
Medical Council public consultation on the revised draft standards and criteria for quality assuring medical education and training

Thank you for the invitation to participate in the Medical Council’s public consultation on the revised draft standards and criteria for quality assuring medical education and training. As the independent statutory regulator of pharmacists and pharmacies in Ireland, the PSI welcomes the opportunity to input on initiatives that support high quality and reliable healthcare for patients. We also welcome the opportunity to provide feedback on the work of other professional and service regulators.

We have set out below our overall comments on the revised draft standards and then we provide some suggestions for your consideration with reference to specific criteria under some of the standards.

Overall comments:

- Overall, the objective to produce ‘practical and user friendly’ standards has been achieved. The standards are very clear and well written. They are less prescriptive than other standards and the flexibility that they will afford HEI’s in the development of programmes will be of benefit to learners and patients.
- The emphasis the standards place on learner and patient safety is welcomed.
- The emphasis and inclusion in the standards on interprofessional learning is also welcomed and will benefit both learners and patients.
- The emphasis on support and recognition for equality, diversity and inclusion is welcomed.

Some suggestions are as follows:

- Criteria 4 under standard 1.1.1 specifies the “professional attitudes and behaviours of all staff are promoted”. It is unclear if this also refers to learners. If so, we would suggest mentioning learners specifically. If not, we suggest that the development and demonstration of professional attitudes and behaviours of learners are included here or in another standard.
- Criteria 3 under standard 1.1.2 specifies: “Where the learner is present during, or participates in the provision of care, this is made known to the patient and consent obtained as appropriate”. We suggest it may be useful to reference circumstances where consent cannot be explicitly obtained.
- Criteria 2 under standard 2.1.1 specifies that “Strategic objectives for the achievement of the medical education programme are established”. We suggest the monitoring of strategic objectives is included.
- Criteria 1 under standard 2.2.1 specifies that “the learning outcomes for the medical education programme are defined, approved, communicated and regularly reviewed”. We suggest here or elsewhere (perhaps in theme 5) that criteria is added specifically in relation to the

appropriateness of learning outcomes/programme in relation to the level of the programme in the National Framework of Qualifications.

- Standard 4.1.1 includes criteria on admissions. Although probably intended, we suggest RPL policies and processes are specifically included.
- Criteria 1 under standard 4.3.1 specifies “there is an appropriate, defined process to systematically seek, analyse and respond to informal and formal learner feedback on the medical Education programme in a timely manner”. Does ‘respond’ also refer to communicating to students on changes made as a result of their feedback. If so, we suggest that this is made clearer. If not, we suggest it is added.
- Criteria 4 under standard 5.1.2 specifies “learners are provided with regular, fair, constructive and meaningful feedback regarding their educational progress, development and status within the medical education programme and guidance on next steps and career advice”. Does ‘regular’ also cover timeliness of feedback? If so, we suggest that this is made clearer. If not, we suggest that it is added. We suggest that the learners being prepared for lifelong learning, and being aware of its importance, is added.
- When referencing ‘patient safety culture’ and importance of reporting incidents, we suggest reference to the importance of a ‘Just Culture’ being in place within organisations is added.

We look forward to continuing to work collaboratively with the Medical Council in the future in our respective roles of assuring patient and public health and safety. In particular, we remain available to engaging with the Medical Council further in relation to our response to this public consultation as may be required.

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