Title: Decentralisation of Surgical and Emergency Medicine Training**
- ▶ **Lead Agency: RCSI**

Abstract

The RCSI simulation training centre at St Stephen's Green delivers high-level simulation training in technical and non-technical skills to trainees in Surgery, Emergency Medicine, Radiology and Ophthalmology.

The education and training is available to trainees and doctors not currently enrolled on a formal training programme this includes doctors not aligned to the RCSI who are enrolled in the Continuous Professional Development Programme (CPD).

The decision to expand the simulation programme to training sites outside of Dublin was driven by a number of factors, including the increased demand for the training courses and feedback from doctors working outside of Dublin.

The demand for simulation training courses continues to grow with waiting lists for specific courses now a regular occurrence. At the conclusion of each course the RCSI requests feedback from the attendees. Those attending the training regularly advise of the challenges of travelling to Dublin for training, the time it takes to travel, the impact on the clinical sites, and of note is the difficulty getting released for training due to extended time away from the clinical site.

The key objective of this project was to ensure that the availability of simulation training continues to expand to meet the needs of the clinical community throughout the health care system. The first stage of this initiative was to identify faculty leads in the existing simulation facilities that already exist at the ASSERT centre in Cork and the ICAPSS centre in Galway.



The next phase was to use the funding received to purchase the necessary equipment and provide training to technical staff on both sites to ensure that the necessary expertise was available to prepare and support complex simulation on courses regionally. The consistency of the experience of trainees was very important and measures were put in place to ensure that this was the case.

The list of courses delivered over the past six months include:

- Operative surgical skills courses, aimed at those on the Core Specialist Training programme
- Neurosurgery training aimed at trainees on the Higher Specialist Training Programme
- Cardiothoracic training aimed at trainees on the Higher Specialist Training programme
- Procedural Sedation and Analgesia for those on the Continuous Professional Development Programme
- Suturing Skills and Wound Course for those on the Continuous Professional Development Programme

Regionalisation of Simulation Training – The Future

The success of this project has led to the development of a wider programme with an expanded number of locations offering an expanded amount of courses.

This will lead to a greater number of doctors benefitting from simulation training which can only lead to an improved training and better patient care.

Project Abstract 3: 05RCPI

- ▶ **Project Title:** A Near-peer Mentorship Programme for Paediatric NCHDs across a hospital group
- ▶ **Lead Agency:** Royal College of Physicians of Ireland (RCPI)

Abstract

Project's Outcomes

A Near-Peer Mentorship Programme for Paediatric non consultant hospital doctors (NCHDs) across Children's Health Ireland (CHI), with 109 participants was established July 2023-24 modelled on best practice. There were 55 mentor-mentee pairs ranging from intern to senior registrar. One NCHD requested a dual role, to be both a mentor and mentee. A broad range of clinical specialities were involved with NCHDs from 22 clinical specialities: (Figure 1) with the top three being General Paediatrics (18%, n=20), Surgery (11%, n=12), and Respiratory (8%, n=9). Twenty-three percent of participating NCHDs were not on training schemes. Near-peer mentors underwent dedicated mentor training. Mentees attended a programme information session. Overall, mentors and mentees were very positive about this new, evidence based, structured, mentoring project involving regular mentor-mentee meetings and regular feedback.

