Comhairle na nDochtúirí Leighis
Medical Council

REPORT ON ACCREDITATION VISIT
NATIONAL UNIVERSITY OF IRELAND, GALWAY'S
UNDERGRADUATE MEDICAL PROGRAMME

7TH AND 8TH MARCH 2011

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Statement with regard to the Freedom of Information Acts, 1997 and 2003

The Medical Council currently makes information routinely available to the public in relation to its functions and activities and, in line with that practice, a summary of 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.

THE TEAM'S MAIN RECOMMENDATIONS TO THE MEDICAL COUNCIL'S PROFESSIONAL DEVELOPMENT COMMITTEE ARE THAT:

1. **THE NATIONAL UNIVERSITY OF IRELAND, GALWAY'S UNDERGRADUATE 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. **THE NATIONAL UNIVERSITY OF IRELAND, GALWAY 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 NATIONAL UNIVERSITY OF IRELAND, GALWAY'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.**

A. PREFACE

1. Context of the visit

The National University of Ireland, Galway delivers a five or six year undergraduate medical programme leading to the award of an MB BAO BCh (GY501). It is at undergraduate level (basic in World Federation for Medical Education terminology).

The Medical Council Accreditation Team visited on 7th and 8th March 2011 and previously, a Medical Council Accreditation Team undertook an accreditation visit in March 2006 and a monitoring visit in March 2007. Its remit was to assess the programme and to formulate a recommendation on accreditation to the Medical Council's Professional Development Committee.

2. The Team

The Medical Council Accreditation Team is listed on the title page of this Report. The Council particularly appreciates the contribution of external assessors Professor Hans Sjostrom, Professor Alan Johnson and Associate Professor Geraldine MacCarrick. They brought additional expertise in quality assurance of medical education to the accreditation process, and the Medical Council very much appreciates their contribution.

The Medical Council also thanks the National University of Ireland, Galway's Team, led by Professor Fidelma Dunne, Head of Medical School, for their co-operation and hospitality. The Team were particularly impressed by the high turnout of medical school staff and clinicians, and wish to thank Ms Therese Dixon for the work involved in coordinating the visit. In addition, the Medical Council wishes to thank the students who met the Team on the day, whose feedback is most helpful in formulating this Report. However, the Team was disappointed that the turnout of students was not larger and will wish to meet larger numbers of students on any future monitoring or accreditation visits.

3. Documentation

Prior to the visit, the Team reviewed *Accreditation of Existing Medical Programmes – WFME Questionnaire*, dated February 2011. This questionnaire is based on the World Federation of Medical Education's *Global Standards for Quality improvement; Basic Medical Education (*2003*)* informed by the WFME's more recent *European Specifications* (2007).

4. Schedule

The accreditation visit included a NUIG presentation (by Professor Fidelma Dunne); an in-depth discussion between the Medical Council Accreditation Team and representatives of the University; along with a private session with students representing all stages of the course. Under Section 88 (2)(f) of the Medical Practitioners Act 2007, an inspection of the facilities was also undertaken at the University College Hospital, Galway and at Merlin Park University Hospital.

5. Appendices

The agenda for the visit is attached as Appendix 1. The NUIG staff who took part in the process is set out in a list provided by NUIG in Appendix 2.

6. The Report

The Medical Council's agreed 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: European Specifications'* (2007).

The observations, comments and recommendations contained in this Report are grouped under either the Basic or the Quality heading, and there are some statements by the Medical Council Accreditation Team about the level of NUIG's attainment.

B. SUMMARY AND GENERAL ASSESSMENT

1) Conclusion and main recommendations of Council Team

The programme is well-designed and effectively delivered to an impressive cohort of students who are generally very positive about their NUIG experience. There are areas where review and revision is advised but none of the issues identified warrant conditions being placed on the approval. Areas where NUIG is commended are also highlighted. It is apparent that NUIG have been very active in addressing the issues previously identified by Council.

The Team's main recommendations to the Medical Council's Professional Development Committee are that:

1. The National University of Ireland, Galway's undergraduate 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 (see Recommended Further Action below).

2. The National University of Ireland, Galway 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 National University of Ireland, Galway'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.

2) Major findings of Council Team

The Team make two *major* recommendations; the priorities identified for NUIG are:

a) The proposed partnership with the Allianze College Medical School (Malaysia) needs to be carefully considered and monitored in relation to physical training capacities. The Team is already concerned that current capacity is a significant problem, according to meetings with students and reviews of the facilities. The Team also stress that any new programme undertaken with the ACMS is subject to application to and approval by the Medical Council.

b) It is imperative that the Human Biology Building which is due to be commenced in summer 2011, with a completion date planned for 2013, must be commenced. The Team understand that current overcrowding and need for modernisation in lectures and tutorial rooms is being addressed with the new Engineering Building and revamping the Clinical Sciences Institute, however, the facilities are inadequate for the first two years of the programme.

