HSE

NDTP
National Doctors Training & Planning

DEVELOPMENT FUNDING

2021-2022 CYCLE
ABSTRACT BOOKLET

DEVELOPMENT FUNDING

2021-2022 CYCLE

1. Royal College of Surgeons in Ireland (RCSI)

Integrate an Equality, Diversity and Inclusion (EDI) Training into post-graduate training structures within the Royal College of Surgeons in Ireland.

2. Royal College of Surgeons in Ireland (RCSI)

Boot-camp for SHOs (Senior House Officers) not on Training Programme.

3. South Intern Network

Development of Interns as trained near-peer teachers, with the development of a near-peer Clinical Site Medical Student Teaching Programme.

4. Irish College of General Practitioners (ICGP)

Creation and validation of Situational Judgement Tests (SJTs) for selection into Irish Postgraduate Medical Specialty Training.

5. Irish College of General Practitioners (ICGP)

Establishing the experience of LTFT (Less than Full-Time) training in 3 Irish post-graduate training programmes and how that experience can be improved.

6. Irish College of General Practitioners (ICGP)

Inclusion Health training for post-graduate medical trainees.

7. Irish College of General Practitioners (ICGP)

Developing academic research leadership in our future general practitioners.

8. South / South West Hospital Group (SSWHG)

Age-attuning the healthcare work-force in Waterford – a pilot project for Gerontological simulation-based teaching.

9. Dublin South East Intern Network

Play/Decide Teamwork and Collaboration: Scaling up an educational board game for junior doctors addressing workplace bullying and harassment.

10. Irish College of Ophthalmologists (ICO)

Lean Six Sigma for new eye care pathway design and delivery of care by Ophthalmic Specialists.

11. Saolta

Simulation based education to achieve core competencies in General Internal Medicine (GIM) procedural skills and develop cross discipline trainer skills.

12. Saolta

Building Training Skills for Consultants: The Internship.

DEVELOPMENT FUNDING

2021-2022 CYCLE

13. The College of Anaesthesiologists of Ireland (CAI)

Less than full time working in the Department of Anaesthesia and Critical Care, Tallaght University Hospital.

14. The College of Anaesthesiologists of Ireland (CAI)

Development of an Equality, Diversity and Inclusion (EDI) framework for use in post-graduate training.

15. Royal College of Physicians of Ireland (RCPI) National Endoscopy Training Committee

STEPS (Skills Training for Endoscopy Programme) E-learning Programme – Recognition and Endoscopic Management of Barrett's (Columnar Lined) Oesophagus.

16. Royal College of Physicians of Ireland (RCPI)

Education Programme for BST (Basic Specialist Training) and HST (Higher Specialist Training).

17. Royal College of Physicians of Ireland (RCPI)

Development of a Paediatric ECG Interpretation E-learning Module.

18. WNW (West/Northwest) Intern Training Network

Implementing competency-based education on the clinical sites - how can we make training and assessment accessible for trainees?

19. WNW (West/Northwest) Intern Training Network

IAR Training Videos: A Step-by-Step Guide of the IAR Process.

20. Faculty of Radiologists

An Introduction to Artificial Intelligence for Specialist Registrars in Radiology.

21. The College of Psychiatrists of Ireland

Developing online resources to meet curricular requirements for HSTs in Psychiatry.

22. The College of Psychiatrists of Ireland

Improving cultural competency across postgraduate training in Psychiatry.

1. ROYAL COLLEGE OF SURGEONS IN IRELAND (RCSI)

PROJECT
Integrate an Equality, Diversity and Inclusion (EDI) Training into post-graduate training structures within the Royal College of Surgeons in Ireland.

This project is continuing to evolve and is now at a point where the RCSI has reached out to other Post Graduate Training Bodies, as many of the issues identified in the stakeholder engagement phase affect all specialties.

PROJECT TEAM
Ms Caroline McGuinness (Project Lead), Ms Patricia Malone, Dr Niamh Keenan (Faculty teaching member)

CURRENT STATUS
As outlined in the mid-point report a series of focus groups were held with key stakeholders to ensure that the content of the programme developed was relevant for doctors working in clinical practice.

The priorities identified included:
• Addressing concerns relating to patients with **socio-economic issues** affecting their health
• Devising content to support doctors who themselves have **less than positive interactions with patients**
• How to successfully support patients who are **neuro-diverse**
• **Interpreter training**; issues working with interpreters especially when breaking bad news

An in-person course has been devised and a number of training days have now taken place. Following a review of the face to face course, some shortcomings were identified and it was decided not to continue to deliver this is the current time, but instead build this into a module of already existing programme.

MEASURING SUCCESS – PURPOSE AND GOALS
This project is not as yet concluded and the work continues to formulate a series of training and educational online courses that will be helpful to doctors in both hospital and GP settings. At this time we are working with other key stakeholders to identify further relevant opportunities and areas that we might progress

2. ROYAL COLLEGE OF SURGEONS IN IRELAND (RCSI)

PROJECT
Boot-camp for SHOs (Senior House Officers) not on Training Programme.

The SHO Surgical Boot camp was developed by the RCSI with the support of NDTP to focus on ensuring that those who are recently appointed to Surgical SHO posts following internship are equipped with the skills necessary to move to the next stage of their career.

The key objective of this 3-day programme was to ensure those appointed to SHO posts are equipped with the skills and competencies required to deliver surgical care within clinical settings. The jump from being an intern to commencing your first Surgical SHO job can be a very challenging one, particularly in the first days and weeks of this new stage of the doctor's career so the content for this programme was developed with extensive input from a wide variety of stakeholders who work across perioperative care. This approach helped to ensure the programme would prepare SHOs who were new to the Irish Health system.

The pilot phase of the project involved 20 Surgical SHOs receiving the core skills they need to start in their new and exciting role in the Irish Healthcare system.

Those participating in the programme identified the following benefits:

- **It gave junior doctors who were new to the Irish Healthcare system the basic skills and confidence to take up a role as an SHO in surgery.**

- **The surgical teams within hospitals felt that the SHOs were better prepared for their new roles.**

- **The various stakeholder felt that a standardised core skills programme specifically designed for Surgical SHO could only have a positive impact.**

- **The programme highlighted the core culture and practices differences between the systems that the doctors were used to and what is in place in Ireland.**

Overall the programme had a 92% attendance rate with an overall satisfaction rating of 84%. RCSI now intend to do a 6-month post-course survey to identify if the programme was having a lasting impact on the participants to get insights into what changes the SHO would recommend after spending 6 months in the Irish health system.