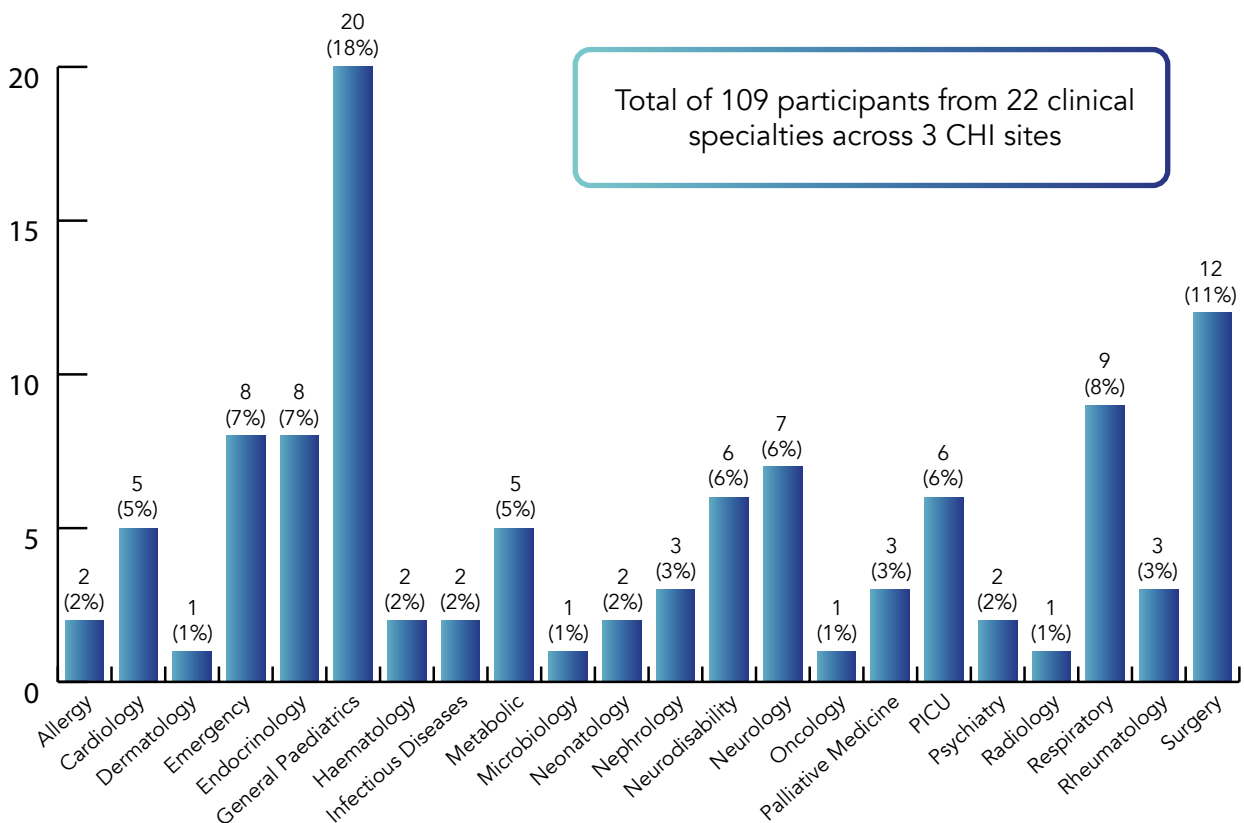


Figure 1: Number of participants by clinical specialty in the 'Near-peer Mentorship Programme for Paediatric NCHDs across a hospital group'. 2

Evaluation- Measuring Success

i. Feedback on Mentor Training

The majority of respondents 94% (n=31) said training was useful preparation to be a mentor and found it helpful that the training faculty had three different professional backgrounds (91%, n=30).

ii. Feedback on Mentee Information Session

Similarly the majority of mentees (76.6% n=23) said it was useful preparation to be a mentee.

iii. Mentor-mentee engagement

Thirty-nine (71%) mentor-mentee pairs submitted feedback following their 1st formal meeting. Topics most commonly discussed were Clinical work (100%, n=39) and Career development (100%, n=39) followed closely by Training & Education (97.4%, n=38) and Personal Progress (95%, n=37). Open-ended feedback received: "Going well so far. Had our first win. We did interview practice, and he got the job he wanted!"; "Amazing mentor. Very organised and supportive with clear plans".

iv. Feedback from mentors

Overall very positive. The majority of respondents (93.5%, n=29) rated the project 'Good', 'Very Good' or 'Excellent' ; said their responsibilities were clearly defined (90%, n=28); felt supported by the project team (87%, n=27) and reported a 'Good', 'Very Good' or 'Excellent' relationship with their mentees (90%, n=28). Some would have liked additional training (58%, n=18).

v. Feedback from mentees

Mentee respondents (100%, n=25) rated the project 'Good', 'Very Good' or 'Excellent'; said their responsibilities were clearly defined (92%, n=23); felt supported by the project team (84%, n=21) and reported a 'Good', 'Very Good' or 'Excellent' relationship with their mentors (96%, n=24). Twelve month feedback was similar for sections iv) and v) above.

vi. Lessons learned

- NCHDs want to be mentored and are happy to mentor near-peers
- Frequent communication using different modes is critical to success
- NCHDs not on training schemes: reported that this mentorship project was invaluable to them
- NCHDs from Generation Z and young millennials prefer informal digital communication
- Regular feedback led to continued improvements
- Administrative support was critical to success
- Recommendations: Continue and expand the project
- Suggest that Mentor-Mentee Meetings qualify for "protected training time"

Project Abstract 4: 06COP

▶ **Project Title: Train the Trainer for Simulation in Psychiatry (TTTSimPsych).**

▶ **Lead Agency: The College of Psychiatrists of Ireland**

Abstract

Project's Outcomes

Our planned project outcomes were:

Overall - To build sustainability into our efforts to integrate Simulation into Psychiatry, by developing a body of trainers who will be able to facilitate simulation based education in situ over the years ahead.

In this project we focussed on trainers and on upskilling them to deliver a programme of Simulation Based Education at their sites with a named lead in each Deanery.

Outcomes of this programme:

The outcomes of this programme were:

1. To develop a sustainable framework for simulation in psychiatry in Ireland
2. Improvement in communication and decision making skills in psychiatry trainees in the simulated environment, resulting in improved patient outcomes.

We have achieved these outcomes by delivering the Train the Trainer programme as set out in our application.

This involved 2 components:

1. Enrolling 5 psychiatrists in the Diploma/MSc in Applied Patient Safety and Simulation at UoG; and
2. Running a large train the trainer event with participants invited from the various deaneries, along with 2 mini events focussing on debriefing skills and developing resources.

We were keen to focus on the implementation of simulation at clinical sites, as outlined by the National Strategic Guide which describes the future of simulation in the context of the Irish health system. Its priority area 4 is the development of personnel and priority area 8 is collaboration across sites and we believe that we have laid the foundations for embedding this priorities into our Simulation Plan

Evaluation – Measuring Success

In our application we described how you will evaluate the success of your project. We did this as planned by utilising a questionnaire to assess the acceptability of and satisfaction with the different elements of the programme by the participants. We have collected data on the increased numbers of simulation based education sessions before and after – there has been a small increase, and this will increase with more time and as the learning is embedded in local training programmes. We have developed an online resource with a growing collection of resources, both in the areas of “how to” set up a simulation-based learning event, and in developing scenarios. This resource allows the materials to be available to any trainer who would like to use them.

Project Abstract 5: 07COP

- ▶ **Project Title: Curriculum development through building a framework of Entrustable professional activities (EPAs) in psychiatry training in Ireland**
- ▶ **Lead Agency: The College of Psychiatrists of Ireland**

Abstract

The project was planned to drive the development of a framework of Entrustable professional activities (EPAs) at each stage of training in postgraduate training in psychiatry. The stages of the project included a training day for the curriculum revision working group lead by an experienced medical educationalist who has been involved in the development of the EPAs for other postgraduate training bodies (College of Anaesthesiologists of Ireland and Faculty of Radiologists) and for the Irish intern year.

Four specific focus groups, in the format of full or half day workshops, were then held to establish the core activities required by completion of each transition stage in postgraduate training in psychiatry (foundation year/ completion of BST training and HST/ completion of training at CSCST) and agree 10 core EPAs. The development phase, which is ongoing, is an iterative consensus building process.

