Comhairle na nDochtúirí Leighis
Medical Council

Report on Monitoring Inspection

University College Cork and

Allianze University College of Medical Sciences Twinning Programme

11th March 2015

Medical Council Monitoring Team

Ms Anne Carrigy (Chair)
Professor Paul Finucane (External Assessor)

Executive

Ms Karen Willis

Contents of Report

1. MAIN RECOMMENDATIONS
2. CONTEXT OF THE INSPECTION
3. CURRENT SITUATION
4. BASIS OF THE REPORT
5. THE TEAM
6. WFME AREA 2: EDUCATIONAL PROGRAMME
7. WFME AREA 3: ASSESSMENT OF STUDENTS
8. WFME AREA 4: STUDENTS
9. STUDENTS FROM YEAR THREE
10. STUDENTS FROM YEAR FOUR
11. WFME AREA 6: EDUCATIONAL RESOURCES
12. ISSUES FOR ACTION
13. RECOMMENDATIONS

1. Main Recommendations

The Inspection Team's main recommendations are that:

(i) The University College Cork's Direct Entry Medical Programme should continue to be approved (until 2017) under the terms of Section 88(2)(a)(i)(I) of the Medical Practitioners Act 2007. This recommendation is made on the grounds that the programme continues to adhere 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.

However, this approval is contingent upon the issues in this report being addressed by University College Cork with regular updates being provided to the Medical Council and subject to a Medical Council monitoring inspection no later than February 2016.

(ii) The University College Cork should continue to be approved (until 2017) 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 University College Cork'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.

However, this approval is contingent upon the issues in this report being addressed by University College Cork with regular updates being provided to the Medical Council and subject to a Medical Council monitoring inspection no later than February 2016.

2. Context of the Inspection

The Medical Council is the quality assurance body for medical education at undergraduate, intern and postgraduate medical education in Ireland. It sets standards and monitors adherence to them. The major piece of relevant legislation, the *Medical Practitioners Act 2007*, sets out the Medical Council's responsibility for accrediting undergraduate medical programmes and the bodies that deliver them.

The Council's major objective is to assess whether a medical programme is designed and delivered to a satisfactory standard. It does this through periodic accreditation and monitoring inspections which evaluate a medical school's performance against the Rules, criteria, standards and guidelines agreed by Council.

3. Current Situation

The Allianze University College of Medical Sciences (AUCMS) is a university college established in 2002 on a campus in Kepala Batas, Penang, which specialises in medicine and allied health sciences courses. The primary clinical training site is at Taiping Hospital, Taiping. The partnership with University College Cork (UCC) and National University of Ireland, Galway (NUIG) was in the form of a twinning programme which would have seen students spend the first two and a half years in Ireland, either in UCC or NUIG, and would have provided graduates with a medical degree awarded by the Irish universities on completion of the programme in Malaysia.

Following the accreditation inspection to AUCMS in March 2013, the decision of the Medical Council was that:

(i) The programme which comprises two and a half years spent at either University College Cork or National University of Ireland, Galway and two and a half years spent at Allianze University College of Medical Sciences, Malaysia, and which leads to the award by the National University of Ireland of an MB BAO BCh degree, should be approved with conditions under the terms of Section 88(2)(a)(i)(I) of the Medical Practitioners Act 2007.

The conditions were as follows:

a) The AUCMS, UCC and NUIG programme successfully completes its full first cycle (due in 2016)
b) There should be both formal and informal evaluation of the learning experience of this first student cohort throughout their clinical training in Taiping and this should involve qualitative and/or quantitative methods

(ii) The University College Cork, National University of Ireland, Galway and Allianze University College of Medical Sciences should be approved with conditions for a period of eighteen months under Section 88(2)(a)(II) of the Medical Practitioners Act 2007 as the bodies which may deliver that programme.

The conditions were as above.

It was further agreed that the Medical Council should undertake a further monitoring inspection of the AUCMS programme and the AUCMS as a body in autumn 2014, by which time the first student cohort would have spent over six months in clinical training in Taiping.