After a successful pilot, RCSI will take the feedback we have received from the programme to develop an enhanced programme which we intend to pilot again in June 2023 with 2 streams of 20 SHO each prior to a possible National rollout in June 2024.

3. SOUTH INTERN NETWORK

PROJECT
Development of Interns as trained near-peer teachers, with the development of a near-peer Clinical Site Medical Student Teaching Programme.

An NDTP Development Funding Project delivered on the campus of Tipperary University Hospital (TippUH) campus within the South Intern Network (SInN), July 2021-June 2022.

The aim of this project was to develop doctors by increasing knowledge, skills, practice and professionalism and to improve medical education by developing teaching skills. The specific project intervention developed a cadre of Intern teachers with strong standards of teaching practice, who were taught effective teaching methods to support the development of a high quality near-peer Clinical Site teaching programme by Interns for UCC medical students. The project was supervised by two Consultant Supervisors, one of whom was the Clinical Site Intern Tutor.

Interest in participating in the project was expressed via a short application letter and interviews were conducted by the Intern Tutor, Medical Student Co-ordinator and Associate Professor in Medicine. Two cycles of training/teaching took place during the first and second 6 months of the Intern Year. 60% of the 26 Interns allocated to TippUH completed the Training programme.

Training was through the Oxford Medical® 'Teach the Teacher' Course, *(CLICK HERE)*. >95% of those completing the Course either Agreed or Strongly Agreed that the content was: appropriate, relevant and had enhanced their learning (some would have preferred a one-day Course).

Timetabled near-peer teaching of UCC Medical students by Interns began in August 2021 and its scheduling (but not its structure) was amended slightly following feedback from teachers and students in January 2022.

90% of scheduled teaching was delivered. Written feedback from students reported >90% satisfaction with the experience. Responses were unanimous in their wish to continue the near-peer teaching programme. Suggestions were for more teaching slots, a prescribed teaching programme and support to ensure feedback received from students went to the individual tutor so that they could improve on their sessions.

This project has illustrated the value of early career structured training in teaching methods in integrating Intern trainers into undergraduate teaching and has been enthusiastically endorsed by all participants and supervisors.

4. IRISH COLLEGE OF GENERAL PRACTITIONERS (ICGP)

PROJECT
Creation and validation of Situational Judgement Tests (SJTs) for selection into Irish Postgraduate Medical Specialty Training.

BACKGROUND
Situational judgement tests (SJTs) are methods designed to assess non-cognitive competencies. A pilot in 2014 suggested that an SJT would provide a reliable method for selection into postgraduate GP training in Ireland.

AIM
To evaluate a larger scale multispecialty SJT.

DESIGN
An observational study. Test content was developed by subject matter experts with the guidance of Work Psychology Group (WPG).

SETTING
Postgraduate selection to specialty training programmes for general practice, surgery and radiology.

PARTICIPANTS AND METHODS
Candidates shortlisted for interview to postgraduate training in GP and radiology were invited to complete the SJT online.

INTERVENTIONS
The SJT assessed essential non-cognitive competencies pertinent to the role.

OUTCOME MEASURES
Evaluation of the psychometric properties of the pilot SJT, e.g. (reliability, validity, and fairness); candidate questionnaire on the face validity and acceptability of the test.

RESULTS
Doctors shortlisted for interview (726) registered for, and 299 sat, the optional test. There was an approximately even split of gender. SJT scores ranged from 301 to 568 in a normal distribution, with a mean score of 455 (65% of the maximum possible). Test reliability was reasonable for a pilot (Cronbach alpha 0 8). Item level analysis provided an indication of the performance of individual SJT items. Of 247 candidates who completed the questionnaire, 91% perceived the SJT to be relevant and appropriate to the role of intern/SHO, 83% agreed that it was appropriately difficult, fair, clear and easy to understand. 33% of candidates felt that more time was needed to complete the test.

CONCLUSION
Psychometric analysis indicated that that an SJT measuring non-academic attributes (e.g., empathy/resilience) would add value to the selection for post-graduate training. The test specification proved suitable for this context and could be used as a basis for the development of an operational SJT. The SJT provided a good spread of scores, helping to clearly differentiate between candidates. The sample size was small, therefore the performance of the test items needs further study.

5. IRISH COLLEGE OF GENERAL PRACTITIONERS (ICGP)

PROJECT
Establishing the experience of LTFT (Less than Full-Time) training in 3 Irish post-graduate training programmes and how that experience can be improved.

NOTE
Project exceeded original timeline outlined within application.

DEVELOPMENT FUNDING
2021-2022 CYCLE

6. IRISH COLLEGE OF GENERAL PRACTITIONERS (ICGP)

PROJECT
Inclusion Health training for post-graduate medical trainees.

ABSTRACT
This e-learning module focuses on raising awareness and improving the knowledge, skills and attitudes of medical postgraduate GP trainees with regard to the social determinants of health, health equity and inclusion health. Inclusion health is a research, service, and policy approach that aims to prevent and reverse health and social inequities among people living in social exclusion. In Ireland, social exclusion is often experienced by a wide variety of people including those who are homeless, people who inject drugs, people who have been in prison and members of the Irish Traveller and Roma communities. Social exclusion often leads to extremely poor health due to poverty, marginalization, and poorer access to healthcare. Socially excluded people commonly have very high levels of morbidity and mortality, often with multiple complex needs relating to both physical and mental health conditions and challenging social stressors.

This introductory module of approximately one hour in duration addresses knowledge relevant gaps, advocacy on behalf of these patients, communication skills and awareness/attitudes targeting doctors in professional training. It is designed to support their clinical practice and improve healthcare delivery for marginalized groups. The purpose of this is to increase overall awareness and knowledge of the challenges faced by these groups across the health system, in doctors undertaking professional postgraduate training.

By the end of this module, participants will be able to:
• Understand the impact of social determinants on the health of excluded groups.
• Describe their potential role in providing healthcare to marginalized individuals.
• Discuss how attitudes of healthcare professionals in relation to marginalized groups can influence engagement.
• Outline potential appropriate referral services.

7. IRISH COLLEGE OF GENERAL PRACTITIONERS (ICGP)

PROJECT
Developing academic research leadership in our future general practitioners.

