Medical Council
Report on Accreditation Inspection of
Trinity College Dublin
Direct Entry to Medicine

Monday 21 – Tuesday 22 February 2022

CONTENTS OF REPORT

VISITING TEAM

Dr Tom Crotty (Chair of the Visiting Team and Medical Council Member)

Prof John Jenkins (Medical Assessor and Education & Training Committee Member)

Ms Geraldine Feeney (Non-Medical Assessor)

Ms Katharine Bulbulia (Non-Medical Assessor)

Dr Drew Gilliland (Medical Assessor)

Prof Hisham Khalil (Medical Assessor)

EXECUTIVE

Ms Una O'Rourke – Director, Education and Training

Ms Aoise O'Reilly – Accreditation Manager

Ms Liz McMahon - Inspection Manager

Ms Hannah McGrath – Accreditation Executive

Ms Nichole Weldon - Accreditation Executive

Ms Colette Costello – Accreditation Executive

A. Statement with regard to the Freedom of Information Act, 2014, General Data Protection Regulation ('GDPR') and the Data Protection Acts 1988 - 2018

The Medical Council currently makes information routinely available to the public in relation to its functions and activities and, in line with that practice, this report will be available on the Council's website, www.medicalcouncil.ie in due course.

The Freedom of Information Act is designed to allow public access to information held by public bodies which is not routinely available through other sources and access to this document may be sought in accordance with that Act. The Medical Council complies fully with the terms of the Freedom of Information Act. It should be noted that access to information under the Freedom of Information Act is subject to certain exemptions and one or more of those exemptions may apply in relation to some or all of this report.

As a Data Controller, the Medical Council is also subject to the requirements of the General Data Protection Regulation ('GDPR') and the Data Protection Acts 1988 – 2018. The Medical Council complies with its obligations as a Data Controller under the relevant legislation. Any person on whom the Medical Council holds personal information has certain rights, known as 'Subject Access Rights'. Further information on both Freedom of Information and Data Protection legislation is available on our website at: https://www.medicalcouncil.ie/FOI-Data-Protection/

B. THE DECISION OF THE MEDICAL COUNCIL IS THAT:

1. TRINITY COLLEGE DUBLIN MEDICAL PROGRAMME SHOULD BE APPROVED BY COUNCIL UNDER THE TERMS OF SECTION 88(2)(a)(i)(I) OF THE MEDICAL PRACTITIONERS ACT 2007. THIS RECOMMENDATION IS MADE ON THE GROUNDS OF THE MEDICAL COUNCIL TEAM'S FINDING THAT THE PROGRAMME ADHERES TO THE RULES, CRITERIA, GUIDELINES AND STANDARDS APPROVED BY COUNCIL, AS SPECIFIED IN SECTION 88(2)(a) AND 88(2)(d) OF THE MEDICAL PRACTITIONERS ACT 2007.

   THIS APPROVAL SHOULD BE FOR AN INITIAL PERIOD OF FIVE YEARS FROM THE DATE OF APPROVAL BY COUNCIL.

2. TRINITY COLLEGE DUBLIN SHOULD BE APPROVED UNDER SECTION 88(2)(a)(II) OF THE MEDICAL PRACTITIONERS ACT 2007 AS THE BODY WHICH MAY DELIVER THAT PROGRAMME. THIS RECOMMENDATION IS MADE ON THE GROUNDS OF THE TCD'S ONGOING COMPLIANCE WITH THE RULES, CRITERIA, GUIDELINES AND STANDARDS APPROVED BY COUNCIL AS SPECIFIED IN SECTION 88(2)(a)(i)(II) AND 88(2)(e) OF THE MEDICAL PRACTITIONERS ACT 2007.

   THIS APPROVAL SHOULD BE FOR AN INITIAL PERIOD OF FIVE YEARS FROM THE DATE OF APPROVAL BY COUNCIL

C. PREFACE

1. Context of the visit

Trinity College Dublin (TCD) delivers a five-year Direct Entry medical programme leading to the award of an MB BCh BAO. It is at undergraduate level (basic level in World Federation for Medical Education terminology).

The Medical Council Assessor Team held meetings with management, academic & clinical staff and students on Monday 21 & Tuesday 22 February 2022. Inspections of the facilities and observation of teaching were undertaken. Its remit was to assess the programmes and to formulate a recommendation on accreditation to the Medical Council's Education and Training Committee.

It is acknowledged that prior to the accreditation, the COVID 19 Pandemic impacted in a number of ways on the content of the medical education programme that the Assessor Team (AT) was accrediting. It is a credit to Trinity College Dublin (and indeed to all our medical schools) that they have adapted so well and managed so capably with the pandemic raging around them.

2. The Team

The Medical Council Assessor Team is listed on the title page of this Report. The Council very much appreciates the contribution of the Assessors to the accreditation process.

The Medical Council also thanks the TCD Team, led by Professor Michael Gill, Head of the School of Medicine, and Ms Shannon Keegan, Quality Accreditation & Rankings Manager, for the work involved in coordinating the visit. In addition, the Medical Council wishes to thank the staff and students who met the Team, whose feedback was most helpful in formulating this Report.

3. Documentation

Prior to the visit, the Team reviewed the completed *Accreditation of Existing Medical Programmes – WFME Questionnaire*, dated January 2022, and information submitted in the form of a survey of TCD medical students, academic teaching staff and clinical site teaching staff. The questionnaire completed by TCD is based on the World Federation of Medical Education's *Global Standards for Quality Improvement: Basic Medical Education.*

4. Schedule

The accreditation visit included a presentation by Professor Michael Gill, Head of School; an in-depth discussion between the Medical Council Assessor Team and representatives of the University; along with private sessions with students representing all stages of the course, clinical and academic staff. Under Section 88 (2)(f) of the Medical Practitioners Act 2007 an inspection of the facilities was also undertaken at the Trinity College Dublin Medical School, St James' Hospital, Tallaght University Hospital, St Patrick's Hospital, the Coombe Maternity Hospital, the Institute of Population Health and Sheehan Medical Practice.

5. The Report

The Medical Council's policy is to use the World Federation of Medical Education's Standards to assess medical programmes. The section headings used in part C of this report are therefore those of the World Federation of Medical Education's '*Global Standards for Quality improvement in Medical Education, 2015 revision*.

The observations, comments and recommendations contained in this Report are grouped under either the following headings:

- Communication
- Curriculum
- Assessment
- Feedback
- Resources

D. SUMMARY AND GENERAL ASSESSMENT

1) Conclusion and main recommendations of Medical Council

The Medical Council's main recommendations are that:

1. Trinity College Dublin medical programme should be approved by Council under the terms of Section 88(2)(a)(i)(I) of the Medical Practitioners Act 2007. This recommendation is made on the grounds of the Medical Council Team's finding that the programme adheres to the rules, criteria, guidelines and standards approved by Council, as specified in Section 88(2)(a) and 88(2)(d) of the Medical Practitioners Act 2007.

   This approval should be for a period of five years from the date of approval by the Education and Training Committee (see Recommended Further Action below).