However, the twinning agreement came to an end in August 2013 meaning that the Malaysian students did not return to AUCMS as originally planned. Representatives from NUIG and UCC were invited to make presentations to Council in December 2013 to outline their contingency plans for dealing with the additional numbers of students. Following the Council meeting, NUIG and UCC were invited by the President to respond to a number of questions regarding their plans and these responses were provided in February 2014. Council deemed that their contingency plans were satisfactory, pending a monitoring inspection in October 2014.

Following this meeting of Council with representatives of UCC and NUIG, a monitoring inspection to University College Cork was undertaken on 20th October 2014. The potential impact of accommodating additional students from AUCMS alongside UCC and NUIG students, particularly in relation to capacity issues, was monitored, along with the implementation of UCC and NUIG's contingency plans to accommodate the increased student numbers. The recommendation of the Council was that:

(i) The University College Cork's Direct Entry Medical Programme should continue to be approved (until 2017) under the terms of Section 88(2)(a)(i)(I) of the Medical Practitioners Act 2007. This recommendation is made on the grounds that the programme continues to adhere 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.

However, this approval is contingent upon the issues in this report being addressed by University College Cork with regular updates being provided to the Medical Council and subject to a Medical Council monitoring inspection in March 2015.

(ii) The University College Cork should continue to be approved (until 2017) 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 University College Cork'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.

However, this approval is contingent upon the issues in this report being addressed by University College Cork with regular updates being provided to the Medical Council and subject to a Medical Council monitoring inspection in March 2015.

It was agreed (as is also the case for National University of Ireland, Galway) that the report of the October inspection, and ongoing inspections, would form part of a continuum of quality assurance by the Medical Council, until such time as the Allianze University College of Medical Sciences (AUCMS) cohorts pass through.

Separately, at its meeting on 5th and 6th November 2014, the Medical Council withdrew approval from Allianze University College of Medical Sciences (AUCMS) and the joint programme it delivered with University College Cork and National University of Ireland Galway, under Section 88 (2)(a)(i) of the MPA 2007. There was liaison with the Council's Legal Adviser, who recommended this course of action, and with the Head of Registration, who could not identify any circumstance in which this withdrawal would negatively impact on the students concerned. They will receive the same Irish degree as the other UCC and NUIG students. The final cohort of students with any AUCMS link is due to graduate in 2017. The decision was communicated to AUCMS once it was established that there would be no adverse impact upon funding for the students concerned.

4. Basis of the Report

The Medical Council evaluates programmes using international standards: those of the World Federation for Medical Education (WFME), as laid out in the WFME's Global Standards for Quality Improvement in Medical Education; European Specifications. These have been adopted by Council.

The Council's processes for accreditation are consistent with best practice as set out in the World Federation for Medical Education's Guidelines for Accreditation of Basic Medical Education. As in the October 2014 inspection, for the purposes of this monitoring inspection it was agreed to focus on specific areas of the WFME Guidelines, namely WFME Area 2 (Educational Programme), Area 3 (Assessment), Area 4 (Students) and Area 6 (Resources).

The medical school was invited to provide a formal response to the Medical Council report which was approved by Council in December 2014. The formal response was provided to members of the Medical Council inspection team in advance of the inspection. The medical school was also invited to give a presentation to the Team giving a progress report on the implementation of the contingency plan. The presentation, by Professor Mary Horgan, gave an update on the areas that were highlighted as being of concern to Council during the October 2014 inspection as follows:

- Clinical sites
- Clinical attachments
- Student support
- Communications
- Teaching/Learning Assessment

The Chair of the Inspection Team commenced the meeting by acknowledging the efforts that the medical school has made in undertaking the task of restructuring the medical programme in order to accommodate the additional numbers of Malaysian students due to the unfortunate ending of the twinning agreement. The Chair also gave apologies on behalf of two members of the Medical Council Team who unexpectedly had to return to Dublin on the morning of the Monitoring Inspection due to unforeseen circumstances.

5. The Team

The Medical Council Monitoring Team is listed on the title page of this report. The Council particularly appreciates the contribution of external assessor, Professor Paul Finucane. The Medical Council also thanks the University College Cork Team, and the UCC and AUCMS students who met the Team: students' feedback is most helpful in formulating this Report.