The process of dissemination to the wider educational supervisor group, and building a shared vision for curriculum development, was progressed with a session during the Educational Supervisors conference. It was anticipated that this project would incorporate the development phase of the EPAs and the running of a pilot or feasibility study, as described in the intern curriculum development project, prior to widespread introduction.

The pilot would aim to identify systemic interventions required including trainer development, supportive technology and implementation resources (O'Dowd et al 2020). Consultation with other training bodies has been progressed. IT infrastructure will be required to progress to pilot and implementation phase.

Project Abstract 6: 08RCSI

- ▶ **Project Title:** Integration of 'The Anatomy and Radiology Contouring Boot Camp' into the higher specialist training curriculum for Radiation Oncology Specialist Registrars
- ▶ **Lead Agency:** The lead agency for this project is the Faculty of Radiologists and Radiation Oncologists, RCSI along with the 3 radiation oncology training sites in the country in Dublin, Cork & Galway

Abstract

Interpreting radiologic imaging and contouring tumour volumes and organs at risk accurately is a critical component of Radiation Oncology specialist training. Trainees often struggle to learn these skills in an unstructured manner during supervised clinical work.

An Online Anatomy and Radiology Contouring Boot Camp has been designed using an evidence-based approach and may address this gap by providing a structured approach to contouring skills training that aligns with international best practice. This pilot study explores the feasibility of integrating this course into higher specialist training. Nineteen trainees were selected for the ARC boot camp in July 2023.

All trainees subscribed but usage varied substantially between trainees. Trainees focused on the modules relevant to the rotations completed this year and generally did not complete any other modules. Collective reflective feedback was sought. There was unanimous agreement this module is a highly relevant and effective education programme and that a comprehensive online solution was more accessible than regular scheduled local face-to-face anatomy tutorials. This education module is applied to radiation oncology specifically, an example being the brachytherapy module.

The interactive modules are comprehensive and of a very high standard. Presenting the trainees with dedicated times to complete modules during working hours did not increase usage. Suggesting a dedicated timetable with a different topic to be covered each week/month at dedicated times for all to attend was not supported as some topics may not be relevant to the trainee's rotation at that given time. It was agreed this should be considered a self-directed learning tool that should be utilised at the trainee's discretion. This pilot study has generated the feedback and information necessary to justify proceeding with this educational module beyond this year.

Access over a number of training years may be required to allow trainees to work through all modules. More work is needed on how to effectively integrate this into the training program e.g. necessity for a formal application process for interested trainees to acquire funding, need to mandate and monitor usage, including formal learning objectives in the curriculum.

Project Abstract 7: 09RCPI

► **Project Title: Histopathology Induction 'Boot-camp' for BST Trainees**

► **Lead Agency: Royal College of Physicians of Ireland (RCPI)**

Abstract

Background and objectives

Simulation is widely used in medical specialty training and has improved training but has not been previously used in Histopathology training. Our objective was to develop a simulation based "boot camp" induction programme which could replace the current traditional didactic induction for the Faculty of Pathology Histopathology Basic Specialist Training (BST) Scheme.

Methods

Six interactive stations were developed. Eighteen year 1 BST trainees participated, in three groups of 6:-

1. Simulated skin dissection, using porcine specimens.
2. Interactive session delivered by medical scientists explaining laboratory processes.
3. Interactive session delivered by medical scientists and pathologists explaining immunohistochemistry and molecular pathology methods.
4. Ergonomic use of a microscope and approach to H&E evaluation delivered by microscope specialist.
5. Interactive discussion on immunohistochemistry interpretation delivered by pathologist.
6. Simulated post-mortem external examination, using a mannequin, delivered by forensic pathologist.

In addition a "virtual autopsy" training session was devised, and delivered to ten year 2 BST trainees and was undertaken in the University of Galway, Anatomy laboratory on a donor cadaver. A second cadaveric model was used to demonstrate vertebral artery anatomy and dissection.

Separately 3-D printed models of hearts were used to demonstrate normal cardiac dissection, and a simulated external examination was carried out with trainees.

Results/Feedback

100% of year 1 trainees agreed or strongly agreed that they had a better understanding of how the laboratory functions and 80% felt more confident in approaching autopsy. Feedback from faculty was also positive; trainers enjoyed delivering the stations and felt the format was beneficial. A limitation of this format was that not all participants were at the same stage of training, with some finding the format too basic.

An additional benefit was interaction and opportunities for networking among new trainees. In relation to autopsy, specific feedback from both faculty and trainees expressed a preference for a genuine autopsy case over a fixed cadaver. The use of 3-D organs was useful in demonstrating normal anatomy but the texture was too firm to allow for easy dissection limiting their usefulness.

Conclusions

The "boot camp" model works well as an induction programme in Histopathology and will be formally adopted from July 2024 as the standard format for the BST Induction in Histopathology. Simulation is a useful adjunct to autopsy training, particularly for early stage trainees. 3-D printed organs may be a useful tool in the future with modifications to allow for easier dissection with routine instruments.

Project Abstract 8: 10CAI

- ▶ **Project Title: Anaesthesiology National Lecture Series and Educational Learning Platform**
- ▶ **Lead Agency: Committee of Anaesthesia Trainees (CAT) & The College of Anaesthesiology of Ireland (CAI)**

Abstract

The Anaesthesiology National Lecture Series and Educational Learning Platform was initiated to standardise postgraduate anaesthesia training across Ireland, supporting the CAI's strategic aims of maintaining education, developing continuous professional development (CPD) opportunities, and embracing diversity and gender equity. This project responded to the demonstrated need for a structured, high-yield teaching program highlighted by a 2022 national SAT Training Survey, where 88.7% of SAT trainees and 92.31% of clinical tutors endorsed the value of a national lecture series.