2. Trinity College Dublin Medical School should be approved under Section 88(2)(a)(II) of the Medical Practitioners Act 2007 as the body which may deliver that programme. This recommendation is made on the grounds of TCD's ongoing compliance with the rules, criteria, guidelines and standards approved by Council as specified in Section 88(2)(a)(i)(II) and 88(2)(e) of the Medical Practitioners Act 2007.

   This approval should be for a period of five years from the date of approval by the Education and Training Committee (see Recommended Further Action below).

2) Recommendations, based on the evidence provided by Trinity College Dublin and the information provided by the students interviewed:

It is recommended that Trinity College Dublin:

Communication

1. Ensure there is external stakeholder engagement in formulation of the Mission and Outcomes, including lay people, recent graduates, HSE, amongst others.
2. Continue to improve communication between the School of Medicine and students on all clinical sites

Curriculum

1. It is important that the development of a renewed curriculum is taken forward as a high priority.

2. The medical school should review the duration and content of the GP training module as part of the overall curriculum review.
3. The medical school should consider conducting a review of all online lectures for out-of-date content.
4. The school should work to address the imbalance of the workload across all years.
5. Prescribing safely assessment (PSA) should be made mandatory going forward.
6. The school reviews its programmatic approach to assessment in its curriculum review.
7. The medical school appraises the Medical Council of progress being made in the curriculum review on an ongoing basis to ensure Council support throughout the process.
8. Opportunities to learn with and from other healthcare students should be developed further where possible.

Assessment

1. School examines/reviews the balance of formative and summative assessments across all years
2. School reviews the use of pass/fail vivas in assessments which have already been standard set.
3. Address students concerns regarding lack of preparation in certain high-stake exams.
4. Consider setting up an assessment management programme group with academic leadership
5. Consideration to be given to the potential negative consequences of extending the removal of OSCE
6. Continue to work with the university on scheduling exam dates

Feedback

1. The School of Medicine actively engage with the student representatives in providing feedback on issues raised by students
2. The medical school should consider appropriate methodology to enhance student participation in evaluations.

Resources

1. The school proceeds with the creation of the new discipline for medical education as a priority.
2. Appointment of Student Liaison Support Officer across all clinical sites
3. The role of Professor of Medical Education should be filled as soon as possible and have a focus on the review and implementation of the curriculum.
4. The Team encourages medical school to continue to make Clinical Lead posts more visible to students and staff and clarify roles and appraise the Medical Council of progress through the annual returns process.
5. Develop a Discipline of Medical Education, including recruitment of a Professor of Medical Education and other support staff
6. Work with the clinical site to complete the provision of appropriate IT and WI-Fi in the Coombe
7. The school proceeds with the creation of the new discipline for medical education, including relevant appointments as a priority. To be reported back as part of next annual monitoring return.
8. Liaise with Clinical Sites so that there is a provision in the contracts for clinical site teaching staff for protected time for teaching activities and sufficient time be put aside for clinical site teaching staff in their weekly job plan to undertake the role.

Recommendations that the Medical Council makes to all medical schools:

1. Trinity College Dublin should continue to ensure awareness among students of the following:

    - The Medical Council's *Eight Domains of Good Professional Practice*
    - The Medical Council's *Three Pillars of Professionalism*
    - The Medical Council's *Guidelines for Medical Schools on Ethical Standards and Behaviour appropriate for Medical Students*, particularly on affiliated sites and in general practices used for teaching
    - The revised *Children First: National Guidance for the Protection and Welfare of Children* guidelines in Ireland before students have attachments in the specialty area of paediatrics
    - The World Health Organisation *Patient Safety Guidelines*

2. Trinity College Dublin should continue to ensure that the teaching environment incorporates high standards in hygiene and infection control, including ensuring that students are trained in hand-washing techniques and have access to the necessary facilities

3) The Medical Council commends Trinity College Dublin for:

1. The well-developed Global Health component of the curriculum
2. The organisation of St Patrick's University Hospital – there is a supportive ethos and a high standard of teaching, and the programme is well organised.
3. St Patrick's University Hospital has recently published an excellent handbook for students.
4. The National Academic Internship Track, solely coordinated by the TCD Network, is noteworthy.
5. The numbers of students attending each of the meetings was impressive.
6. The Head of Anatomy's online resources for anatomy
7. The strong leadership in the Coombe is evident through the well-structured and well organised delivery of the programme
8. The student mentoring programme (S-2-S)

4) EVALUATION OF THE PROGRAMME, BASED ON WORLD FEDERATION FOR MEDICAL EDUCATION (WFME) GLOBAL STANDARDS FOR QUALITY IMPROVEMENT IN MEDICAL EDUCATION – 2015 REVISION

Compliance level rating

The levels of compliance are categorised as follows:

Non- compliance (NC)	Partial compliance (PC)	Full compliance (FC)
No compliance with required criteria	Partial compliance with required criteria	Full compliance with required criteria

The Medical Council has identified the following levels of compliance:

Level of compliance	WFME Global Revision 2015									
	1	2	3	4	5	6	7	8	9	Total
NC										0
PC		✓	✓	✓	✓	✓		✓		6
FC	✓						✓		✓	3

Area 1: Mission and Outcomes

MISSION AND OBJECTIVES	Level of compliance:	FC

Description of documentary evidence of compliance with this standard provided by Trinity College Dublin

- Table 1.1 - The Relationship between the Trinity School of Medicine Mission and Objectives and European Perspectives
- Table 1.2 - The Science and Practice of Medicine The Doctor as a Scientist and Scholar
- Table 1.3 - The Science and Practice of Medicine The Doctor as a Practioner
- Table 1.4 - The Social and Professional Context of Medicine, Communication in Medicine and The Doctor As A Professional
- Table 1.5 - B 1.3.2 - Appropriate Foundation for future career in any branch of Medicine
- Table 1.6 - B 1.3.3 & B1.3.4 - Their future roles in the health sector, their subsequent postgraduate training
- Table 1.7 - B 1.3.5: Their commitment to and skills in life-long learning
- Table 1.8 - B 1.3.6: The Health Needs Of the Community, The Needs of the Healthcare Delivery System and other aspects of social responsibility
- Table 1.9 - Modular Learning Outcomes that address or link with the Entrustable Professional Activity.
- Table 1.10- Annual Return to Irish Medical Council detailing the coverage of the Pillars of Professionalism within the programme (2016/17)
- Table 1.11 -The top 20 rated outcomes Tuning Research Competences for primary medical degree (2013) are mapped
- Figure 1.1 - Trinity Education Project desired graduate attributes
- Figure 1.2 - Governance organisational structure of the School of Medicine
- Figure 1.3 - School of Medicine Committee structure
- Figure 1.4 - Student Professional Practice Agreement
- Appendix 1.1 - School of Medicine Strategic Plan
- Appendix 1.2 WFME Guidelines for Accreditation of Basic Medical Education
- Appendix 1.3 - Outcomes for graduates (Tomorrow's Doctors) 2015
- Appendix 1.4 - Irish Medical Council – Eight Domains of Good Professional Practice
- Appendix 1.5 - Tuning project
- Appendix 1.6 - Trinity Education Project
- Appendix 1.7 - Second Research Projects 2018-2021 Output
- Appendix 1.8 - Director of Teaching and Learning (Undergraduate) Role and Responsibilities
- Appendix 1.9 - Five Year Staffing Plan
- Appendix 1.10 - Policy on Academic Freedom
- Appendix 1.11 - Year 1 Programme Handbook 2020/21
- Appendix 1.12 - Year 2 Programme Handbook 2020/21
- Appendix 1.13 - Year 3 Programme Handbook 2020/21
- Appendix 1.14 - Year 4 Programme Handbook 2020/21
- Appendix 1.15- Year 5 Programme Handbook 202021
- Appendix 1.16 - Medial Education A New Direction in Ireland

Description of evidence of compliance with this standard found during the inspection visit:

The Mission Statement is clear, both in submitted in documentation and highlighted in Management Team presentation. The documentation highlights the involvement of multiple stakeholders; however, it is encouraged that TCD ensure involvement of existing students, graduates, HSE and lay persons in the proposed curriculum review.