6. WFME AREA 2 Educational programme

While the Team received an update on many aspects of clinical training in Years 3 – 5 of the programme, the area of Psychiatry experience was explored by the Team due to previous student feedback that there was some over-crowding during rotations. Psychiatry rotations are undertaken at Cork University Hospital, the Mercy Hospital and St Stephen's Hospital and there is a maximum allocation of two students to each consultant, a ratio which has been maintained despite the increased numbers of students. There is limited exposure in the area of Child Psychiatry although two additional Child Psychiatry consultants have been appointed. The Team was assured that the student experience in psychiatry remains as it was prior to the increased student numbers. A new psychiatric facility is due to open on the Cork University Hospital site, which will be much larger than existing facilities and will include an Old Age Facility which will provide a new training experience for the students.

Following concerns raised during the October 2014 inspection, the Medical Council Team was assured during this inspection that students do not have to pay costs while undertaking placements at clinical training sites and that these placements are funded by the medical school and that this applies where the commute to the training site is in excess of one hour.

7. WFME AREA 3 Assessment of Students

Of some concern to the Medical Council in October 2014, was the reduction of Objective Structured Clinical Examination (OSCE) stations from eight to six, in order to accommodate the additional numbers of students. The Medical Council Team was concerned that this reduction in stations may have less reliability as an assessment. UCC confirmed, however, that they have looked at the reliability and other aspects of the OSCE examination format and have data to indicate that its reliability has not suffered. Furthermore, UCC again highlight the fact that the OSCE is just one of a 'suite' of assessments of clinical skills.

8. WFME AREA 4 Students

The area of communication with students was discussed. The Team was reassured that there is an ongoing dialogue with students now, and the faculty believe that they have reassured students that there will be no negative impact upon them as a result of the temporary increase in student numbers. There is a particular emphasis on working with the Class Representatives and there are regular meetings with them. Each representative is responsible for reporting the whole class view on any issues arising. Class representatives normally change from year to year, although there is sometimes a degree of continuity and some succession.

The issue of internship for the Malaysian students was raised. However, the Team was informed that as part of their funding agreements with their sponsors, Malaysian students are contracted to return to Malaysia for a minimum of three years. To prepare the students for this eventuality, Malaysian students currently have the option of undertaking electives in their home country. There are ongoing links with colleagues in Malaysia and particularly with UCC medical alumni, and all electives have been undertaken with no issues arising. A representative of the funding authority Majlis Amanah Rakyat (MARA) maintains an ongoing monitoring arrangement with the students in UCC and has visited UCC only recently. The medical school is convinced that the AUCMS students are performing very well. The notion of formally establishing a network of UCC Medical Alumni in Malaysia was

raised and it was confirmed that this is in the process of being established and developed as the graduates themselves are keen for this network to be created.

The issue of scheduling and time-tabling issues was raised again by the Team and an update was sought. It was confirmed by the medical school that where a tutorial is to be cancelled, students are informed through either email or text messages and communication lines are kept open at all times, with the medical school putting some effort into developing these arrangements.

Video conferencing facilities are being enhanced by the medical school in an ongoing strategic objective. There are now video-link facilities with the Mercy Hospital, Bantry General Hospital and South Infirmary-Victoria Hospital to minimise travel and maximise whole class distance learning opportunities.

The Team was assured that none of the scheduled tutorials in Paediatrics in Year 4 are shared with Final Year students this year, although last year some Fourth Years were invited to attend a shared tutorial as it was thought would be of particular interest to them.

The area of student support was also explored by the Team. The medical school confirmed that there is a very clear structure of student support and that it is managed well. Students are assigned mentors and there has been a huge amount of work done to ensure that the process works to best support students. From time to time, it may arise that one or two students require extra help and the student support system has been designed to function on a 'Prevention' level and on an 'Intervention' level. The 'Prevention' level involves a Student Wellbeing Co-Ordinator being available for all students, to promote physical, emotional and financial management skills, along with promoting good mental health. On the 'Intervention' level, the medical school have arranged a number of stress management seminars and students have engaged well with this process. In addition, the medical school has won an award for enhancing the student experience and is particularly sensitive to the potential additional supports required by Malaysian students as they adjust culturally to living and studying in a new country.