3) Recommendations additional to the major recommendations a) & b) above:

a) The proposed new appointments, due in summer 2011, are progressed as rapidly as possible
b) The development of an awareness programme around student support services, counselling and the mentorship programme, with a clear policy stating that this is not just for students who fall behind academically, but for students with major life events outside of academic life
c) Inter-Professional learning to be developed and enhanced
d) The development of consumer involvement, particularly patient advocacy and community representation
e) Ongoing student representation on the Curriculum Committees
f) Integration of the Malaysian students should be maintained and developed
g) Review the logbooks for consistency and ease of use
h) Using more exam questions that assess problem solving and data analysis, rather than straight factual recall.
i) Wherever possible, exam questions should be linked to clinical vignettes and constructed according to the guidelines offered by the USA National Board of Medical Examiners.

4) The Team commends NUIG for:

a) The very significant changes made in the programme since the last Medical Council visit, especially in ethics
b) The large number of appointments made since the last visit
c) The evident engagement and enthusiasm of the clinicians
d) The medical school's active participation in research activities
e) The students, who were positive about the quality of educational experience
f) The evidence of fully integrated curriculum
g) A dynamic teacher-led programme
h) The development of the Professionalism and Ethics programmes
i) The initiative of the Academies in Sligo and Letterkenny and particularly the fact that they have eight part time clinical staff
j) The exposure to community based practice
k) Integration between basic science and clinical staff
l) Podcasting initiatives
m) Scholarships for teaching and learning

5) The Team request the following information/ clarification from NUIG:

(a) In respect of representatives of external stakeholders in governance of the University and School, the following clarification has been received:

ÚDARÁS NA hOLLSCOILE

The University's governing authority, is responsible for managing and controlling all of the affairs of the University. Membership of Údarás na hOllscoile is drawn from staff, students, local authorities, nominees of Minister for Education & Science, and external organisations. Its independent Chairman is the eminent diplomat of international standing, Dr. Noel Dorr. It meets approximately monthly.

Members of Údarás na hOllscoile: February 1, 2009 - January 31, 2013 is as follows:

Chairman; Dr. Noel Dorr

President: Dr. James J. Browne

Registrar and Deputy-President (Acting); Professor Nollaig Mac Congáil (Established Professor of Irish)

Professors / Associate Professors
Four representatives, including Professor B.G. Loftus (Established Professor of Paediatrics; Dean of the College of Medicine, Nursing and Health Sciences) and Professor Kathy Murphy (Established Professor of Nursing)

Other Academic Staff: Five representatives

Other Employees: Three representatives
Elected Officers of Comhaltas Na Mac Léinn (Students' Union): Two representatives
Postgraduate Student: One representative.
Graduates, - elected by the Graduates: Four representatives
Elected From External Organisations:
One representative each from; Údarás na Gaeltachta; the Irish Business and Employers' Confederation; Enterprise Ireland.
Elected by Local Authorities:
One representative each from; Galway City Council; Galway County Council; Mayo County Council; Sligo County Council; Roscommon County Council; Clare County Council.
NUI Nominees: Two representatives
St. Angela's College, Sligo: The President of the College
Artistic / Cultural Category: One representative
Nominated By The Minister For Education And Science: **Three representatives**

b) The students reported that they had no access to blood reports and x-rays on the system at clinical training sites as they do not have a login or password.

NUIG have clarified that Medical Students are not employees of the HSE. Access on line to clinical information can only be given to employees. Therefore students cannot be given personal individualised access with a password to clinical information on the x-ray and laboratory systems. This rule is enforced by Data Protection on a

national level by the HSE. The students therefore ask the NCHD to access computer generated reports directly related to patients that they have a clinical interest in.

6) Recommended Further action

On-going engagement with NUIG will be a key part of the quality assurance process. The Team recommend a monitoring re-visit (at a time when the Team can meet a substantial proportion of the student body) to review the capacity of the programme in light of the introduction of the additional students. The Team may also wish to visit the academies at Sligo and Letterkenny and the Galway Clinic in the future.

C. EVALUATION OF THE PROPOSED PROGRAMME, BASED ON WFME STANDARDS

1. Mission and Objectives

1.1. Statements of Mission & Objectives

B: The Medical School must define its Mission and Objectives and make them known to its constituency. The Mission Statements and Objectives must describe the educational process resulting in a medical doctor competent at a basic level, with an appropriate foundation for further training in any branch of medicine and in keeping with the roles of doctors in the health care system.

The Team is satisfied that the medical education programme run by National University of Ireland, Galway (NUIG) provides a high quality medical programme with a focus on early patient contact. The Team was informed that it is a student centred curriculum but that while there has been a development in small group teaching, it is not a problem based learning programme.