The multi-disciplinary involvement in the design of the global health component is noteworthy.

The school's intention to merge the current disciplines into divisions with a creation of a new discipline for medical education was noted. Council looks forward to an update on the progress of this development in the next annual return including appropriate academic/administrative appointments.

Compliance

TCD was found to be fully complying with the basic standard.

Observation(s) & Recommendation(s)

- Ensure there is external stakeholder engagement in formulation of the Mission and Outcomes (1.4.1), including lay people, recent graduates, HSE, amongst others.
- The school proceeds with the creation of the new discipline for medical education as a priority.

Commendation(s)

- The well-developed Global Health component of the curriculum

Area 2: Educational programme

EDUCATIONAL PROGRAMME	Level of compliance:	PC

Description of documentary evidence of compliance with this standard provided by Trinity College Dublin

- Table 2.1 - Curriculum Overview
- Table 2.2 - Instructional methods within the Trinity curriculum
- Table 2.3 - Five Steps to Inclusive Curriculum
- Table 2.4 - Summary of Scientific Teaching
- Table 2.5 - Clinical and Research Affiliations
- Table 2.6 - Top 20 rated outcomes
- Table 2.7 - Undergraduate Research Output
- Table 2.8 - Intercalating Student Projects 2020-21
- Table 2.9- Summary of Basic Biomedical Science Modules Rationale and Aims
- Table 2.10 - 2021/22 Student Selected Modules
- Table 2.11 - Named Parts of the Trinity Degree
- Table 2.12 - Internship Sites across the DSE Network
- Table 2.13 - Support during the Clinical Sciences years
- Table 2.14 - Extent to which Graduate Outcomes are addressed by Clinical and Professional Skills Part 1
- Table 2.15 - Extent to which Graduate Outcomes are addressed by Clinical and Professional Skills Part 2
- Table 2.16 - Graduate outcomes – Clinical Sciences Part 1
- Table 2.17 - Graduate Outcomes – Clinical Sciences Part 2
- Table 2.18 - Overall aims, outcomes and learning resources for Clinical Modules
- Table 2.19 - Category of Clinical Placements in the Third Year
- Table 2.20 - Examples of 6.5 month rotations in Year 3
- Table 2.21 - Year 3 students experience of performing skills on Medicine and surgery rotations (3 placements)

- Figure 2.26 - Overall Management
- Figure 2.28 - University Committee Structure
- Appendix 2.1 - Further detail on the Evidence Bases for Course Structure
- Appendix 2.2 - Trinity Equality Policy
- Appendix 2.3 - Evidence Based Medicine Projects
- Appendix 2.4 - Intercalated Masters
- Appendix 2.5 - MScMolecularMedicine_Handbook_2021 22
- Appendix 2.6 - MSc HIM handbook 2021_22
- Appendix 2.7 - MSc Translational Oncology 2022
- Appendix 2.8 - MSc in Neuroscience 2022
- Appendix 2.9 - Expanded Detail on Spiral Curriculum
- Appendix 2.10 - Appendix 2.10 Pod Structure 3rd Year (Presentation)
- Appendix 2.11 - Pod Structure Year 3
- Appendix 2.12 - Medical Humanities Booklet
- Appendix 2.13 - Family case study logbook
- Appendix 2.14 - Fundamentals of Clinical and Professional Practical Clinical Skills Handbook 2020-21
- Appendix 2.15 - Psychology and Psychiatry applied to Medicine Handbook
- Appendix 2.16 - Medical Ethics Teaching Guide
- Appendix 2.17 - Pod Structure Rationale
- Appendix 2.18 - Signpost Example Blackboard
- Appendix 2.19 - Surgery Curriculum
- Appendix 2.20 - Medicine Curriculum
- Appendix 2.21 - Commission on Patient Safety and Quality Assurance
- Appendix 2.22 - ALERT and TEAM
- Appendix 2.23 - Balance between lectures, tutorials and other clinical learning
- Appendix 2.24 - Curriculum Committee TOR
- Appendix 2.25 - Fresh Planning Committee TOR
- Appendix 2.26 - Sophister PLANNING COMMITE Tor
- Appendix 2.27 - Student Welfare and Progress Committee TOR
- Appendix 2.28 - DSE ITN & base hospital outputs from Induction 2021
- Appendix 2.29 - Sub-intern logbook 2021-22
- Appendix 2.30 - Collated Feedback from Sub-internship module 2016-2018
- Appendix 2.31 - Who are the DSE Intern Network Interns
- Appendix 2.32 - How the current intern cohort are dispersed throughout our Network
- Appendix 2.33 - Taster posts
- Appendix 2.34 - TCD SLA mid-year review 2020-2021 28.01.21
- Appendix 2.35 - External Review of academic track programme
- Appendix 2.36 - TCD Report on the Academic Track for Internship 29.06.20
- Appendix 2.37 - Director of Intern School Executive Reports
- Appendix 2.38 - Intern Planning Meeting agendas for 2021
- Appendix 2.39 - mid-year programme progress report
- Appendix 2.40 - DSE Update to all Training Sites 2021-22
- Appendix 2.41 - Condensed feedback from Nov 2021 survey
- Appendix 2.42 - Intern Feedback survey summary
- Appendix 2.43 - EWTD and Leave polices
- Appendix 2.44 - Bleep and Handover Polices
- Appendix 2.45 - Naas meet the trainer Visit 2018-19
- Appendix 2.46 - Naas meet the trainer visit 2020-21
- Appendix 2.47 - Early Formative Assessments July 2020

- Appendix 2.48 - Individual progress report update at induction
- Appendix 2.49 - Individual progress reports during programme - Dec 2021

Description of evidence of compliance with this standard during the inspection visit

The submitted WFME questionnaire included recognition that "capacity to enable the future is disadvantaged by an outdated curriculum" and that "the development of a new curriculum is a welcome and exciting period that will reach into every area of the School of Medicine's activities and ensure our legacy for excellence at all levels is renewed and secured". It is important that the development of a renewed curriculum is taken forward as a high priority.

It was noted from students across the five years and interns about the imbalance of workload across the years, in particular, the workload in year 2. There were specific references to the challenges in learning in Neuroscience and Neuroanatomy.

The Athena Swan application and inclusivity was positively noted.