The Team was also assured that the Malaysian students have merged well with their Irish counterparts and that social and sporting events are now being well supported and attended by both.

Finally, the Team was assured that final year students were not being prioritised over other years. It was outlined that as final year students are approaching their final examinations, they would inevitably have relatively more contact hours with tutors regarding projects, career advice and internship applications.

9. Students from Year Three

It should be noted that the following reports the views and the perspectives of the students on the programme. It is important that the report reflects the view of the students. As usual, the university will have the opportunity to respond to the student perceptions as set out in this report.

The Team met with 15 students in total, six of whom were associated with the AUCMS programme, with the remainder from Ireland/EU and Canada. The students were assured that the meeting was confidential and that nothing that was said during the meeting would be attributable to any one individual.

The students reported that their experience of bedside teaching on the clinical training sites varied, depending on the site and depending on the Team that they were allocated to, with some students reporting that they were left very much on their own at the clinical training sites. There were some reports that there were too many students on one Team

and there were reports that nursing staff asked some students to leave because it was too crowded. The students reported that this happens relatively frequently and throughout many disciplines. A specific example given was that one clinical training site had five students per team which resulted in upwards of 10 people around a patient's bed. Some students reported attempting to 'problem-solve' these inflated numbers themselves at clinical training sites by accessing another consultant's list, however, they felt that this potentially could be compromising other students' learning.

On the subject of scheduling and timetabling, the students reported that some lectures and tutorials were cancelled 'in person' rather than by text or email. The students reported that on a scale, their experience would be closer to the 'bigger problem' end of the scale, with some students reporting that having been in three or four clinical training sites, they believe cancellation of tutorials is quite a big problem, with one particular training site being named as 'the worst so far' with the schedule not being adhered to.

On the subject of Communications, the students all reported that they heard 'through the grapevine' that the formal link with the Allianze University College of Medical Sciences was being discontinued. This resulted in an additional 60 students in their year, of which only 10 appear to be attending University Hospital Waterford. The students reported that while they believe the medical school has taken steps to ensure there is no overcrowding at clinical placements, the school has not communicated to them specifically what steps it has taken. The students communicate amongst themselves through online social media which works satisfactorily.

The students confirmed that video-conferencing facilities allow grand rounds at Cork University Hospital to be transmitted to other clinical training sites.

The students also confirmed that methods of assessment seemed valid and fair to them, and they did not feel over-burdened. However, of concern to the students as a group, and to the Medical Council Team, was the fact that they received little or no feedback on their performance in the examinations and that they received no information on how to improve their skills or study techniques. The students reported that they have already informed faculty that they are not satisfied with this lack of feedback and that some students have really struggled with this issue as the students reported that there was allegedly a relatively high failure rate in the class.

The Team raised the subject of stress management and was informed that there is a mentorship programme in place, although the students reported varying degrees of satisfaction with this programme, with some not knowing whether they were expected to keep the same mentor throughout their time in medical school. The Graduate Entry Programme students were given a mentor from the Graduate Entry Programme from the year ahead in a 'buddy system' arrangement, however these same students have not been asked to mentor the year behind them in the same arrangement.

It was also mentioned that some students are finding it difficult to source Halal food, particularly when there is no fridge at their hotel or at the hospital.

Finally, on the topic of integration between the Irish and Malaysian cohorts of students, the Team were informed by the students that this is a work in progress will take some more time.

10. Students from Year Four

It should be noted that the following reports the views and the perspectives of the students on the programme. It is important that the report reflects the view of the students. As usual, the university will have the opportunity to respond to the student perceptions as set out in this report.

The Team met with 15 students in total, seven of whom were associated with the AUCMS programme. The students were assured that the meeting was confidential and that nothing that was said during the meeting would be attributable to any one individual. The Chair emphasised that the Team wished to speak to the students about how the increase in numbers was affecting them in their entirety as a group and also emphasised the efforts made by the medical school in addressing the situation.