The project aimed to provide both scheme and non-scheme trainees with a standardised theoretical and practical knowledge base directly aligned with the e-curriculum and examination blueprints. By offering online lectures, the program sought to ensure equal educational opportunities regardless of trainees' locations, especially benefiting those in smaller, category 3 hospitals. The initiative also intended to support work/life balance by offering protected teaching time and utilising technology to minimise travel and maximise convenience.

The pilot program, launched in August 2023, featured three lectures per month, one for each Specialty Anaesthesia Trainee (SAT) cohort. Despite initial challenges—four out of 36 scheduled lectures were cancelled, and issues with live attendance due to clinical duties—the program achieved notable success. All lectures were recorded and made available on a dedicated online learning platform, facilitating ongoing access for trainees.

Mid-year evaluations, through surveys of trainees and consultants, revealed several areas for improvement. Notably, there was poor live attendance and a lack of awareness about lecture times and the online archive. In response, lecture times were changed from 13:30 to 16:30, and communication strategies were enhanced. A letter to all College Tutors clarified the project's aims and purposes, addressing concerns about the educational value of the lectures.

The project succeeded in meeting its primary objectives by standardising postgraduate anaesthesia training, enhancing CPD opportunities, and championing equality, diversity, and inclusion. The diverse group of presenters represented various backgrounds and training sites, enriching the educational experience. While it is too early to assess the project's impact on examination results, initial feedback indicated high relevance and satisfaction among trainees.

This initiative sets a precedent for integrating technology-enhanced learning in medical education, aligning with national strategies and promoting sustainability. The CAI plans to further develop this platform, embedding it permanently into the Irish Anaesthesiology Training Programme, thereby continuing to improve the educational landscape for anaesthesia trainees nationwide.

Project Abstract 9: 11RCPI

▶ **Project Title: GIM Training Implementation (OPTIMISE)**

▶ **Lead Agency: Royal College of Physicians of Ireland**

Abstract

The aim of the Optimise Project was to review Internal Medicine training at basic and higher specialty level, and to report on the optimal structure required to deliver a training experience in Internal Medicine that integrates these levels.

Phase one of the project began in June 2022, and this culminated in the publication of the Optimise interim report in August 2023. Since publication of the report, work has been ongoing to progress many of these recommendations, and in developing a roadmap to assist in the next implementation phase of this project. This work has involved development of an updated and innovative outcome-based curriculum for Internal Medicine training. A scoping exercise was carried out to identify key issues based on international standards which included engagement with Internal Medicine leadership in the UK and USA. These relationships will guide future implementation in an advisory capacity.

Engaging with key stakeholders from different hospital models, basic and higher specialist trainers, and trainees a framework was developed for implementation of Internal Medicine training aligned with the Optimise recommendations. There are five major sections as per the OPTIMISE implementation proposal:

1. Curriculum and core clinical exposures on clinical sites
2. Training Structures
3. Programmatic Training Schemes
4. Governance and Leadership
5. Training Resources

Agreeing consensus on the key fundamentals of future training in Internal Medicine demonstrated the scale of the work required to develop an implementation plan which will require a mandate from the highest level of those overseeing models of clinical care on clinical sites. The process further emphasised that change is not only desirable but necessary for future healthcare in Ireland.

The Institute of Medicine are now discussing moving this forward with the support of leadership within the HSE and the appointment of a Director of Internal Medicine. This Director will be responsible for taking this implementation proposal and developing a detailed project plan to begin to implement the new standards.

Project Abstract 10: 12UCDINT

► **Project Title: Prescribing Safety for Junior Doctors**

► **Lead Agency: UCD Intern Network**

Abstract

Background

This assessment pilot supported delivery of an online prescribing safety assessment to TCD and UCD interns. Devised by the British Pharmacological Society and the Medical Schools Council (UK), the PSA has been in place across Irish medical schools since 2013 to varying extents, supporting the findings from a review conducted in 2023 by Professor Dame Dacre, (Dacre, 2023, p.28).

Purpose

The need to formally assess prescribing skills for interns was identified from HSE surveys, specifically interns, (IMC, 2014). To identify a baseline from the entrustment supervision scale of the national curriculum for assessing EPA5 and supporting competencies from EPA1, 4 & 5. To align with medical international standards across the globe.

Methods

Online modalities and didactic teaching were applied. The summative assessment is a 2-hour online exam which assesses 8 different prescribing skills and is open book (with online BNF access throughout). The pass mark was determined using an Angoff method, typically falling within 60 and 65%, ensuring a high degree of competency is required to pass. Candidates received a performance evaluation report, used as a guide for those who fail on the first sitting.

Results

A total of 75 interns across the UCD and TCD networks took the PSA in 2024. 15 interns took a remediation assessment. All interns in the UCD network received PSA certification.

Poll results

Pre-delivery online polls were carried out to those who had passed PSA prior to commencing internship and those who were required to complete PSA during their internship. Themes covered were preparedness for practice, stress and wellbeing and prescribing confidence levels.

In the context of preparedness for practice interns agreed that the undergraduate curriculum was the most appropriate time to complete. Nonetheless, on the job training provides sizable support. Of note, there was some ambiguity on whether the PSA was the most appropriate assessment to be utilised, with an appetite for workshops and simulation scenarios.

As is to be expected, interns who had not completed PSA on entry into internship found prescribing in rotation 1 more stressful than their peers who had completed PSA. Notwithstanding both cohorts articulated that on-the-job training provided necessary prescribing skills. The majority consensus is that less than 8-15 hours is required for preparation of this assessment.

Interestingly, interns did not report a significant amount of medication errors/deviations. However, certain therapeutic areas were problematic in practice. These included: opiate prescribing, insulin sliding scales, steroid tapering, heparin infusions and prescribing for patient's unknown to the on-call intern. We will direct some teaching next year to these areas.