Some students raised concerns about the content and delivery of some of the basic science subject material (in particular, the Molecular Mechanisms of Disease & Personalised Medicine and Clinical Biochemistry modules) which students considered to be at too great a level of detail for undergraduates and not always delivered in ways relevant to associated clinical conditions.

Concern was also expressed by students regarding lack of clarity of learning outcomes for some modules, and their relationship to the taught content.

The students raised concerns regarding the level of cancellation of tutorials, a mechanism for quality assurance of the delivery of lectures should be considered.

The timing and relevance of the 2-week intern shadowing component was also identified as an issue. The students who were assigned to the intern shadowing component before Christmas felt that this significantly reduced its effectiveness and suggested that the medical school should consider revising the timing of this module. The various elements of the overall preparedness for practice programme should also be reviewed as part of the overall curriculum review.

It was noted that the GP training module duration was too little, in comparison, it is half of the amount of exposure of other schools. The medical school should review the duration and content of this component as part of the overall curriculum review.

The medical school should consider conducting a review of all online lectures for out-of-date content. It was noted from feedback from the students that some of the lectures aren't uploaded in a timely manner.

It was noted that a curriculum mapping system doesn't appear to be available. As it is essential that students and faculty (including clinical staff) have ready access to this rich source of up to date information, introduction of a curriculum mapping tool should be considered, as part of the planned curriculum review.

Where there are students from other medical schools, the placements should be well organised to avoid over-crowding to ensure the learning outcomes of TCD students are achieved.

The Humanities programme run by the medical school was welcomed by the students.

It was evident that Interprofessional learning opportunities were good.

The National Academic Internship Track, solely coordinated by the TCD Network, is noteworthy.

It was noted that the Prescribing safely assessment (PSA), is not mandatory for graduation at present. As this is a critical patient safety issue, successful completion of the PSA should be made mandatory.

Compliance

TCD was found to be partially complying with the basic standard.

Observation(s) & Recommendation(s)

- It is important that the development of a renewed curriculum is taken forward as a high priority.
- The medical school should review the duration and content of the GP training module as part of the overall curriculum review.
- The medical school should consider conducting a review of all online lectures for out-of-date content.
- The school should work to address the imbalance of the workload across all years.
- Prescribing safely assessment (PSA) should be made mandatory going forward.

Commendation(s)

- The organisation of St Patrick's University Hospital – there is a supportive ethos and a high standard of teaching.
- St Patrick's University Hospital has recently published an excellent handbook for students.
- The National Academic Internship Track, solely coordinated by the TCD Network, is noteworthy.

Area 3: Assessment of students

ASSESSMENT OF STUDENTS	Level of compliance:	PC

Description of documentary evidence of compliance with this standard provided by Trinity College Dublin

- Table 3.1 - Year 1 Breakdown of Assessment types, testing times and reliability coefficients
- Table 3.2 - Year 2 Breakdown of Assessment types, testing times and reliability coefficients
- Table 3.3 - Year 3 Breakdown of Assessment types, testing times and reliability coefficients
- Table 3.4 - Year 4 Breakdown of Assessment types, testing times and reliability coefficients
- Table 3.5 - Year 5 Breakdown of Assessment types, testing times and reliability coefficients
- Table 3.6 - Alignment between Educational Objectives, Module Aims and Assessment indicating the coverage of knowledge, skills and attitudes
- Table 3.7- Year 1 Modules
- Table 3.8 - Year 2 Modules
- Table 3.9- Year 3 Modules
- Table 3.10 - Year 4 Modules
- Table 3.11 - Year 5 Modules
- Table 3.12 - Formative assessments
- Appendix 3.1 - Policy on assessment principles expanded
- Appendix 3.2 - Module Information

Description of evidence of compliance with this standard found during the inspection visit:

Relationship between formative and summative assessment varies across the programme. Students reported that biochemistry has no formative preparation and only has end of year exam.

It was reported that there was a lack of feedback available to students regarding their performance in assessments. Further consideration to be given to ways of providing more effective feedback.

It was noted that there is very high weighting to end of year assessments for some modules and consideration should be given to more balanced weighting of assessments, as an essential element of a programmatic assessment system.

It was evident from discussions with the students that they didn't feel prepared for short and long cases and they felt more practice on them would be welcomed.

There was no evidence of an assessment working group to benchmark assessment. Such a group is important for developing procedures, e.g. how to write MCQ's, training on formative assessment, benchmarking, fairness of assessments.

It was reported by the medical school that there has been a programmatic approach to assessment for the undergraduate programme for over a decade. However, the current assessment system does not align with the international understanding of this concept. This needs to be a key element of the planned curriculum review.

It was noted that the External examiner reports identifies the removal of clinical assessments (OSCE) to be only necessary for borderline students. Recommendation that careful consideration be given to the potential negative consequences of extending the removal of OSCE for all students beyond the current covid restrictions.

Scheduling of exam timetable through the University was a significant issue, in particular for international students. School of Medicine should work with the University to ensure resolution of this issue.

Compliance

TCD was found to be partially complying with the basic standard

Observation(s) & Recommendation(s)

- The school reviews its programmatic approach to assessment in its curriculum review.
- School examines/reviews the balance of formative and summative assessments across all years
- School reviews the use of pass/fail vivas in assessments which have already been standard-set.
- Address students concerns regarding lack of preparation in certain high-stake exams.
- Consider setting up an assessment management programme group with academic leadership
- Consideration to be given to the potential negative consequences of extending the removal of OSCE

Commendation(s)

- No commendations made

Area 4: Students

STUDENTS	Level of compliance:	PC

Description of documentary evidence of compliance with this standard provided by Trinity College Dublin

- Table 4.1 - Sample combination scores (Leaving Certificate and HPAT)
- Table 4.2 - Number of Students in Medicine registered with the Disability Service
- Table 4.3 - Non EU/EU Student Academic Places
- Table 4.4 - Student representation on School of Medicine committees
- Appendix 4.1 - Fottrell Report
- Appendix 4.2 - Example of Year 4 Module Outcome

Description of evidence of compliance with this standard found during the inspection visit:

It was noted from the documentation provided that the medical school has a 25% HEAR/DARE/TAP admissions allocation. While the percentage varies from year to year, currently 22% of students come from wider access programmes or have specific reported disabilities including students from, HEAR, TAP and DARE schemes and mature students. It wasn't clear whether the full allocation continues to be taken up across all years. It was noted that approximately once a year the medical school identifies a student who hasn't self-identified with a disability via various admissions.

It was noted that attrition rates of TAP are higher.

The actual financial cost for attending the rural GP practices was far more than the allowance given by TCD for the two-week placement. Consideration should be given to addressing this issue going forward.

The additional support services made available in recent years and the development of the Student Liaison Support Officer role in Tallaght University Hospital are welcome. The appointment of the Student Liaison Support Officer is strongly encouraged. However, the medical school should consider the development of this role in each of its clinical sites.

The students were aware of the counselling services available, however, there were significant waiting lists to access counselling services. Clear indication of the wait-time should be available to students.

The awareness of the services available to students is still lacking.

The introduction of the fortnightly meetings between the student Reps, the Head of School and programme coordinator was a welcome addition. It was noted that issues raised were proactively actioned where possible.