The students from Year Four reported that they were having a good experience in their clinical rotations and that there were currently no difficulties encountered with overcrowding, with the exception of some Psychiatry rotations. Some students reported that some tutorials are cancelled from time to time however they believe that they are being taught well and trained well, with the medical school being responsive to any concerns that the students raise. The students reported that they would be happy to recommend the programme at University College Cork as they feel they are looked after by the school and in the clinical training site rotations. Ms Rachel Hyland was particularly commended for her role in co-ordinating the Year Four programme.

Ophthalmology was cited by the students as being of a particularly high standard and Dr Mark James was especially commended for his work in leading this rotation. However, according to the students, not all rotations were regarded as being so well-structured, with Medicine being cited as one example. Anaesthesia was cited as being a particularly good 'hands-on' rotation. The students reported that the rotations in the Mercy University Hospital appeared to include more tutorials than those in Cork University Hospital. Ear Nose and Throat in South Infirmary – Victoria Hospital was commended, however the rotation was not as well-structured in Kerry General Hospital. Some students reported that they felt they had been 'de-prioritised' in terms of access to patients and consultants in South Tipperary General Hospital.

The students unanimously reported very good feedback on General Practice rotations, stating that everyone enjoyed the five-week rotations during Year Three although some students found transport issues a little difficult to organise.

The students confirmed that accommodation at clinical training sites is paid for by the medical school and is of an acceptable standard.

The students reported that the class representatives keep in contact with them by email regarding updates and developments and that the students, as a body, have open access channels to consultants involved in teaching and learning on their programme. However, the students reported that they were not always informed in advance if a class or tutorial was to be cancelled, with the neuro-science blocks mentioned as being a significant problem. The medical school is encouraged to maximise video-conferencing facilities, with students reporting that currently only Grand Rounds at Cork University Hospital are videoed.

The subject of post-examination feedback was raised and the Year Four students confirmed that they were more than satisfied with the amount and quality of feedback that they got from the medical school during Year Three. The students confirmed that they received information regarding their scores and that every student had the opportunity to get feedback on their performance in the examinations. On the topic of examinations, the

students reported that there were not many breaks between examinations during their examination schedule.

The students confirmed that they were aware of the stress management supports that were in place at the medical school to support them should the need arise. They confirmed that they have a mentor and that they know that they can contact them, or other members of the medical school staff, at any time.

Finally, on the subject of Year Five students allegedly receiving prioritisation over other students, the Year Four students confirmed that this was not something that they had observed and therefore, it had not been a concern for them. The students also confirmed that, with the addition of University Hospital Waterford and the expanded general practice sites in Kerry and Tipperary, the arrangements to accommodate the additional numbers of students had largely been a success as far as they were concerned.

11. WFME AREA 6 Educational Resources

The Team acknowledged the efforts of University College Cork to establish the new arrangements with a new clinical training site and requested clarification on current arrangements regarding access to University Hospital Waterford (UHW). The medical school confirmed that to date, 24 students have been placed in UHW and three senior academic lecturers were appointed in February 2014. The medical school stated that feedback from these students has been sought and was very positive. This feedback is attached as Appendix 4 of this report. However, it was stated that overall, while the numbers of students at UHW was relatively small, the initial feedback had been very positive. Moving forward, UHW will be a long-term shared clinical training site by UCC and the Royal College of Surgeons in Ireland.

University College Cork confirmed that it has expanded its network of General Practice (GP) clinical training sites and that five weeks in third year are spent at a GP site, and four weeks in final year. The medical school confirmed that the students get quality clinical exposure during this GP rotation which takes place in urban and large town areas. The Team were assured that no transport issues arise for students. The medical school is sensitive to the possibility of cultural issues for the AUCMS students and so make efforts to ensure that a Malaysian student is not placed alone at a GP site and likewise that entire groups of Malaysian students are not placed at the one site. All General Practitioners involved with this programme have significant teaching experience.