ABSTRACT
The international evidence overwhelmingly demonstrates that health systems oriented toward general practice and primary health care produce better health outcomes at lower costs and with higher user satisfaction. The strengthening of primary care is widely encouraged. A strong research basis is essential for a strong primary care system and clinical research improves individual patient care. Furthermore, the recent COVID-19 pandemic has demonstrated the need for rapid evidence development and evolution in general practice, making paramount the need for practitioners to gain research capacity and skills to effect change. There is a need to provide opportunities for portfolio careers for our future GPs. Research is a key aspect of any functioning, high-quality health system, providing its evidence base.

This course will enhance GPs' critical research skills and improve the evidence building capacity of our future doctors in Ireland.

This online ICGP research course consists of 28 lessons in total covering conducting research, audit and evidence-based medicine in primary care and providing an overview of research integrity, ethics and the Irish Health Research Regulations. It also provides and introduction to the wider research landscape in Ireland. The first module includes how to design a research question, the essentials of research methods and biostatistics, practical experience in the development of study protocols, applying for research funding, an outline of ethical considerations and an introduction to statistical analysis. It also includes on advice for getting published from journal editors. The second module contains lessons on research integrity, GDPR and the Health Research Regulations, and navigating the research ethics application process. The final module consists of lessons on the clinical research landscape in Ireland, what would be expected of GPs/practices engaging in research and an overview of clinical trials, behavioural interventions and evidence synthesis.

---

8. SOUTH / SOUTH WEST HOSPITAL GROUP (SSWHG) – TRAINING LEAD

PROJECT
Age-attuning the healthcare work-force in Waterford – a pilot project for Gerontological simulation-based teaching.

INTRODUCTION
The proportion of our population over 65 years of age is rising rapidly. The majority of healthcare contacts with this population are with professionals who have not benefitted from specialist training in gerontological principles. There is a growing recognition therefore that specialist gerontological services need to reach out to healthcare professionals in other specialties and ensure that they possess the core competencies required to provide high quality care to older adults.

Our project is a pilot run by the Waterford Integrated Care for Older People (WICOP) inter-professional team examining the use of simulation-based teaching to convey important gerontological competencies to healthcare professionals working in departments outside of our own. The project is a partnership between NDTP, HSE CHO-5, RCPI, HSE Integrated Care Programme for Older People (ICPOP) and the ASSERT centre at UCC.

PROGRESS TO DATE

1. NDTP Development Funding was provided to purchase camera & audio equipment for the simulation lab at Waterford Residential Care Centre (WRCC). This purchase required a tender and procurement process that was lengthier than hoped. It did conclude however in September 2022 and we expect delivery of the equipment before year end. The equipment will be
commissioned in February 2023. This will require input from the supplier (Scotia UK), the ASSERT centre at UCC and CHO-5 IT staff. It has been useful to bring these stakeholders together and provides a template for future projects.

2. CHO-5 have funded the capital refurbishment of the simulation centre at WRCC. This area was previously a long-stay residential ward and its transformation has been costly. I would like to acknowledge the substantial time and money invested by CHO-5 in this project.

3. The HSE National Integrated Care Project for Older People funded an MD student to drive this project. Dr Emily Buckley (Geriatric SpR) commenced this project in July and is being co-supervised by the Department of Medical Education at UCC. Dr Buckley is close to concluding her scoping review of competencies required by hospital-based NCHDs when
looking after older patients.

4. The Gerontological Simulation Faculty is now well established and held its first simulation event at WRCC in November 2022. This event delivered two high-fidelity scenarios to NCHDs from UHW. The first scenario focussed on FAST calls and the second on an end-of-life scenario. I attach some pictures from this event. We received very useful feedback from this event that will be incorporated in future sessions.

5. The programme for 2023 will include a quarterly simulation event that will include NCHDs and at least one other professional group at all times. We've also been approached by the local GP Training scheme. The trainers wish to adapt our scenarios for their own use. We have indicated that they will have the use of our lab in order to deliver these primary care scenarios.

6. Interestingly, we've been approached by industry regarding the development of simulation scenarios. The manufacturers of DysPort (Botulinum toxin used for spasticity post stroke) have offered to develop (free of charge) a suite of scenarios that will focus on the management of spasticity after stroke. They will fund the development costs for these scenarios and have
agreed to purchase a task-trainer for our lab.

The NDTP Development Fund grant was an important enabler for the above developments. It is important however that we acknowledge the significant investment that followed from our partners in this project (HSE CHO-5, ICPOP, RCPI & UCC). We are very grateful to the NDTP for entrusting us with the first investment in this novel project.

Promotional poster for first WICOP Simulation event at WRCC. AV hire & catering at this event was funded by NDTP.

9. DUBLIN SOUTH EAST INTERN NETWORK

PROJECT
Play/Decide Teamwork and Collaboration: Scaling up an educational board game for junior doctors addressing workplace bullying and harassment.

BACKGROUND
The Irish Medical Council's Your Training Counts survey of 2015 found that 35% of medical trainees report experiencing bullying and harassment in their post, with the prevalence of bullying being highest amongst interns (48%). Almost seven out of ten trainees who experienced bullying in their learning environment did not report it to someone in authority. Half of trainees reporting bullying in the training environment identified other doctors as the largest source of bullying; however, interns reported bullying by nursing staff far more frequently than any other source (52%)(1).

Another study of postgraduate trainees in Irish hospitals found that the participants' relationships with the senior staff overseeing their training were characterised by respect for hierarchy, anger and fear, intimidation and disillusion. There are potential implications for the quality of training, patient care, and willingness of doctors to pursue careers in Ireland (2).

There is a need to ensure medical trainees have a robust understanding of what constitutes bullying and harassment, how to deal appropriately with the issue if it arises and how to avoid this behaviourthemselves. The Play/Decide game is a way of opening up the conversation around such experiences amongst peers in a manner that is safe and non-judgmental.

AIM
To raise awareness amongst the intern group about issues relating to teamwork, with a focus on dealing with difficult interactions in the workplace and bullying and the supports that are available to staff.

METHODS
Play/Decide is a validated educational tool which is available online. It is a card game for simple, respectful, and fact-based group discussion. The content for Play/Decide Teamwork was created and approved by a multidisciplinary team in St James's Hospital comprising representatives from NCHDs and hospital consultants, medical HR, nursing, and allied health. Information was drawn from the literature, the HSE's Dignity at Work policy, EU legislation and anecdotal experience to create realistic and accurate story, information and issue cards.