Meeting with Student Representatives
The Team met with Student Representatives of the Programme. They were assured of confidentiality and advised of the Medical Council's role. The students all confirmed that they had volunteered to meet with the Medical Council Team.

The student representatives volunteer for this role and are then elected by their classmates. They have fortnightly meetings with the Director of Undergraduate Teaching and Learning, the Head of School and the Programme Manager. The demands of this role can vary – exam time tends to be busier for the student representatives with queries from their classmates.

Some of the issues raised by the student representatives included poor notice of exams, timetables not being available and the inadequate stipend available to students during their 2-week GP placement outside of Dublin. The available stipend for this is €75 for students who commute and €150 for students who will stay in the locality of the GP placement. The students described how the individual costs of this placement to students could be up to €1,000.

Students would like better notice of their exam timetables but appreciate that this seems to be an academic registry issue, as opposed to a School of Medicine issue. However, the late notice of exam timetables particularly affects international students, who would like to book their flights home in a timely manner in order to get the best priced flights. The students suggested that the School of Medicine need to interact with the academic registry office more on this issue.

The student representatives felt that the communication between the School of Medicine and the main university was poor. Although the school convenor role was detailed within the WFME questionnaire submitted by the medical school, there was no awareness of this role amongst the students. The student representatives feel that weekly update emails from the School of Medicine would be beneficial.

The student representatives feel that the curriculum content is good overall. However, the students believed the final year exams were "archaic". The students expressed the view that that stress levels appear to be less in other medical schools. They would like to see written exams happening before Christmas and clinical exams happening in April. The students told the assessor team the Year 4 exams are done well. The student representatives noted that there is no formative or continuous assessment across all years.

The student representatives spoke about the transition into Year 2 being very difficult and that it is a very heavy year with a very full timetable. Year 3 was described as being "ok" and that the clinical placements and content are "good". However, there was poor communication between the School of Medicine and some clinical sites, despite the appointment of specific liaison clinical staff. Year 3 was described as being more "self-driven".

The students noted that most students' access books electronically but were of the opinion that there was not sufficient space to work and student in TBSI.

The student representatives discussed how more support is needed for students undertaking the USMLE exams. There are talks given by older students on the USMLE but there should be more talks given by the School of Medicine.

Student representatives will check in with their classmates who came to them with stress or mental health issues. The student representatives heard "mixed things" about the counselling services available. The waiting lists are long, often over 4 weeks.

Meeting with Year 1

The Team met with students from Year 1 of the Programme. They were assured of confidentiality and advised of the Medical Council's role. The students all confirmed that they had volunteered to meet with the Medical Council Team.

The Year 1 students found that there was a good transition from school leaver to Year 1 student and that there is good integration of students. It was noted that this year group started later than normal due to the delay in Leaving Certificate results resulting from the Covid pandemic. This is an added pressure to the students, as they have the same amount of work to cover as previous years, in a shorter amount of time. The Year 2 student representatives are a helpful support to Year 1 students. They have opportunities to meet students from other years though "BioSoc" and the "Student-2-Student" support network.

The Year 1 students expressed the view that the biochemistry module content is disorganised. The module needs more focus on the content and exams. There are fewer online resources available for this module compared to other modules. The basics of biochemistry were not well introduced, and the students described an expectation that the students know more on the subjects than they actually do. Some of the information in biochemistry is too advanced yet the exams test them at a much lower level of knowledge than what was taught in class. The module was described as "literature dense". The tutorials for biochemistry are student driven and are delivered by Year 3 students on intercalated masters students. The slides for the tutorials are not standardised. The Year 1 students felt that it was not fair on the more senior students to teach the tutorials and that they should be led by lecturers. However, the students did speak highly of the Biochemistry tutorials.

The anatomy and physiology module was described by the Year 1 students as a good benchmark of what a good module looks like. The students commended the Head of Anatomy's online resources for anatomy – they had access to CTs, MRIs and could easily view anatomy components.

The students advised that the anatomy lab was great for learning and revision. The Year 1 students suggested that a 10 minute on screen demonstration of the course content would be helpful. The students noted that although the demonstrators are very happy to help the students, it can take a long time for assistance to arrive.

The Year 1 students were asked by the assessor team whether they were aware of who their assigned tutor was. The students were aware of who their tutor was, but some found it difficult to find them or know exactly who they were. Some students commented that the tutors were accessible but not necessarily approachable. It was suggested that some students may hesitate to reach out to their tutor if the tutor had not reached out first. The Year 1 students thought that a meeting between the tutors and students at the start of the year would be beneficial. It was also noted that most of the tutors which the students had were not from the School of Medicine.

The students spoke about their experience with the Family Case Study. Students were assigned to a GP, as part of a small group. Patients volunteered to introduce the students to a new-born baby. The students felt that this was a great opportunity to develop their communication skills and appreciated that the GP's introduced them as the "doctors of the future". Unfortunately, some students did not get assigned a family to write their case study on. However, if a family dropped out of the case study and the student reached out to the GP, a new family could be assigned.

The Year 1 students felt that Practice Based Learning (PBL) is very helpful and is used well in Anatomy & Physiology. The students described PBL as being very good at giving students a taste of what things will be like and are usually on topics that they have been introduced to. The students found PBL to be very engaging but suggested that a list of topics which they should know for the PBL sessions would be helpful.

The students described the library as accessible and that a tour of the library and its facilities is offered during their first week. The opening hours were described as "good" and it was noted by the students that library had extended opening hours for exams. Since the return to normal capacity, the students had no issues finding space to study.

Students told the assessor team that they knew where to go if they had a mental health issue. They received a lecture from Student Health on the supports available to them and even had a PBL based on a student who was struggling with a mental health issue.

Meeting with Year 2

The Team met with students from Year Two of the Programme. They were assured of confidentiality and advised of the Medical Council's role. The students all confirmed that they had volunteered to meet with the Medical Council Team.

The students advised of the assessment structure in place and felt there was not enough formative assessments. When preparing for exams, they felt that exam time was extremely stressful as performance is solely reliant on end of year exams. There were little or no past examples given as study aids and therefore, the students felt unprepared going into exams. The students expressed their concerns around the Bio-chemistry exam structure being changed at the last minute from 7-options to 6-options and noted that when they queried the change, the medical school did not acknowledge the change.

They students welcomed the support from the year ahead with preparation for exams etc.

The students spoke about the humanitarian module and expressed mixed views. Due to changes in the structure of year 1 as a result of Covid-19 last year, the students didn't get the opportunity to choose their modules, however, they did note that this year's students had the option to chose their modules. Some students felt that if the module was more heavily weighted, then there might be more interest in the topics. Some felt it was a waste of time and added unnecessary stress as some of the lectures were conflicting with the other subjects.

The students spoke positively about the student support services available to them and felt the academic staff were easy to talk to if they had any concerns.

Overall, the students felt the structure of year two needs to be reviewed. There is a lot of content to be covered in Year Two, however, they were advised that the school is currently working on balancing it out over the years.

The students described their teaching in medical ethics and professionalism positively.

Meeting with Year 3

The Team met with students from Year Three of the Programme. They were assured of confidentiality and advised of the Medical Council's role. The students all confirmed that they had volunteered to meet with the Medical Council Team.