12. Issues for Action

The Team recommend that UCC urgently address the following:

(a) There was a significant discrepancy in the degree of formative assessment feedback that the current third years reportedly receive versus the feedback that the current fourth years received last year. This was the consensus view of the current Year Three students. The medical school is asked to review and revise the feedback methods as a matter of urgency

(b) Communications between UCC and the students, particularly around the ending of the twinning agreement, should be sustained and enhanced

(c) The increased ratio of students to patients at bedside teaching needs to be continually monitored by UCC as there were inconsistencies reported by the students in terms of their level of satisfaction with the experience

(d) Ensure that reliability is maintained in the Objective Structured Clinical Examinations following the reduction from eight live stations to six to accommodate the additional numbers of students

(e) Scheduling and timetabling issues need to be continually monitored with discrepancies being reported by students as to the volume of lectures and tutorials being cancelled

(f) Video-conferencing facilities should continue to be developed

(g) Support structures for students experiencing stress should be frequently monitored

(h) The mentorship programme in place should be reviewed to ensure that all students understand the role of their mentor in their student experience. In addition, the 'buddy system' arrangement of student to student support should also be reviewed to ensure that it is working effectively

(i) Integration between the Irish and Malaysian cohorts of students should be continuously enhanced and encouraged.

13. Recommendations

The Team recommend that UCC action the above, and continue to implement and monitor the issues raised, including that UCC ensure that:

a) Formative assessment feedback for the current Year Threes needs to be reviewed and revised urgently

b) Appropriate staff to student ratios for small-group teaching and learning are maintained

c) Potential for primary and community based clinical experience is fully maximised

End of report

APPENDIX 1

	2012-2013	2013-2014	
Direct Entry	113	121	44 AUCMS
Graduate Entry	67	66	
Term 2 Total	180	~~187~~	232

Table 1. Class size Year 3/GM2 2012-13 & 2013-14

	2012-2013	2013-2014	2014-15
Cork University Hospital	24	16	10
Bon Secours Hospital Cork	24	20	18
Mercy University Hospital	10	12	12
South Infirmary Victoria University Hospital	10	10	10
Kerry General Hospital	10	12	12
South Tipperary General Hospital	10	10	10
Waterford University Hospital	-	-	8
GP	45	80	80

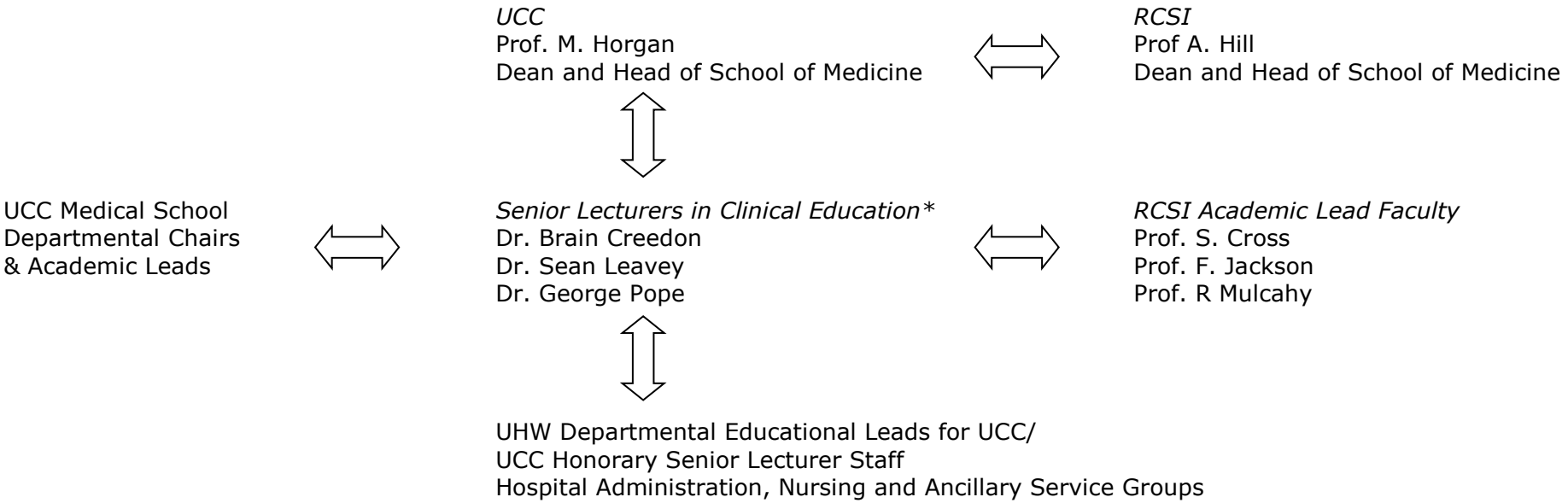
Table 2. Distribution of Year 3 GM2 students during Term 2.