Those interns who were required to sit the PSA also completed a post-assessment survey. They reported that the exam interface and preparatory materials were of good standard and that the exam is a realistic test of prescribing for an intern doctor. However, like the final medical (undergraduate) cohort, they found the timing of the assessment too tight and the calculations section difficult - despite their 9-month experience of real-life prescribing.

Conclusion

To conclude, this pilot demonstrates that upon completion, interns should achieve a baseline level of 3 on the entrustment supervision scale. This assessment delivery reduces stress levels in junior doctors, prepares NIMS graduates for internship, increasing confidence levels. It is recommended that PSA be a mandatory requirement for entry into internship with further consideration for implementation within the national curriculum framework.

Project Abstract 11: 16RCSI

▶ **Project Title: Development and Roll-Out of Trauma Management Skills (Surgery) Course**

▶ **Lead Agency: Royal College of Surgeons in Ireland (RCSI)**

Abstract

Background

The Report of the Trauma Steering Group – a Trauma System for Ireland made a number of key recommendations, including:

The HSE should ensure that the Trauma System delivers standardised care throughout the country, irrespective of location

and

The HSE should ensure that enhanced trauma training and education for surgeons and members of the multi-disciplinary team healthcare workers in the proposed Trauma Network for Ireland.(1)

The development of a National Trauma Programme identified a requirement for 5 level of trauma units:

Major Trauma Centre
Trauma Units
Trauma Units with Specialised Services (TUSS)
Local Emergency Hospital

Injury Unit

This initiative was developed to support the training of surgeon's trauma management in line with the HSE report.

Aims and Objectives

The key output was the design and delivery of a trauma course using anaesthetized pigs. There are considerable benefits to using anesthetized pigs in surgical training including providing a realistic, hands-on experience that closely mimics human surgery as the heart is intact and circulation is a considerably more realistic simulating the real trauma environment. This method enhances technical skills, offers immediate feedback, and allows for the practice of complex and emergency procedures in a safe and ethical manner, ultimately leading to better-prepared and more competent surgeons.

Course Delivery

The design and delivery of this course was a complex programme requiring a number of steps and interaction with regulatory bodies.

Firstly, there was a requirement to develop an application to the Health Products and Regulatory Authority (HPRA) seeking permission to use anaesthetized rather than culled pigs. To this end a Working Group was established. The HPRA application is very comprehensive and technical. The completion of this application requires considerable work to finalise the plan that would be acceptable to the HPRA.

An accredited RCSI animal lab on the site of Beaumont Hospital already exists where research and some (non-trauma) courses using anaesthetized pigs are already undertaken.

Prof. Paul Balfe who has led this project has successfully completed the LAST (Laboratory Animals in Science and Technology) Core course and passed the relevant exam and has completed the Porcine-specific course.

The ultimate objective is to secure the necessary accreditation from the HPRA to use anaesthetised specimens so as to more closely simulate the real-life time-critical trauma scenario and the group are close to this accreditation being awarded and once in place the courses as originally designed can then take place.

In the meantime the group have advanced to the stage that they are planning to hold the first Trauma Surgical Skills course in the RCSI Beaumont Lab in November 2024 next using culled porcine specimens.

References

A Trauma System for Ireland – Report of the Trauma Steering Group 2014 - 2015

Project Abstract 12: 17RCSI

- ▶ **Project Title: Development of a novel educational programme for surgical trainees on “Green Surgery Concepts”**
- ▶ **Lead Agency: Royal College of Surgeons in Ireland (RCSI)**

Abstract

Background

Climate change poses one of the largest health emergencies to humankind today. Climate change impacts health through extreme heat, extremes of weather, and climate sensitive infectious diseases.¹ Operating theatres are three to six times more energy intensive than clinical wards and produce approximately 50-70% of the total hospital waste.² One of the main perceived barriers to improving sustainability in surgery reported by surgeons and surgical trainees is inadequate training and information.³

Project’s Outcomes

We developed an e-Learning module for surgical non-consultant hospital doctors (NCHDs) regarding the importance of sustainability in surgery and evidence-based interventions that surgical trainees can undertake to reduce the carbon footprint of surgery and healthcare. This work was funded by the HSE NDTP.

Methods

The Intercollegiate Green Theatre Checklist⁴ and the findings of our literature review guided the curriculum development. The Dick and Carey instructional design model⁵ was utilized in order to develop an effective training initiative. The design process involved the production of a prototype using a storyboard to demonstrate the layout of the e-learning to the authors and to aid the development of the multimedia resource. We then utilized a virtual software, Canva, to produce a 37-slide e-learning resource. The e-learning module was disseminated to surgical NCHDs through the RCSI Moodle platform.

Results

The content was developed under the supervision of an expert in Sustainable Surgery Practices and Chair of the RCSI Sustainable surgery committee and was based on the Intercollegiate Green Theatre Checklist. The subject experts and the Instructional designers worked closely together to adapt conventionally written documents to e-learning material.

Preliminary review of technical aspects

After the initial framework was developed including images and self-assessment questions, a preliminary online evaluation was performed to investigate technical aspects. The survey link was sent to three surgical NCHDs who all responded to the questionnaire. The open-text questions provided very useful comments, which helped to improve the e-module.

Evaluation

Once it is live on Moodle we will be able to track the number of trainees who successfully complete the e-Learning module. We will also monitor the number of participants who complete the feedback survey at the end of the course. This feedback will be utilized to improve future versions of the eLearning module. The feedback will give us insight into the number of participants who found that the e-learning module helped them identify ways to incorporate sustainability into their clinical practice.

Conclusions

This project has demonstrated the beneficial use of an e-learning resource in improving the knowledge of junior doctors in interventions that can be undertaken to reduce the carbon footprint associated with surgical procedures.