The Year Three students felt that their second year was very material dense. They found the transition of time management in Year 3 to be "tricky".

Not all students go to all affiliated hospitals. It was noted by students that there was no set schedule or tutorials in Peamount Hospital and that there was no tutor in the National Rehabilitation Hospital or Naas Hospital for a period of about a month. The students felt that there should be a TCD tutor at each site. The students also noted that their induction at Tallaght University Hospital was given by a staff member who was on their first day.

The students felt that you were at a disadvantage if you were on the first rotation at any site, as any feedback you gave on a site would be acted upon for the next rotation at that site. The students were of the opinion that poor organisation and poor communication from TCD and the sites were the biggest issues they faced. The students also felt that better guidance was needed on Blackboard. They were not told how to access patient records and not a lot of help was given from the School of Medicine. They would also welcome a better introduction to, and consistent use of logbooks.

The students felt that some of their speciality rotations were too long and suggested that 2 weeks at the National Rehabilitation Hospital and 2 weeks at a hospice would be sufficient.

Students spoke about receiving regular lectures, which are both live and pre-recorded. The students would like lectures to be uploaded to Blackboard prior to live lectures.

More continuous assessments would lessen the pressure on students. The assessor team were given an example of a day were 2 exams, which were worth 100% of the students' final grade, took place on the same day for a 15-

credit module. The students feel that continuous assessment helps them to study, cram less and leads to less stress overall.

International students noted that they have to adjust to a different exam system in their first year.

Some issues were raised about certain modules. The students discussed how the Year 2 neuroanatomy lectures were not necessarily applicable to medicine and that 50-minute lectures often ran for 90-mintes. The students spoke highly about the Year 1 Biochemistry tutorials being run by more senior students but also felt that the School of Medicine should run these tutorials. However, the students did note the benefit of these tutorials and felt that they were nearly better than the lectures. The Year 4 students felt that the starting point of the biochemistry lectures was too high for students who entered medicine straight from their Leaving Certificate.

The students were of the opinion that it would be nice if information and feedback could come directly from the School of Medicine as opposed to from the class representatives. They suggested that fortnightly update emails from the School of Medicine would be great.

Meeting with Year 4

The Team met with students from Year Four of the Programme. They were assured of confidentiality and advised of the Medical Council's role. The students all confirmed that they had volunteered to meet with the Medical Council Team.

Year 4 students noted that there is a big gap to bridge in first year, between those who came straight from their Leaving Certificate and those who are starting with a previous degree. Some lecturers provide learning guidance but there is no rubric on what you need to know. There is a lot of content squeezed into Year 2 but not enough space in the timetable – the students suggested that the content should be more spread out over Years 1 and 2. The students noted that Year 2 is tough and possibly the hardest year. The January Exams of Year 2 were the hardest. Some lecturers give unnecessary content (in particular, the Molecular Mechanisms of Disease & Personalised Medicine and Clinical Biochemistry modules). The students felt that access to past exam questions would be helpful. Students should be given better preparation for Years 2 and 3 and have their expectations managed.

The students did not recall being able to make comments on lectures and lecturers in their feedback forms to TCD.

The students noted that while they are aware of the wellbeing services, there are long waiting lists for counsellors and the service is under-resourced.

The Year 4 students noted that a good placement experience can influence what speciality you go into. The students had a great experience on their GP placements and could feel the love that the GPs have for their patients. The students noted a good atmosphere in Crumlin Hospital but did also say that their placement there was not particularly well structured.

The students spoke as to how their obstetrics and gynaecology placement at the Coombe Women & Infants University Hospital was one of their best placements. The lectures are well laid out on Blackboard, they are advised of any changes that arise and don't lose any time looking for lectures the way they do in other placements. The curriculum is particularly well highlighted in their obstetrics and gynaecology placement. The students spoke about their daily tutorials and how they have daily opportunities to speak with their lecturers.

The students noted that their placement at the Coombe was well organised and that there was always a willingness to help the students and they felt that they are not as well guided elsewhere. The students did not feel that there was much competition with students from other medical schools but they noted that this may be

due to how well organised the Coombe is and that it would be an issue at bigger hospitals, where they feel that they are "left to their own devices". They are guided everywhere at the Coombe and don't have to find replacement patients.

The students felt that their time at Tallaght University Hospital was well organised and found the online handbook to be helpful.

The Year 4 students described the registrars at St Patrick's University Hospital as "brilliant". The teaching at St Patrick's University Hospital is very good and well organised. However, students commented that they are unable to borrow books from the library at St Patrick's University Hospital.

The Year 4 students described having great experiences with doctors and that their professors were very helpful. The assessor team heard from the students that the library in St James' Hospital is very good and that there is TCD Wi-Fi is available in St James' Hospital and Tallaght University Hospital. They experienced some issues with Blackboard, but these were resolved.

Meeting with Year 5

The Team met with students from Year 5 of the Programme. They were assured of confidentiality and advised of the Medical Council's role. The students all confirmed that they had volunteered to meet with the Medical Council Team.

The Year 5 students were eager to raise their concerns about the perceived lack of mental health supports. The students felt that there was an unfair emphasis put on them to recognise and report students who may be struggling but that there was no dedicated person to report these concerns to. The students noted that there was no counselling help available on site or a person who they could turn to if they were struggling. Olive Killoury stepped up to fill this gap in TUH. Students were reluctant to raise mental health issues with their lecturers onsite, as they were concerned that it could create an unfair dynamic and create a barrier.

The students described it as "difficult" to get GP and counselling appointment and that they receive a very limited number of counselling appointments each year (only 6-7 sessions), which is an insufficient amount of appointments for those students with more serious mental health concerns. Students described the waiting list for appointments as "months long". It was felt that the counselling service does not reach those who need it most. Students were unaware of the additional evening and weekend counselling sessions available for medical students. The students believed academic and mental health support is lacking from the School of Medicine.

Year 5 students remarked that they receive no feedback on their assessments. They often do not receive their exams back with their marks. Students feel discouraged from seeking feedback. There students feel that there is no consistency across the student groups for their end of rotation written exams. There are no marking schemes available for most rotations and no mock exams.

The students noted that there is more use of continuous assessment in other medical schools. The Year 5 students use the RCSI handbook for guidance on the medical short cases. The Year 5 students do not have access to a TCD School of Medicine standardised assessment book.

On-site tutorials are frequently cancelled, as the tutor does not show up. The students advised that 2 of the 3 tutorials due to take place on the day of the accreditation in St James' Hospital did not take place. Students email the School of Medicine regarding the missed tutorials but do not get a reply. The students were under the impression that those who carry out the tutorials tend to be the people who submit the exam questions and that if your tutorial didn't go ahead, it affected you in the exams.

The students feel that there is not enough communication between the School of Medicine and consultants and registrars, particularly on what to teach. Students gave examples of times in TUH where they bleeped their consultant or registrar, only to be told that they were on annual leave or that they didn't know that they were giving a tutorial. The students also described how they covered the same topics covered at different rotations.

Meeting with Interns

The Team met with interns who graduated from the Programme. They were assured of confidentiality and advised of the Medical Council's role. The interns all confirmed that they had volunteered to meet with the Medical Council Team.