Bespoke versions of the Play/Decide: Teamwork game are created for each intern network following collaboration with intern trainers and medical workforce managers on site. Facilitators are trained locally, and sessions run with interns. Following a Play/Decide: Teamwork session, interns are invited to provide feedback on the game via an anonymous online survey.

RESULTS
To date, Play/Decide: Teamwork games have been created and approved in four out of six intern networks, with facilitator training and sessions completed in two of the four networks, and planned for the other two. Approval to run the session in the final two networks has also been granted, with this work still in progress.

Data collection will continue as the game is rolled out to other networks. To date, 100% of interns who have participated in the training sessions agreed that the game was relevant to their day to day working life, that it was a safe environment to discuss workplace issues, and that they felt involved in the discussion. 94% agreed that they learned something new from the session, and 94% would recommend the training to other interns.

CONCLUSION
Data collected to date indicates that the Play/Decide: Teamwork game is an acceptable and effective approach to teaching interns about workplace bullying and harassment, and strategies to deal with these issues.

1. *Irish Medical Council. Your Training Counts. 2015.*
2. *Crowe S, Clarke N, Brugha R. 'You do not cross them': Hierarchy and emotion in doctors' narratives of power relations in specialist training. Social Science & Medicine. 2017;186:70-7*

10. IRISH COLLEGE OF OPHTHALMOLOGISTS (ICO)

PROJECT
Lean Six Sigma for new eye care pathway design and delivery of care by Ophthalmic Specialists.

ABSTRACT

The Higher Medical Training (HMT) programme in Ophthalmology is aligned with the Model of Care and the Slaintecare principles. The Ophthalmology Model of Care includes the creation of Integrated Eye Care Teams (IECT) working across the hospital groups and community healthcare organisations (CHOs) and represents the reconfiguration of ophthalmology services away from an over reliance on delivery in the acute hospital setting.

The reconfiguration of ophthalmology services requires the development of new pathways of care. A focus on designing and embedding safe, clinically effective and efficient delivery of care into the new care pathways is an important aspect of the delivery of specialty services and requires both clinical as well as process expertise. The ICO endeavours to ensure that trainees are equipped with the skills to become leading healthcare innovators in terms of their professional development and to provide them with the skills to be proficient in the development of new methodologies which have the potential to promote a more efficient and sustainable Integrated Eye Care Teams within the Irish Healthcare system.

New pathways of care must be designed using the most effective methods to ensure efficient, sustainable and quality care for patients. Lean Six Sigma offers a recognised overall approach for improvement in healthcare. The principles of Lean management can work in healthcare and many healthcare organisations are successfully using Lean thinking to streamline processes, reduce cost, and improve quality and timely delivery of products and services. With that in mind the College piloted a Lean Six Sigma project to trial and assess the introduction of formal training in Lean Six Sigma thinking into the training programme to develop process expertise, whilst additionally acting as a catalyst for real life implementation of these pathways.

DEVELOPMENT FUNDING
2021-2022 CYCLE

11. SAOLTA HOSPITAL GROUP –TRAINING LEAD

PROJECT
Simulation based education to achieve core competencies in General Internal Medicine (GIM) procedural skills and develop cross discipline trainer skills.

The aim of this project was to build on the previous programme supported through NDTP funding and adapt the programme according to feedback and also observations of both participants and facilitators.

GIM FUNDAMENTAL SKILLS
Date(s): 16th August, 17th August, 18th August
Course Content: Scrubbing in | Setting up a sterile field | Suturing & Knotting

SAMPLE OF FEEDBACK RECEIVED
List 1 or more things you have learned from this experience:
Sterile Field | Good Suturing skills | How to suture for drains | How to correctly throw knots

What did you like most about the simulation session?
Hands-on technique | Excellent demonstration | Interactive | Learning to tie knots properly | Practical learning which is useful for Registrars on-call

How does simulation compare to other methods of learning these topics?
Better, more engaging | I feel I benefit more from in-person simulated teaching | More closely related to real life needs

Any other additional comments
Wonderful workshop | Very impressed with skills training. Engaging tutor who ensured everyone knew the skill before moving on. Helpful to perform skills with actual materials

GIM I (LP & PARACENTESIS)
Date(s): 1st Sept, 8th Sept
Course Content: Short talk/presentation by Dr Paul O'Hara, Consultant Physician & Nephrologist | Live Scanning of Model | Practice in pairs of LP or Paracentesis using task trainers

SAMPLE OF FEEDBACK RECEIVED:
List 1 or more things you have learned from this experience:
Use of US to guide LP | US role and basic principle | How to use an ultrasound probe/machine | US guided technique

How does simulation compare to other methods of learning these topics?
Better engagement | More Helpful - Easier to remember by doing the skills | Hands-on approach is far superior | More applicable to real world so learning with hands-on using the US is better than a book or on-line learning.

Any other additional comments
Very useful for Registrars as it is usually the more complicated LPs we are asked to do. Also important to be comfortable to do paracentesis on-call, if required | Would be excellent to be available to all Registrars

GIM II (JOINTS & US GUIDED PIVC)
Date(s): 24th Nov, 25th Nov
Faculty: Dr Bernadette Lynch, Rheumatology Consultant & NDTP Lead
Course Content: Yet to be confirmed

12. SAOLTA HOSPITAL GROUP – TRAINING LEAD

PROJECT
Building Training Skills for Consultants: The Internship.

We had initially aimed at running this programme in November 2021, but to the increase stress of rising numbers of Covid cases in the hospitals across our group and the issues with providing some element of face to face education it was decided to postpone the event.

It is now scheduled to take place in the Aula Maxima in University of Galway on January 2023. It will be an in person event and has already been offered to all consultants across the Saolta Group.

TO DATE
We have had to run a tender process to recruit an Event management company, this has taken a protracted period of time due the high priced quotation. We are currently working with finance to generate a purchase order number and once this has been done we can start to work with the company.

Again, this is not straight forward as the company will book the international travel for the speaker and this is currently being reviewed. So we would in the coming days that we can move this forward. The company will organise travel and accommodation for the speakers, develop branding for both the Saolta Academic office and the event so that it can be used as the established brand for the department. They will also organise registration and provide guidance as to the running of the programme.

We have confirmed Dr Subha Ramani from Boston University as our keynote speaker, she has a huge knowledge base in medical education and is also the incoming president of AMEE. Also, as part of the programme we have Ms Hadas Levy who will provide information of Intern and NCHD wellbeing. Dr Natasha Slattery who will provide an overview of EPAs and how they may be used as part of the Intern programme and also postgraduate medical education going forward. Ms Gozie Offiah has also agreed to speak on the intern curriculum what is required by the interns and how trainers can support this.