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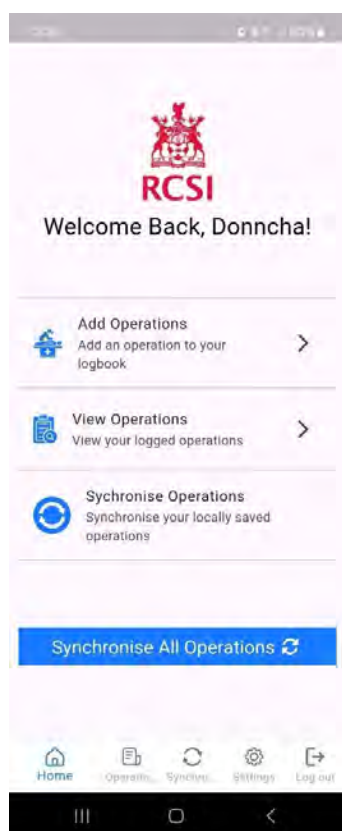
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Project Abstract 13: 19RCSI

- ▶ **Project Title: Logbook Mobile App**
- ▶ **Lead Agency: Royal College of Surgeons in Ireland (RCSI)**

Abstract

In 2013, RCSI launched their own in-house logbook for Surgical Trainees to record their operative experience. This has allowed us to monitor and help trainees reach their optimal training. For the past number of years, we had increasing number of requests from trainees looking for a dedicated mobile app to enter their operations. They wanted three things – easy of entry, the ability to scan patient numbers from a bar code and most importantly offline functionality. Trainees typically operate in places that have no mobile reception.



In 2023, NTDP funded the development of such an app. Development of the app started in January and in June 2024 we have the completed app, which is currently in test and due for release to all Irish Surgical Trainees in July 2024. The application is created with the single function of easy entry of operations. To date, our logbook has, since 2013, almost 1 million operations logged by surgical trainees, training in Ireland. On average a trainee will log around 200 operations in a six-month period. This means that the use is very high, and making this as seamless as possible and overcoming the issues around connectivity and patient number entry is crucial to people who are already overwhelmed with work.

The current system of entry is a single page entry system where all the fields appear at once and the user scrolls up and down and fills in each field. The new system has a single data entry per page, making it very easy to read and enter data into. In addition, because it is an app it can store personal preferences, including recently used options that are available. For example, if a trainee is performing the same operation more frequently than others – it will appear on the operations page in a list of 'frequent operations. We are very grateful to NDTP for their continued support.

Project Abstract 14: 25RCPI

- ▶ **Project Title: Analysis and feasibility study of Non-Training Scheme Doctors (NTSDs) to plan a comprehensive range of CPD programmes to meet their specific needs**
- ▶ **Lead Agency: Royal College of Physicians of Ireland (RCPI)**

Abstract

Each year the Royal College of Physicians of Ireland (RCPI) has an increasing number of Non-Training Scheme Doctors (NTSDs) who sign up to our CPDSS programme. All our initiatives to enhance our programme have had limited success as previous survey responses have been low. In September 2023 a mandatory questionnaire as part of the registration process helped inform selection for focus groups to plan future programmes. In addition, participants were asked where they completed their internship as RCPI wanted to deal with a legacy issue prior to changes to the Medical Practitioners Act in 2020. It was agreed that recognition of prior learning (RPL) would be offered in July 2024 for this group if their clinical experience was deemed equivalent to BST and they would then be eligible to apply for HST.

In total, 798 enrolees completed their registration questionnaire for CPD-SS. There were 403 Males, 383 females and 12 who preferred not to say. The mean age was 36 years (range 24 – 67 years). Of the participant, 450 were qualified within the last 10 years and 348 were qualified over 10 years. The countries of nationality of the group were 35% Pakistan; 25% Ireland; 18% Sudan; 5% Malaysia and 17% other. When asked about their career intentions, 147 intended to apply for training, 163 intended applying for the SDR and 400 intended on applying for training and/or the SDR. There were 88 who indicated they had no further career plans.

Overall, there is general misinformation and poor knowledge regarding the SDR pathway. Many NTSDs identified themselves as 'Trainees on the Alternate Training Pathway' but cited a lack of information and guidance as a major issue in applying for the SDR pathway. There was varying knowledge around the need to complete specific rotations, access to the specific rotations required and time wasted in rotations that do not count.

Another key issue for participants was a lack of recognition for prior learning and/or experience. Many had significant professional experience, either in Ireland or other jurisdictions, yet described finding themselves in situations where they were ineligible to apply for Higher Specialist Training (HST) as they had not completed Basic Specialist Training (BST). For many, BST represented a waste of time given their prior experience and they queried why they were not exempt and resented starting again.

Some longer-term graduates were in roles with no prospect of progression but anchored due to family commitments. Doctors with family reported to be reluctant to move frequently due to the impact on their children's education and overall stability, with no guarantee of access to the SDR. While most participants wished to stay, train and practice in Ireland, challenges of balancing roles as co or single parents with the demands of their busy professional life impacted decisions about career progression and mobility.

The results of this study will work closely with NDTP's planned review of the CPDSS scheme. There is no doubt that the access to the mandatory courses need to continue as part of the scheme, but there is a need for a more structured programme to facilitate smoother career progression for NTSDs.

Project Abstract 15: 26RCPI

▶ **Project Title: RCPI Trainer Development Programme**

▶ **Lead Agency: Royal College of Physicians of Ireland (RCPI)**

Abstract

The purpose of this project is to design, develop and deliver resources and continuing professional development for Trainers to help Trainers to engage more effectively with the HST Training programmes.