Block	Block Structure 2013-14	Block Structure 2014-15
Medicine	4 week clinical attachment	Unchanged
Surgery	2 weeks ENT, 1 week urology , 1 week vascular	Unchanged
Paediatrics	1 week hospital, 1 week neonates, 1 week community, 1 week self-directed learning and assessment	2 weeks hospital (Bedside tutorials; OPD; online modules), 1 week neonates, 1 week community
Obstetrics & Gynaecology	4 weeks clinical attachment	Online modules added. Attachment similar to previously and includes evening call.
Mixed Surgery	1 week ophthalmology, 1 week surgical specialty, 1 week dermatology & 1 week anaesthetics	Structure remains the same, however, each specialty placement is now running continually rather than during specific weeks only.
Emergency Medicine/ Research Module	2 weeks Emergency Medicine & 2 weeks Research Module	Structure remains the same, however both elements now run continually, rather than during specific weeks only.
Psychiatry	4 week attachment with integrated tutorials	1 week tutorial week; 2.5 week attachment; 0.5 week self directed learning and assessment

Table 3. Year 4 Block Structure 2013-14 & 2014-15

APPENDIX 2

UCC Medical Education Organisational Structure – University Hospital Waterford



*Student Induction meeting and welcome at start of all new UCC Student attachments

Weekly Planning Meeting with local UCC Administrative support addressing Student Attachments/ Curriculum Delivery/ Feedback /and Reporting from all additional meetings and interactions within the above framework including:

- Liason with UCC Dean and key UCC academic staff
- Liason with Local RCSI Lead Faculty
- Regular Reviews with Individual Local Departmental Educational Leads
- Liason with HSE Staff Locally and across Hospital Group

Principal responsibilities for individual student attachments as follows Dr Creedon (Surgery, Anaesthesia, Obstetrics and Gynaecology), Dr Leavey (General Medicine and Paediatrics); Dr Pope (Geriatric Medicine, Accident and Emergency)

APPENDIX 3

School of Medicine Student Numbers 2014-15								
	DEM			TOTAL DEM		**GEM**	**Overall Total**	**Graduation Year**
	BMBB	BMBBM	BMBBD			BMBBG		
Year 1	131			131		70 projected intake	201	2019
Year 2	121	7	1	129		74	203	2018
Year 3	105	53		158		72	230	2017
Year 4	113	40	1	154		65	219	2016
Year 5	113		1	114		66	180	2015
				686		277	963	

Projected Student Intake per year 2015/16 onwards 190-200 maximum

09-Feb-15

APPENDIX 3
Clinical Site Placements

CLINICAL SITE	2012.2013 Clinical Site Totals	2013.2014 Clinical Site Totals	2014.2015 Clinical Site Totals
Bantry General Hospital	3	3	2
Bon Secours Hospital - Tralee	2	2	2
Bon Secours Hospital, Cork	31	26	29
Cork University Hospital	125	125	142
Cork University Maternity Hospital	46	50	56
Kerry General Hospital	32	36	35
Mallow General Hospital	4	6	5
Mater Private Hospital		4	2
Mercy University Hospital	35	44	40
Mid-Western Regional Hospital	15	0	0
South Infirmary Victoria Hospital	25	24	29
South Tipperary General Hospital	30	30	28
Waterford University Hospital		6	24
Paediatric placements: Cork	6	0	0
Paediatric placements: Kerry	0	0	0
Total on Clinical Placement	354	356	394

APPENDIX 4

UCC
University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

An Coláiste Leighis agus Sláinte
College of Medicine and Health

Scoil an Leighis
School of Medicine

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UHW Formal Student feedback (Sept 14 – March 2015)

This academic year, UHW established 199 UCC new consultant delivered student clinical attachments. Student rotations included Medicine for the Elderly (27), General Medicine (21), Paediatrics (41), Emergency Medicine (55), Surgery (14), Obstetrics and Gynaecology (14) and a 3rd year attachment (27). Verbal feedback from students and consultants has been predominantly positive. Formal, anonymous written student feedback was received for 72% of the 4th and 5th year students outlined in the table under.