Finally, we have engaged with both RCPI and RCSI and are hoping that in the morning session they will be able to provide training for consultants across the Saolta Group to increase the overall numbers of recognised trainers.

13. THE COLLEGE OF ANAESTHESIOLOGISTS OF IRELAND (CAI)

PROJECT
Less than full time working in the Department of Anaesthesia and Critical Care, Tallaght University Hospital.

ABSTRACT

We conducted a survey of 95 anaesthetic doctors in training which showed that almost 70% were interested in less than full time (LTFT) training. With the support of the NDTP and the CAI, we converted three full time training posts into four LTFT posts. We had more applicants than we could facilitate.

The project has enabled five doctors in training to work a total of seven 6 month posts at 60-80% LTFT. A further LTFT doctor had to drop out of training immediately before their post commenced. Formal feedback from the participants has been overwhelmingly positive, despite a fall in pay. They reported that the project promoted flexible training, wellbeing and improved work/life balance without a perceived impact on clinical skill/knowledge acquisition. The department was able to offer LTFT trainees a fixed day off a week, which they valued, whilst maintaining service delivery.

One issue that arose is how the resultant extension of training should be structured and funded in the long term. For example, a doctor in training who works at 80% LTFT for 12 months needs to work an additional 3 months at the end of training in order to gain their CCST. It would not be reasonable to expect this doctor to work an addition 6 month post. One way around this would be to offer 80%LTFT posts for a fixed period of 2 years which would then amount to 6 months of additional training pre-CCST. A planned, coordinated and fair approach to this type of scenario is required.

Another issue was how pay is structured for overtime. Some of the doctors who undertook our pilot felt that contracts need to be updated for doctors and pay standardised with an earlier point of overtime payment to reflect their contracted hours.

In summary, this progressive pilot has been a success. It has enhanced our department, the NDTP and the CAI's reputation for promoting wellbeing amongst doctors in training. We would love to continue it in the long term.

14. THE COLLEGE OF ANAESTHESIOLOGISTS OF IRELAND (CAI)

PROJECT:
Development of an Equality, Diversity and Inclusion (EDI) framework for use in post-graduate training.

We consulted with Dr Brooks holtom, Porfessor of Management at Georgetown university and adapted the US Aid Framework with his kind permission, and brought the project from development to approval through our college governance structure. We approved the CAI EDI framework and a strategy for implementation at our Council in April 2022.

Our vision at the outset of this project was to create a framework to support an inclusive environment to work and learn, to insure representativeness, provide role models, to optimise College performance through inclusivity and foster a sense of community based on inclusivity. The seven principles that form the basis of ethical standards in public service are selflessness, integrity, objectivity, accountablity, openness, honesty and leadership. Our Equality, Diversity and inclusion strategy embed these principles within all aspects of College life.

The three key objectives underpinning the framework developed are: data and benchmarking, external recognition and awards and culture change and opportunity. Through engaging with staff, trainees, Fellows and Council.

CULTURE
- We will offer a range of development opportunities for staff, trainees and Fellows.
- We will engage with colleagues in effective ways to ensure that out people feel that their voice is heard and valued.
- We will continue to explore innovative ways to increase the diversity of our staff, trainees and Fellows including those at senior levels.
- We will support the wellbeing and professional development of all our people.
- We will offer flexible ways of working and family friendly policies to our staff and promote these opportunities to our trainees

POLICIES AND PROCEDURES
- We will review our policies regularly to ensure that they are consistent and effective.
- We wil review the accessibility of our policies to ensure that relevant information is easilyavailable to all stakeholders.
- We will engage with external partners to ensure that our recruitment and marketing materials are inclusive.

INCUSIVE PRACTICE
- Our approach to learning and teaching will recognise the diversity of trainees, Fellows and staff, enabling all learners to fully participate in learning activities.
- We will provide opportunities for staff, tutors and faculty to develop best practice in inclusivity.
- We will continue to engance the accessibility of our campus and clinical learning environments.

OUTCOMES FROM THE PROJECT ON NEXT PAGE...

DEVELOPMENT FUNDING
2021-2022 CYCLE

OUTCOMES FROM THE PROJECT

1) Framework developed and approved by Council of CAI **Completed April 2022**
   *Council advised two areas of focul - gender and ethnic & minority status.

2) Development of database to support data auditing and benchmarking **Completed Sept 2022**

3) Formalisation of cooperation with Association of Anaesthetists Chair EDI advisory group CAI to be co-opted out Association EDO committee **Oct 2022**

4) A publicly visible "pledge" to equality, diversity and inclusion on CAI website **Dec 2022**

5) Quantitative data set 2018 - 2022 regarding current gender, ethnic and minority status distribution across all levels of the organisation i.e. general membership, speakers at college conferences, members who stand for election, members who are elected and other key leadership roles such as departmental heads **Dec 2022**

6) Generate a reort on the above data that is visible publicly **May 2023**

7) Ensure the above report is discussed as an agenda item at College Council, published in the annual report with defined actions and a quality improvement plan **May 2023**

8) Develop a college polity in relation to how to address gender/minority imbalances in leadership and college structures **Dec 2022**

9) Qualitative investigation of data through focus groups and surveys **Jan 2024**

10) Identify barriers and enablers relating to leadership and gender, ethnic or minority status **Sept 2024**

11) Review college structure and activities considering factors identified **Dec 2024**

FROM DEVELOPMENT TO IMPLEMENTATION - MEASURING SUCCESS FROM HERE

INDICATORS	MEASUREMENT
An EDI Pledge	A publicly visible "pledge' to equality, diversity and inclusion on a CAI website
Collation of EDI data for years 2018 - 2022	• A CAI EDI database • Annual report template populated for 2022 visible on CAI website and council agenda
• EDI Survey of college members • EDI Focus Group X 3 • Review of barriers/enablers in college activities & structures	• EDI survey report • EDI interview thematic analysis • Membership and reporting CAI EDI group • CAI EDI policy visible on website • Evidence that all college office bearers committee/members have undergone the selected"unconscious bias" programme
• Outline a process to identify willing leaders, mentors and speakers that reflect CAI EDI goals	• A database of leaders/speakers and mentors reflecting EDI
• Completed 10 step framework	A summary CAI case study document - a guide to implementation and necessary resources for other colleges/postgraduate Training Bodies in the Forum wishing to implement the 10-step framework

This project enhanced our mission to create an inclusive environment in which individuals can operate at all levels regardless of their personal circumstances. Our sucess as a College depends on the diversity of our Trainees, Fellows, Council and staff and we value the contribution that every individual makes. The development of the CAI's EDI framework and stategy, with support from HSE NDTP, ensures that our commitment to embracing diversity and creating a truly inclusive environment is communicated effectively to all stakeholders and beneficiaries.