This project had three strands

1. Development and delivery of Trainer Training Simulation Sessions
2. Trainer Training for Goal Setting and Evaluation
3. Designing and Delivering a Study Day

62 participants from 31 specialties attended four training sessions at The Irish Center for applied patient safety and Simulation in University College Galway. The day included the theory and uses of sim, human factors, live simulation observation and debrief. Prof Dara Byrne led these training session. This was attended by Trainers, CAG members, Medical Educators and Clinical Leads and the workshops included ideation opportunities for future planning.

Training for Trainers on how to use the HST curriculum to set goals, monitor and advance Trainees took place virtually and onsite throughout the year. In-person sessions were hosted in Dublin, Letterkenny and Cork. Specialty specific sessions were hosted in the lead up to annual evaluations and commencement of new rotations. Video resources have been circulated to Trainers and the goal-setting content is being used for an online module that will be made available on the RCPI Trainer hub later this year.

Finally a Study Day Review took place to identify what determines that a programme works well and meets Trainee needs and what are key areas for improvement across the college. This strand of the project had excellent engagement from over 200 Trainers and Programme Leads. The findings and updated guidance on running an effective programme have been circulated to all specialties and officers.

This year's Trainer Development project was highly successful and demonstrated a firm commitment to improving resources and support for Trainers nationally to enable the delivery of high quality, meaningful Training.

Project Abstract 16: 27RCPI

► **Project Title: RCPI Paediatric Pocket Tutorials**

► **Lead Agency: Royal College of Physicians of Ireland (RCPI)**

Abstract

Background

The Paediatric Pocket Tutorials (PPT) were initially developed in response to an acute need to rethink clinical teaching opportunities during the pandemic and dynamically grew into a highly successful online resource, free to all doctors associated with RCPI Faculty of Paediatrics. Content was developed by consultants in various paediatric specialties and by June 2023 there were more than 70 videos available across nine specialties.

In 2023-24, seed funding from NDTP was awarded to upgrade the tutorials under four overarching pillars encompassing governance structures, development of new content, establishing an evaluation framework and expanding the offering to external learners.

Method

A Programme Board was established with RCPI and external membership from paediatric and neonatal consultants and BST/HST Trainee representation. Keeping the learner experience at the forefront of decision-making, the Programme Board approved the development of 14 separate PPT courses, each with inbuilt knowledge checks and automatic CPD awards for internal learners.

14 new Paediatric Pocket Tutorials are now free of charge for internal learners (Trainees, Members and Fellows of RCPI Paediatrics). Selected courses are offered free to any learner. All other courses are accessible to external learners for a fee.

Free to all learners

- Adolescent Health
- Child Protection
- Inclusion Health
- Medicines Safety
- Speech & Language Building Blocks

Learners are invited to complete a standard post course survey covering the learner experience of the and suggestions for improvement. Evaluation reports will be provided to the course education specialist twice annually.

Internal learners are awarded CPD through existing linked structures. External learners will have a CPD certificate to upload to their own portfolio.

Results/Evaluation – Measuring Success

The PPT resource has grown to 14 courses with 132 videos created by more than 100 paediatric experts from children's healthcare across Ireland.

An internal RCPI project review and Programme Board debrief will generate learning for future similar programme development and quantify the resources needed to undertake such a project.

Recommendations from the Programme Board are likely to encompass timelines and guidance for review of clinical content to update topics for clinical relevance, new evidence, or any seminal works/courses/references of benefit to the clinical learner. Additionally, interest has been expressed for new courses under yet undeveloped clinical areas such as dermatology and clinical examination.

Project Abstract 17: 29ICO

- ▶ **Project Title: Design & Implementation of a Cloud-based Bespoke Digital Assessment Platform for ICO Ophthalmic Trainees**
- ▶ **Lead Agency: Irish College of Ophthalmologists (ICO)**

Abstract

Competence, Assessment & Performance Appraisal (CAPA) is a vital aspect of ICO training programmes and in order to administer and manage this process the College requires all trainees to submit documentation, completed during their training, at regular intervals. To date, the submission of documentation has been done manually via email submission by the trainee to the College administrator. This is a timely and laboured process from both the ICO administration point of view and for the trainee. In order to address this, the College has engaged a software developer to digitise its CAPA documentation process and create a bespoke software platform to allow for the completion and return of CAPA documentation by the trainee to the College in a streamlined and timely fashion.

The Training e-portfolio will allow for greater transparency for trainees in terms of their training record. The platform will refocus the responsibility of submitting CAPA documentation back to the trainee and it will also allow them to track their progress and see what documents they have completed and submitted to date as well as which documents that are outstanding. The College also intends to be able to use this information to inform data on the procedures taking place within the training units. This will be informative not only for CAPA but also more generally in terms of the accreditation of training sites. The platform will standardise the manner in which trainees and trainers can input information and will enable the College to better gather data on how each of the training units are performing in terms of the curricular requirements at the trainee level and at the department level. This will also assist the College to identify areas, which may need to be addressed at trainee level or site level.

The build phase of the e-portfolio software launched in April 2023 and was completed in May 2024. This was the longest and most time-consuming aspect of the project due to the number of documents per training programme, the detailed nature of the form content and sheer number of pages per document. The new digital forms were designed to duplicate, in so far as possible, the paper versions, which was ultimately a very lengthy process. During this stage, regular meetings were held between the ICO and the developer, which enabled an open dialogue between both parties and adherence to agreed timelines.

A testing phase was undertaken in June 2024. A focus group of trainees and College staff participated in the testing of the software and any issues or bugs that were identified as well as features or software edits needed to make the software more user-friendly were discussed at a weekly meeting with the developer and where possible, incorporated into the software.

The ICO training e-portfolio platform was launched in July 2024 as part of the training year 2024-2025. As part of the launch, educational supports including user guides and instructional videos, which were designed by the ICO, were communicated to trainees and trainers. Zoom training sessions were also held in July to support the launch and it is planned to hold additional training sessions, as required, in late October and early November ahead of the first CAPA submission deadline at the end of November 2024.