The interns told the assessor team that their preparedness for practice could have been better and that they felt that there were going into a slightly different job after graduating. They felt that they were not well prepared for the administrative side of the job and that their note taking, and discharge letter skills were not well developed. They receive little to no guidance during their studies on how to write a good discharge letter and understand how important these letters are to GPs.

The interns spoke of how Year 1 and Year 2 seems disproportionately difficult and remembered there being a high fail rate in the biochemistry module. However, they felt things got "easier" in the clinical years.
The students commended the opportunity to sit the PSA exams and noted that most TCD students sit and pass this exam.

The interns feel that more simulated scenarios on critical care would be beneficial to students.

The interns described how they are shielded from very sick patients as students but that it would be beneficial to see these critical cases so that they don't "freeze" as interns.

In response to direct questions, the interns stated that their hours of work in some locations were not compliant with the Working Time Regulations. They also spent a high proportion of their time on a daily basis undertaking tasks of limited educational value, such as phlebotomy, administration and clerical tasks. They received only limited feedback from their supervisors.

The interns described the intern shadowing period as "absolutely necessary" and that the overlap of incoming and outgoing interns is great. During that one week, you really learn how to be an intern.

Compliance

TCD was found to be partially complying with the basic standard.

Observation(s) and Recommendation(s)

- Continue to work with the university on scheduling exam dates
- Appointment of Student Liaison Support Officer across all clinical sites
- The School of Medicine actively engage with the student representatives in providing feedback on issues raised by students
- Continue to improve communication between the School of Medicine and students on all clinical sites

Commendation(s)

- The numbers of students attending each of the meetings was impressive.
- The Head of Anatomy's online resources for anatomy

Area 5: Academic staff/faculty

ACADEMIC STAFF/FACULTY	Level of compliance	PC

Description of documentary evidence of compliance with this standard provided by Trinity College Dublin

- Table 5.1 - Total Staff FTE in School of Medicine
- Table 5.2 - Part time/Full time FTE for medicine programme
- Table 5.3- Academic Staff by Grade
- Table 5.4 - Academic Staff by Gender
- Table 5.5- Average Age of SoM Staff by Grade
- Table 5.6- SoM Staff by Nationality
- Table 5.7 - Honorary staff associated with medicine programme Table
- Table 5.8 - Staff student ratio across the School of Medicine
- Appendix 5.1 – Strategic SoM staffing Plan (DRAFT)
- Appendix 5.2 - Contribution to teaching as a percentage across the domains Biomedical,
- Appendix 5.3- Staff FTE, student FTSE, and staff student ratio by Discipline
- Appendix 5.4- TCD Recruitment Policy
- Appendix 5.5- TCD Academic Titles handbook
- Appendix 5.6- Clinical Academic Promotions policy
- Appendix 5.7- SOM-Research-Strategy-2021-2026-Final
- Appendix 5.8- Athena Swan Application
- Appendix 5.9- Athena Swan Action plan
- Appendix 5.10- Probationary procedures for academic staff
- Appendix 5.11- Senior Academic Recruitment
- Appendix 5.12- Clinical Induction Brochure

Description of evidence of compliance with this standard found during the inspection visit:

It was noted that there are currently 9 unfilled academic posts.

A Professor of Medical Education was recommended in a recent quality review. This role should be filled as soon as possible and have a focus on the review and implementation of the curriculum.

Clinical leads seemed to have limited effectiveness at some sites in ensuring delivery of the programme and communication with students. The team recognises that the medical school has appointed several members of senior academic staff including Clinical Leads and encourage the medical school to make these posts more visible to students and staff alike.

Compliance

TCD was found to be partially complying with the basic standard.

Observation(s) and Recommendation(s)

- The role of Professor of Medical Education should be filled as soon as possible and have a focus on the review and implementation of the curriculum.
- The Team encourages medical school to continue to make Clinical Lead posts more visible to students and staff and clarify roles and appraise the Medical Council of progress through the annual returns process.

Commendations

- No commendations were made

Area 6: Educational Resources

EDUCATIONAL RESOURCES	Level of Compliance	PC

Description of documentary evidence of compliance with this standard provided by Trinity College Dublin

- Table 6.1 - Patient Activity levels at main sites
- Table 6.2 - University Policies regarding Information Technology and Communication
- Figure 6.1 – Continuous Renewal
- Figure 6.2 - Key Thematic Area
- Figure 6.3 - Electives destinations by geographical zone
- Figure 6.4 - Elective destinations for Year 5 by geographical zone
- Appendix 6.1 -IT Audit
- Appendix 6.2- Services and Facilities at Trinity Affiliate sites
- Appendix 6.3- TCD Framework Safety Statement. Rev.3.0
- Appendix 6.4- School of Medicine Safety Statement
- Appendix 6.5- Return to Business Terms of Reference
- Appendix 6.6 - School of Medicine COVID-19 Policy and Procedures Document 2021 Version 1.2
- Appendix 6.7- School Of Medicine Vaccine Policy
- Appendix 6.8- Trinity Live COVID-19 Daily Declaration app
- Appendix 6.9- Patient bed activity Report 2021
- Appendix 6.10- Student exposure to patients
- Appendix 6.11- Summary of Services at hospital sites
- Appendix 6.12- School of Medicine Blackboard homepage
- Appendix 6.13- Report on Medical Students Perception of Online learning during Covid 19
- Appendix 6.14- School of Medicine Collaborative Research Infrastructures
- Appendix 6.15 - Report to CDMSI on Selection to Medicine 2019
- Appendix 6.16- INHED
- Appendix 6.17 -COHERE
- Appendix 6.18 - International Partnerships
- Appendix 6.19 - Credit for Prior Learning

Description of evidence of compliance with this standard found during the inspection visit

Physical facilities:
It was noted that there is adequate space in library on campus and full access to e-books available to students as an alternative.
There were a number of facilities across the sites that are noteworthy – the Simulation suite is in James, Simulated cases in the Coombe, Cultural/wellbeing space in St James – coffee shop, "Bleeping Intern Choir", piano, chess, National Arts Council have donated artwork which is changed every 2 years, the Anatomy lab and the care given to the donors, the Birthing pool in Coombe and the GP education programme in the Institute of Public Health is first class, training for telephone consultation.

Clinical Training Resources:
It was noted that the clinical site teaching staff have a great commitment to teaching, however there is a lack of protected teaching time for them. There should be provision in the contracts for clinical site staff for protected

time for teaching activities and sufficient time should be put aside for clinical site teaching staff in their weekly job plan to undertake the role. It is noted that the new consultant contract has no reference to teaching and is a concern for the medical school.

IT Facilities:
There are comprehensive IT services on all sites. The utilisation of Blackboard as the virtual learning environment is working well and students seem confident in their knowledge of navigating through it. Overall, the electronic resources available to students are sufficient and working well. It was noted that the Wi-Fi/IT services in the Coombe are an issue, and the medical school is encouraged to work with the clinical site to resolve the issue.

Medical Research and Scholarship:
The breadth of research opportunities available to students during their Year 2 research project, during intercalated degrees, on research electives and academic intern placements was duly noted, along with over 500 Postgraduate students currently in research and 6000 publications over the past 5 years.