15. ROYAL COLLEGE OF PHYSICIANS OF IRELAND (RCPI) NATIONAL ENDOSCOPY TRAINING COMMITTEE

PROJECT
STEPS (Skills Training for Endoscopy Programme) E-learning Programme – Recognition and Endoscopic Management of Barrett's (Columnar Lined) Oesophagus.

BRIEF DESCRIPTION OF THE PROJECT
An e-learning programme will be developed to improve the endoscopic detection and management of Barrett's oesophagus. The target audience for the programme is trainee gastroenterologists, general surgeons and nurse endoscopists who are training in upper gastroenterology (GI) endoscopy either inside or outside a specialist training scheme.

AIMS AND OBJECTIVES
• To improve the endoscopic detection and management of Barrett's oesophagus by endoscopy trainees (medical / surgical / nursing) performing upper GI endoscopy
• By making the e-learning programme available to all trainees (gastroenterologists, general surgeons and nurse endoscopists), this will ensure standardised training for all identified learners
• To enhance multi-disciplinary collaboration between trainee gastroenterologists, general surgeons and nurse endoscopists which would lead to enhanced patient care and improved clinical practice
• To ensure correct management of patients identified with Barrett Oesophagus and potentially reduced the number of patients placed on the GI planned procedure waiting list

PROJECT ENDPOINT
Improvement in the proportion of endoscopy trainees who can correctly identify and assess Barrett's (Columnar lined) oesophagus at upper GI endoscopy following completion of the e-learning programme

MEASURABLE OUTCOMES
1. Number of trainee gastroenterologists, general surgeons and nurse endoscopists completing the e-learning programme per annum Proportion of total HST trainees in Gastroenterology/General Surgery who have completed the programme)
2. Improvement of knowledge demonstrated on completion of the programme compared to baseline self-assessment
3. Trainee satisfaction with e-learning programme (collected as part of the final 'summative' assessment)
4. A trainee lead baseline and follow up audit of the quality of endoscopic reporting of Barrett's (Columnar Lined) Oesophagus
5. Impact of e-learning programme on long term need for surveillance gastroscopy (data on the volume of patients on planned procedures is published by the National Treatment Purchase Fund) and disease detection and progression as monitored by the RIBBON network national Barrett's registry

PROJECT OUTCOME TO DATE
This online training course is projected to be live in Q4 2022. The course is currently out for consultation with subject matter experts. There has been delays in this project due to parental leave for members of the project team and also Covid delays.

When the online course is launched the table below outlines how the project will be assessed.

INDICATORS	MEASUREMENT
This is a non-mandatory programme therefore the uptake will demonstrate the appetite from identified learners for this topic to enhance their clinical practice	Number of identified learners completing the e-learning programme per annum
Trainee satisfaction with e-learning programme (collected as part of the final 'summative' assessment)	Post programme satisfaction survey
Knowledge acquired following completion of the programme	Knowledge comparison at the baseline and on completion of program

16. ROYAL COLLEGE OF PHYSICIANS OF IRELAND (RCPI)

PROJECT
Education Programme for BST (Basic Specialist Training) and HST (Higher Specialist Training)

PROJECT LEADS
Dr Diarmuid O'Shea (Clinical Lead), Dr Ann O'Shaughnessy (Head of Education), Aisling Smith (Education Manager), David Cunningham (Project Manager)

The project is required to formally align education content to year of training, make best use of trainees' time and reduce overlap in content. This will be achieved by reviewing and aligning the purpose, development and delivery of tutorials, study days and workshops creating a comprehensive formal education programme appropriate to the trainees' needs and stage of training. Learning, including simulation training, will be delivered both centrally and at site of training. Programme delivery will be designed to fulfil the requirements of outcome-based curricula in a cost effective and sustainable way.

The three main elements of the project are Development, Implementation and Communication, with different leads for each aspect. A clinical lead was appointed to manage the outcome of the review and to represent and communicate with the various stakeholders, alongside a project manager who is responsible to the day to day running of the project. Programme boards have also been formed to oversee the development and updating of learning content. These are run by the content development team.

Another vital part of the project is the implementation of the new model, from updating online learning systems and practices, to planning faculty and budgeting for the resources required. A large part of the planning will be dedicated to the rollout of the new system and phased wind down of current processes.

For the project to be a success, it requires support from a wide range of stakeholders and gatekeepers. To this end, the project team has been active in engaging with representative committees and management groups, led by the clinical lead to ensure clinician buy in at all levels. Successful implementation will be of benefit to all training schemes and doctors on the general division wishing to seek recognition of learning. The effectiveness of the project will be monitored through ongoing structured evaluation.

---

17. ROYAL COLLEGE OF PHYSICIANS OF IRELAND (RCPI)

PROJECT
Development of a Paediatric ECG Interpretation E-learning Module.

PROJECT TEAM
Dr Niall Linnane, Dr Jennifer Jones, Mairéad Graham, Seán Goucher, Ronan Monahan

PROJECT OWNERS
Dr Ann O'Shaughnessy, Alexandra St John

Electrocardiograms (ECGs) are commonly performed procedures used to investigate acute paediatric presentations e.g., chest pain, syncope, and palpitations. Current medical school teaching tends to focus on the interpretation of adult ECGs. Paediatric ECGs differ from adult ECGs as they tend to vary with age. In addition to paediatricians, a wide range of 'adult-trained' physicians will encounter and interpret the paediatric ECG. Funding was secured for development of a 1-hour online module for paediatric ECG interpretation. It has been developed and will be delivered through RCPI's virtual learning environment 'Brightspace'. The module aims to provide a structured approach to interpreting paediatric ECG and while primarily aimed at paediatric doctors at Basic Specialist Trainee (BST) level, it is suitable for any physician that will encounter paediatric patients or senior paediatric doctors seeking a refresher.