The positive learning environment, enthusiasm and willingness to teach from physicians, non consultant hospital doctors and nurses proved a consistent feedback theme. Overall, learning opportunities were rated as excellent by 85%, adequate by 14% and inadequate by 1%. Team supervision was complemented frequently and rated as excellent or adequate by all (85% and 27%respectively). It was noted that access to tutor support in Paediatrics and Obstetrics was lacking. Exposure to relevant activities was excellent for 71% and adequate for 29%. The vital role of the local UCC administrator was also noted. Students also highlighted the high quality teaching and positive nature of having both RCSI and UCC students in the hospital. Access to patients, at current student numbers, was not challenging for students with 84% rating this as excellent and 16% adequate.

Yours sincerely

Dr George Pope	Dr Brian Creedon	Dr Sean Leavey

An tOllamh Máire Ní Arragáin
Déan na Scoile Leighis
Professor Mary Horgan
Dean, School of Medicine

Senior Lecturer in Clinical Education
Dr. Brian Creedon

Senior Lecturer in Clinical Education
Dr. Sean Leavey

Senior Lecturer in Clinical Education
Dr. George Pope

Ollscoil na hÉireann, Corcaigh
National University of Ireland, Cork

Formal Student feedback from September 14 – September 2015

Specialty	Total Students Sept 2014-15 (Excludes year 3)	Number to date (6.3.15) (%)	Number with formal feedback (%)	Learning Opportunities Excellent (E), Adequate (A), Inadequate (I)	Team Supervision (E, A,I)	Access to patients (E, A,I)	Exposure to relevant activities (E, A,I)
Elderly Medicine	27	24	20 (83%)	E= 95% (19/20) A= 5 % (1/20) I= 0%	E = 65% (13/20) A= 35% (7/20) I= 0%	E = 95% (19/20) A=5% (1/20) I= 0%	E = 85% (17/20) A=15% (3/20) I= 0%
General Medicine	21	18	16 (89%)	E= 81% (13/16) A= 19% (3/16) I= 0%	E = 81% (13/16) A= 19% (3/16) I= 0%	E = 94% (15/16) A=6% (1/16) I= 0 %	E = 81% (13/16) A=19% (3/16) I= 0%
Paeds	41	35	22 (63%)	E= 73% (16/22) A= 22% (5/22) I= 5% (1/22)	E = 73% (16/22) A=27% (6/22) I= 0%	E = 91% (20/22) A=9% (2/22) I= 0%	E = 86% (14/22) A=14% (8/22) I= 0%
Emergency Medicine	55	43	30 (70%)	E= 87% (26/30) A= 13% (4/30) I= 0%	E = 70% (21/30) A=30% (9/30) I= 0%	E = 67% (20/30) A=33% (10/30) I= 0%	E = 60% (18/30) A=40% (12/30) I= 0 %
Surgery	14	12	8 (67%)	E= 75% (6/8) A= 25% (2/8) I= 0%	E = 63% (5/8) A= 37% (3/8) I= 0%	E = 100% (8/8) A= 0% (0/8) I= 0%	E = 75% (6/8) A=25% (2/8) I= 0%
Ob and Gynae	14	12	8 (67%)	E= 100% (8/8) A= 0% (0/8) I= 0%	E =100% (8/8) A= 0% (0/8) I= 0%	E = 63% (5/8) A=37% (3/8) I= 0%	E = 75% (6/8) A=25% (2/8) I= 0%
Overall Totals	172	144	104 (72%)	E = 85% (88/104) A= 14% (15/104) I= 1% (1/104)	E = 73% (76/104) A= 27% (28/104) I= 0%	E = 84% (87/104) A= 16% (17/104) I= 0%	E = 71% (74/104) A= 29% (30/104) I= 0