Educational expertise:
It was noted that support for medical education currently depends on 2 Full-Time-Equivalent academic staff. Although there are proposals for further development, including as a Discipline with appointment of a Professor of Medical Education, the resourcing and timescale for these vital developments were unclear. The current lack of a Chair in Medical Education and a Disciple of Medical Education with administrative support are major barriers to progressing curriculum development and reform in the medical school.

Educational Exchanges:
It was evident that students have the opportunity to work as part of multi-disciplinary teams and welcome the opportunity to learn from other healthcare professionals such as, nurses & midwives. However, the opportunities to learn with and from other healthcare students are currently limited.

Compliance

TCD was found to be partially complying with the basic standard.

Observation(s) and Recommendation(s)

- Develop a Medical Education Disciple, including recruitment of a Professor of Medical Education and other support staff
- Work with the clinical site to complete the provision of appropriate IT and WI-Fi in the Coombe
- Opportunities to learn with and from other healthcare students should be developed further where possible.
- Liaise with Clinical Sites so that there is a provision in the contracts for clinical site teaching staff for protected time for teaching activities and sufficient time be put aside for clinical site teaching staff in their weekly job plan to undertake the role.

Commendation(s)

- The strong leadership in the Coombe is evident through the well organised delivery of the programme
- The student mentoring programme (S-2-S)

Area 7: Programme evaluation

PROGRAMME EVALUATION	Level of compliance	FC

Description of documentary evidence of compliance with this standard provided by Trinity College Dublin

- Table 7.1 - Summary of Feedback collection methods and timelines
- Table 7.2 - Student Welfare & Progress Committee Cases 2021
- Table 7.3 - Sample follow up- SWPC
- Table 7.4 - Alignment of survey items with programme educational principles and theories
- Table 7.5 - Withdrawal numbers according to annual returns to Medical Council Table
- Table 7.6 - Year 1 Examination Results
- Table 7.7 - Year 2 Examination Results
- Table 7.8 - Year 3 Examination Results
- Table 7.9 - Year 4 Examination Results
- Table 7.10 - Year 5 Examination Results
- Table 7.11 - Examination performance for students who entered through non-traditional routes
- Figure 7.1 - Framework for Quality
- Figure 7.3 - Evaluation cycle
- Figure 7.2 - Types and sources of evaluation information
- Appendix 7.1- School of Medicine Quality Review Trinity College Self- Assessment Report
- Appendix 7.2- Expanded information
- Appendix 7.3- Dignity & Respect Policy
- Appendix 7.4- School Of Medicine - Faculty Quality Report 2019-20
- Appendix 7.5- Survey analysis 2019, 2020 and 2021

Description of evidence of compliance with this standard found during the inspection visit:

The work carried out by the school as identified in the external quality review internal self-assessment report provided as part of the submission is acknowledged.

Student involvement in an extensive number of committees is commended. (Professional planning, curriculum committee, student welfare and progress).

The implementation of the use of the Manchester Clinical Placement Index is noted and it is recommended that the medical school ensures that it is fully implemented as soon as possible.

The progress made in communication with the student body is recognised, however, enhancement of communication in relation to programme delivery changes is encouraged.

The School should be more pro-active in ensuring students complete end of rotation evaluations.

Compliance

TCD was found to be fully complying with the basic standard.

Observation(s) and Recommendation(s)

- The medical school should consider appropriate methodology to enhance student participation in evaluations.

Commendation(s)

- No commendations made.

Area 8: Governance and Administration

GOVERNANCE AND ADMINISTRATION	Level of compliance	PC

Description of documentary evidence of compliance with this standard provided by Trinity College Dublin

- Appendix 8.1 - Trinity College Code of Governance 2013
- Appendix 8.2 - Governance of Irish Higher Education System 2012
- Appendix 8.3- School Executive TOR
- Appendix 8.4- Tallaght University Hospital Strategic Plan
- Appendix 8.5- St. James's Hospital Strategic Plan
- Appendix 8.6- Head of School Roles and Responsibility
- Appendix 8.7- Director of Teaching and Learning (Postgraduate) - Roles and Responsibilities
- Appendix 8.8- Director of Research - Roles and Responsibilities
- Appendix 8.9- Director of Global Relations- Roles and Responsibilities
- Appendix 8.10- Director of Health Policy and Engagement Roles & Responsibilities
- Appendix 8.11- Heads of Discipline Roles & Responsibilities
- Appendix 8.12- TCD Strategic Plan 2020-2025
- Appendix 8.13- School of Medicine- Trinity College Self- Assessment Report 19.12.19
- Appendix 8.14- Quality Review Implementation plan
- Appendix 8.15- Proposed Divisional structure
- Appendix 8.16- Proposed Discipline of Medical education 180821
- Appendix 8.17- Curriculum review Committee Terms of Reference
- Appendix 8.18- Faculty Deans, Heads of School, Directors of TRI in relation to Financial Matters
- Appendix 8.19- Sláintecare report

Description of evidence of compliance with this standard found during the inspection visit

There was a lack of clarity regarding the current and planned governance structures, including the timescales for implementation of the changes recommended by recent reviews and the implementation plan submitted by the Head of School. The Quality Review also identified issues of need for greater support for the Head of School. The Head of School, and some of the Directors have too many administrative responsibilities. The Head of School is not permitted to delegate responsibilities. The Head of School has no deputy with dedicated FTE, the sharing of responsibilities would allow for more strategic planning and projects

Administrative support on some clinical sites is still an issue. It was noted that a central point of contact was not available at present, although, the appointment of the Student Liaison Support Officer across all clinical sites may address this issue.

The school's intention to merge current disciplines into divisions with a creation of a new discipline for medical education was noted. Council looks forward to an update on the progress of this development in the next annual return including appropriate academic/administrative appointments.

Compliance

TCD was found to be partially complying with the basic standard.

Observation(s) and Recommendation(s)

- The school proceeds with the creation of the new discipline for medical education, including relevant appointments as a priority. To be reported back as part of next annual monitoring return.
- Appointment of Student Liaison Support Officer across all clinical sites

Commendation(s)

- No commendations made.

Area 9: Continuous Renewal

CONTINUOUS RENEWAL	**Level of compliance**	**FC**

Description of evidence of compliance with this standard found during the inspection visit

The commencement of the curriculum review was noted, however, further clarification of the scope and timescale is needed as outlined in the Medical Council's Significant Changes Policy, Medical training and education bodies and programmes accredited by Council are required to adhere to the Medical Council Standards under which they have been approved. This is a condition under which accreditation is granted by Council. Significant change, subsequently made, by a Body, to such programmes require prior approval, to ensure they continue to meet Medical Council standards and terms of approval and thus avoid risk to continuing approval of the programme and potential for adverse impact on their students/trainees.

The medical school is encouraged to engage with current students, recent graduates and other external stakeholders in the curriculum review.

Compliance

TCD was found to be fully complying with the basic standard.

Observation(s) and Recommendation(s)

- The medical school appraises the Medical Council of progress being made in the curriculum review on an ongoing basis to ensure Council support throughout the process.

Commendation(s)

- No commendations made.

End of report