The online module is designed in short sections allowing the learner to navigate through at their own pace. The structured framework is detailed below:

• **What is an ECG?**
• **When should I preform an ECG?**
• **How do I interpret an ECG?**

Within the above framework sections, learners will identify common normal variants as well as abnormalities seen in paediatric ECGs. The online module contains interactive learning points such as sample ECGs to enhance the learning experience. Learners are offered self-assessment opportunities throughout the module by interpreting ECGs.

A brief pre-module survey and ECG MCQ is used to gauge learner's confidence with interpreting paediatric ECGs. A matched survey and MCQ are delivered at the end of the module gauging learners' confidence post intervention. To assess retention of new skills, a further survey and MCQ will be distributed six months post module to assess subjective learner confidence in the time interval that has passed.

---

18. WNW (WEST/NORTHWEST) INTERN TRAINING NETWORK

PROJECT
Implementing competency-based education on the clinical sites - how can we make training and assessment accessible for trainees?

A patient safety proposal to support clinical sites to achieve excellence in assessment and to ensure standardisation in procedural skills in the 21st Century and post-pandemic climate.

INTRODUCTION
EPA 3 for the intern year is "Perform Essential Procedural Skills." Research has shown that graduates often lack an ability to perform these skills and yet are required to perform them in clinical practice at the start of internship. Levels of supervision on clinical sites may vary.

AIMS
The purpose of this project is to improve patient safety through standardisation of procedural skills education and training and in their assessment and to examine ways to improve the feasibility of trainees achieving competency in these skills on clinical sites.

METHODS
Interns were recruited by invitation at induction. Each intern participant completed the essential procedural skills in a simulated environment which were observed at 2 points (at the start of intern induction June 2021 (Time point 1) and at the 6-month time point in January 2022 (Time point 2). Prior to performing the skills, the participants rated their own level of entrustability in each procedure. The observers rated the performance of the participants with a checklist, and then rated each participant's level of entrustability.

RESULTS
A total of 17 interns completed the assessment at Time 1 and Time 2. There were 5 additional interns that completed the assessment in Time 1. However, they were unavailable for the Time 2 assessment. Therefore, the data for 17 interns were included in the analysis. Of the 17 interns who completed both assessments, 7 were women and 10 were men. The participants included graduates from all six medical schools in the Republic of Ireland. All of the procedures were completed by all participants on both occasions, except two interns did not complete urinary catheter insertion at Time 2. At time point 2, there was a significant increase in the rating of entrustability for all of the procedures- with the exception of preparation, reconstitution, dilution, and administration of IV drugs.

CONCLUSION
There is a tendency for the newly graduated medical students to slightly overestimate their ability to perform procedural skills. There is considerable variability in the ability of the graduates to perform these skills.

Before starting to work in the hospital, the majority of the graduates require direct, proactive supervision (entrustability level 2) and induction and time in clinical practices supports their learning, At 6 months they have improved and for all of the essential procedural skills, with the exception of preparation, reconstitution, dilution, and administration of IV drugs have achieved an entrustment level 3.

Given the inability to perform these skills at the start of internship and the variability in the teaching of these skills across the Medical Schools, generating learning materials, using simulation and the provision of learning resources are critical for the transition to clinical practice. The need to define a set of standards and educational materials for EPA is critical.

19. WNW (WEST/NORTHWEST) INTERN TRAINING NETWORK

PROJECT
IAR Training Videos: A Step-by-Step Guide of the IAR Process.

LEAD AGENCY & PRIMARY CONTACT
West Northwest Intern Training Network (ITN)
Ms. Sylvia McDonagh, sylvia.mcdonagh@nuigalway.ie
WNW ITN Administrator

PROJECT OUTCOMES
The activities and outputs of the project have been completed. All Networks have received the videos and have added these to their Intern Training HUB where all interns can gain access to view. They have also shared the videos directly with all who are involved in the IAR process at the various stages of the assessment process.

MEASURING SUCCESS
We have gathered feedback with regard to the videos and their effectiveness in supporting users through the IAR process. Whilst it is still early in the process for all Networks as the assessments for the first rotations are currently being completed, this feedback has been extremely positive, with the videos having been noted as a very useful guidance tool, especially for those new to the process, such as the 2022 Intern intake and new trainers or tutors.

The original timeline is outlined below. However, needed to be revised as there had been a number difficulties delivering the project within the originally submitted timeline. The revised timeline, also outlined below, was met and the videos were ready for all Networks to add to the Intern Training HUB for their 2022 Intern intake. As previously noted, this was welcomed in all Networks.

ORIGINAL HIGH LEVEL TIMELINE	PROPOSED REVISED HIGH LEVEL TIMELINE
May 2021 - Commence the development of content for videos.	**July - Dec 2021** - Commence the development of content for videos.
June 2021 - Record, edit and finalise videos.	**Jan - Feb 2022** - Record, edit and finalise videos.
July 2021 - Test process and each site's "Dummy Intern"	**March 2022** - Test process and each site's "Dummy Intern"
Aug 2021 - Carry out pilot of IAR process including links to IAR Training Videos: A step-by-step guide of the IAR Process.	**Mar - April 2022** - Carry out pilot of IAR process including links to IAR Training Videos: A step-by-step guide of the IAR Process.
Sept 2021 - Launch IAR Training Videos: A step-by-step guide of the IAR Process to all Network sites across the country.	**May/June 2022 -** Launch IAR Training Videos: A step-by-step guide of the IAR Process to all Network sites across the country.

20. FACULTY OF RADIOLOGISTS

PROJECT
An Introduction to Artificial Intelligence for Specialist Registrars in Radiology.

LEAD AGENCY & PRIMARY CONTACT
Dr Peter Kavanagh, Dean Emeritus
Dr Patricia Cunningham, Dean, Faculty of Radiologists RCSI (dean@radiology.ie)
Dr John Walsh, National Training Coordinator, Faculty of Radiologists RCSI (ntc@radiology.ie)

ABSTRACT
Artificial Intelligence (AI) is widely regarded as being one of the key technologies which will shape the future of healthcare across the world. Understanding the capabilities and limitations of AI will therefore be a crucial skill for clinicians and healthcare leaders in the future; this is particularly true for the specialty of radiology. In recognition of this, in conjunction with University College London (UCL) and supported by NDTP, the Faculty of Radiologists has in 2022 successfully delivered an online 'Short Introduction to AI for Clinicians' for each of the second year trainees on the Irish radiology and radiation oncology schemes. Originally offered by the Department of Ophthalmology at UCL, this course has now been specially adapted and tailored for Irish radiology trainees.