A review of the e-portfolio will take place following the completion of the CAPA in 2024. However, it is noted that the introduction of an e-portfolio for trainees has aligned the CAPA submission process with the ICO's sustainability commitment as it removes paper waste from the CAPA submission process.

This project will benefit trainees, trainers and the ICO.

Project Abstract 18: 31RCSI

▶ **Project Title: Trainer Development and Validation Programme**

▶ **Lead Agency: Royal College of Surgeons in Ireland (RCSI)**

Abstract

The RCSI through the establishment of a dedicated Faculty has focussed on the education, training, support and recognition of Surgical Trainers. This project was an important element of the overall future development of Faculty.

Consultant surgeon trainers are pivotal in the holistic development of young surgeons, fostering not only their technical skills but also their professional values, leadership capabilities, and personal resilience, all of which are essential for a successful career in surgery.

This project examined ways that the College could educate trainers on all the important elements of the role and develop a mechanism that would continually assess trainer engagement. The training programme developed provides a hybrid option of training through the Moodle platform and a Face to Face programme.

The elements of the programme were designed to focus on the wide range of skills that surgical trainers are required in order to be an effective surgical trainer.

1. Expertise and Knowledge Transfer:

How to deliver teaching in the clinical environment

2. Mentorship and Guidance:

Mentorship helps trainees navigate the challenges of surgical careers

3. Role Modelling Professionalism:

Consultant trainers serve as role models for professionalism, leadership, and ethical practice.

4. Tailored Feedback and Assessment:

Consultant trainers provide continuous, tailored feedback, which is essential for the growth of young surgeons. The ability to effectively assess a trainees' performance, identify areas for improvement, and offer constructive advice is an absolute corner stone of effective training. This important element of the training programme is included on both the online and the face to face session.

Summary

The emphasis on Trainer Development is part of the overall integrated training programme for surgeons on each of the specialist training programmes.

This careful supervision of trainees by well-trained surgical trainers is essential in fostering safe practices and building the confidence of future surgeons with the shared goal of delivering high quality safe patient care.

Project Abstract 19: 32RCSI

► **Project Title: Peer Mentoring Programme for Core Specialist Trainees**

► **Lead Agency: Royal College of Surgeons in Ireland (RCSI)**

Abstract

The RCSI decided to opt for a Peer mentoring programme to support Core Surgical trainees as this is a powerful tool that enhances learning, provides emotional and professional support, boosts confidence and motivation and offers career guidance.

The programme is designed to be cost-effective and has benefits both mentors and mentees by fostering an environment of mutual growth and support.

The purpose of this project is to introduce a focussed Mentoring Programme designed specifically for Core Surgical Trainees.

A peer mentoring approach was selected as this is a tool that enhances learning, provides emotional support, boosts confidence, fosters collaboration, encourages continuous development, and offers career guidance.

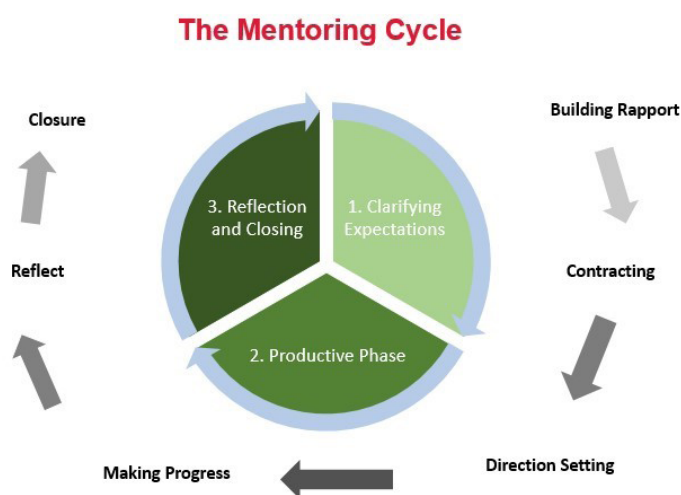
It is also a cost-effective mechanism and its accessibility make it a valuable component of our professional development program.

This mentoring programme is different from existing mentoring programmes is that it is that ST6 and ST7 trainees are the Mentors on this programme as they have the most recent lived experience.

A training programme for HST trainees has been devised HST are trained in how to be an effective mentor and once they have successfully participated in the programme for more than 12 months they will be awarded a certificate outlining that they have developed mentoring skills. This will ensure that the specialty of surgery will have a cohort of trained mentors that can continue to mentor both trainees and non-training doctors in the future. The RCSI is committed to embedding mentoring into every element of surgical practice and this programme is the initial but very important first step in that process.

The key purpose of this project was to ensure all core surgical trainees have the opportunity to access the benefits that mentoring offers.

A Core Specialist Training Mentoring lead has been identified from the Core Specialist Training Committee and administrative support provided by the Department of Surgical Affairs.



GROW Model of Mentoring, John Whitmore



Summary of Project Work Plan

A project team was established this includes representation from Irish Surgical Trainees Group (ISTG) including both Core Trainee Representative and Higher Specialist Trainees Representative.

The program structure and operational details, including the "matching process," have been agreed upon.

The development of the mentor training is complete with input from RCSI faculty and HR department who have experience in designing and delivering mentoring programmes.

Roll out plan

It was initially planned to roll this out in July of this year, however, as core trainees are currently involved in boot-camp and the higher specialist trainees are moving to new roles, we have decided that an August/September roll-out would be more effective.

All core trainees are being offered this mentoring programme

Quality Review

A quality review process will be integrated into the programme, with plans to conduct a survey of mentees and mentors at the end of the first year to gauge satisfaction with programme, amendments or changes can then be incorporated for the following year.

Summary

This project is on moving forward and it is anticipated will meet the core objectives as set out in the original application.







Development Funding 2023-2024 Cycle
Abstract Booklet