THE MAJOR OBJECTIVES OF THIS COURSE ARE TO ALLOW TRAINEES

• have a better understanding of the evolution and application of AI technologies,
• engage with and critically appraise AI research,
• develop their own AI research projects,
• identify possible applications of AI in their own everyday work environments, thus encouraging the development of workflow efficiencies and improvement of outcomes for patients in the Irish healthcare system

Given the high level of engagement of trainees with course, it is intended that this course will continue to be offered to second year trainees in the future.

MEASURING SUCCESS – PURPOSE AND GOALS

• In conjunction with UCL, an online/hybrid course in AI for Clinicians has been developed, now specifically tailored to radiology trainees.

• In total, 30 licenses were funded in 2021-22, with each of the 26 second year radiology trainees and the 4 second year radiation oncology trainees participating in this course.

• In recognition of the clinical and other educational demands faced by our trainees, UCL kindly extended the course duration to meet the learning needs of our trainees.

• With the development of this course, this is (to our knowledge) the first formal AI course to be offered online by a national training body.

• Several AI projects were delivered as posters and podium presentations at the Faculty's Annual Scientific Meeting in September 2022.

• Given the success of the first year of the course, it is the Faculty's intention (with the support of NDTP) to continue to offer this course for second year radiology trainees, giving SpRs the knowledge and capability to engage with and in AI research, and to develop innovative tools to improve outcomes for patients in the Irish healthcare system.

• Given the increasing relevance of AI in clinical practice, it is also intended to make this course available (self-funded) for all Irish radiologists for CME purposes.

21. THE COLLEGE OF PSYCHIATRISTS OF IRELAND

PROJECT
Developing online resources to meet curricular requirements for HSTs in Psychiatry.

LEAD AGENCY & PRIMARY CONTACT
Professor Aoibhinn Lynch, Dean of Education, College of Psychiatrists of Ireland

PROJECT UPDATE
This project's original aims were:
• To develop a suite of educational material and events to meet the mandatory training objectives for HSTs in Psychiatry
• To resource the appropriate personnel and expertise to allow development of tailored educational material in Psychiatry
• To use technology appropriately to allow the majority of the material to be delivered and assessed online
• To incorporate ongoing evaluation and updating of the online material developed

PROJECT OUTCOMES
A Head of E-Learning and Courses has been appointed (Professor Anne O'Doherty) who leads this project, supported by administrators from CPsychI. Professor O'Doherty chairs the Courses and E-Learning Subcommittee of PTC which has formed a working group to develop HST learning material, based on the HST curriculum. The trainee members of the working group have also surveyed HSTs on which areas they would like additional teaching sessions, what format they would prefer, how best to give feedback, etc. This has led to the development of a 'HST Masterclass' structure, which takes place on one full day every 2 months. The content comprises a variety of clinical and non-clinical topics, ranging from advanced clinical and sub-specialty topics, to research and management sessions.

The format is of a live online webinar which is recorded, thus creating a bank of recorded webinars suitable for all HSTs for the future. We have recruited internal faculty and external speakers to host the masterclasses. We have also developed standard online feedback forms on the format and content, to allow for continuous development and improvement. We have also updated our Moodle platform for these sessions, which is now easier to navigate. The first HST Masterclass took place in November 2022 and was very well received. The next sessions will be in December 2022 and in February 2023.

It is planned to develop the format into a hybrid online plus an 'in-person' arrangement for those who wish to attend. Over the next six months, the completion of renovation works at CPsychI offices will create a suitable and sustainable space for these 'in-person' educational sessions. This will facilitate a group of up to 20 HSTs being present in person, although we will continue to host a simultaneous live online broadcast of the session for those who cannot attend in person. This will allow for enhanced interaction during these sessions and the possibility of more workshop style events.

Having established the HST Masterclass format, the structures are now in place to continue these indefinitely and to develop the content as required over time. The leadership provided by the Head of E-Learning and Courses (a role with 0.2 WTE protected time), the support from CPsychI administrators and the input of the Trainee Committee and the Courses and E-Learning Subcommittee of PTC have been essential in developing the HST Masterclasses and will also be important in maintaining and developing the structure further in the future. Indeed, the recent Medical Council of Ireland Inspection of CPsychI postgraduate training programmes commented on the need to develop structured teaching for HSTs, but also recommended that the role of Head of Courses and E-Learning should be maintained beyond the funding for this project, which we hope will be supported through our SLA in due course..

22. THE COLLEGE OF PSYCHIATRISTS OF IRELAND

PROJECT
Improving cultural competency across postgraduate training in Psychiatry.

LEAD AGENCY & PRIMARY CONTACT
Professor Aoibhinn Lynch, Dean of Education, College of Psychiatrists of Ireland

---

THE ORIGINAL OUTCOMES FOR THIS PROJECT WERE
• Delivery of EDI/unconscious bias training for trainees, supervisors, examiners and college staff
• Consultation with trainees, supervisors, REFOCUS committee
• Analysis and reporting of training KPIs with respect to diversity
• Review and update of curriculum, regulations, examination material, recruitment policies and strategy
• New online recruitment video

Training modules/ courses for trainees, examiners, supervisors and College staff have been completed and are now integrated into our routine training structures, such as BST induction, Examiner Training, Supervisor training.

We have engaged with our trainees in a working group and are finalising a questionnaire to circulate to all trainees regarding their experiences of Equality, Diversity and Inclusion in training.

We have reviewed our policies and processes in house and our external review is ongoing. We have reviewed the data we routinely collect in relation to recruitment and postgraduate training and have identified where we need to include socio-cultural variables. This will allow us to measure these variables and monitor outcomes over time.

We have engaged a production company and have agreed on participants for our recruitment video with our trainees/members. We are finalising the schedule for filming and seeking permissions from workplaces, where relevant. Filming is due to commence shortly and we hope to have a completed the recruitment video over the coming months.

While the timeline for the recruitment video has been prolonged (partly due to pressure on staffing), we have been interested to see how engaged our trainees are on the topic of Equality, Diversity and Inclusion. By our focus on this project, we have learned that these will be themes to work on over the long term and will not be just an isolated, time-limited project. The recent establishment of a Global Mental Health special interest group within the College structure and of a training collaboration in Africa, as well as growing interest in mental health issues affecting to asylum seekers and refugees in Ireland are all, in various ways, related to the theme of this project. This project has allowed us to focus on EDI issues of particular relevance to trainees and supervisors and has raised our awareness in this regard.