Q: The Mission and Objectives should encompass social responsibility, research attainment, community involvement, and address readiness for postgraduate medical training.

1.2. Participation in Formulation of Mission and Objectives

B: The mission statement and objectives of a medical school must be defined by its principal stakeholders (e.g. Dean, members of Faculty Board, University, Government, medical profession).

The consumers should take a more active part in the formulation of the programme. Benchmarking with Maastricht and Dundee is encouraged. The Team believe that reference to the Medical Council's Eight Domains of Good Professional Practice was not very apparent during the visit although the Medical School have since clarified that the General Practice Curriculum in Year 4 is based entirely on Medical Council's 'Eight Domains of Good Professional Practice'.

Q: Formulation of mission statements and objectives should be based in input from a wider range of stakeholders (e.g. representatives of staff, students, the community, education and health care authorities, professional organisations, postgraduate training bodies).

1.3. Academic autonomy

B: There must be a policy for which the administration and faculty/academic staff of the medical school are responsible, within which they have freedom to design the curriculum and allocate the resources necessary for its implementation.

The Team is assured that the curriculum of the NUIG degree programme has been developed by academic staff through a continuous process of consultation and review.

Q: The contributions of all academic staff should address the actual curriculum and the educational resources should be distributed in relation to the educational needs.

1.4. Educational outcome

B: The medical school must define the competencies that students should exhibit on graduation in relation to their subsequent training and future roles in the health system.

The Team note the definitions of outcomes in:

- Anatomy: MD 121 Cardiovascular system, MD 122 Respiratory system and MD 105 Introduction to anatomy
- Third year semester 2: cardiovascular studies, gastrointestinal studies, respiratory critical & perioperative care, care of the elderly and acute hospital care
- Final medical year neurology/ophthalmology, dermatology/plastic studies, cancer studies, musculoskeletal studies, nephrology/urology studies

From the handbooks and teaching material reviewed, there appear to be satisfactory definitions of the respective courses as educational outcomes, although some students felt that they could be more detailed.

In relation to the Tuning Medical Education Project of MEDINE, medical emergencies, drug prescription and research may be highlighted in the school´s eight-point "level 1" outcomes.

Q: The linkage of competencies to be acquired by graduation with that to be acquired in postgraduate training should be specified. Measures of, and information about, competencies of the graduates should be used as feedback to programme development.

2. Educational programme

2.1. Curriculum models and instructional methods

B: The medical school must define the curriculum models and instructional methods employed.

The school has a systems-based curriculum with student centred learning in small tutorial led groups, along with a large degree of traditional lecture-based teaching, especially in the first years. The School might wish to consider increasing the student-centred teaching.

In terms of defining the curriculum, there are 12 learning objectives and each module has a workbook and logbook, supplemented by Blackboard and a reading list in each module.

The Medical School should consider further opportunities in Integrated Professional Education.

The Medical School have developed Academies in Letterkenny and Sligo with regional centres being affiliated to the academy and not to the medical school. There are video links with the affiliated training sites.

The ratio of patients to students and teachers to students is reported to be very good.

Q: The curriculum and instructional methods should ensure that students have responsibility for their learning process and should prepare them for life-long, self-directed learning.

2.2. Scientific method

B: The medical school must teach the principles of scientific method and evidence-based medicine, including analytical and critical thinking, throughout the curriculum.

A rather large proportion of the students undertake a summer elective in the laboratories of the research groups. The medical school may wish to consider including opportunities for a research project in the formal curriculum.

Q: The curriculum should include elements for training students in scientific thinking and research methods.

2.3. Basic Biomedical Sciences

B: The medical school must identify and incorporate in the curriculum the contributions of the basic biomedical sciences to create understanding of the scientific knowledge, concepts and methods fundamental to acquiring and applying clinical science.

The Team is satisfied that the preclinical disciplines provide the fundamentals of medical science through systems-based integrated modules in anatomy, biochemistry, bacteriology, pathology, pharmacology and physiology as outlined in the submission from NUIG and as evidenced during the visit.

The Merlin Park consultants have developed a programme of using actual patients in third year and in order to facilitate learning, they have linking between the different departments at all stages of the programme. They were very complimentary of the organisational work that goes on behind the scenes and praised the staff in the Faculty office. They are very satisfied with the knowledge that the students have when they come to Merlin Park and the students tend to be very mature and dedicated.

The programme in Merlin Park includes geriatric medicine, orthopaedics, haemodialysis, respiratory medicine, rheumatology, general medicine, general surgery, dermatology, radiology and palliative care. There is also an intern shadowing programme in place. The video link system works very well between the sites.

Q: The contributions in the curriculum of the biomedical sciences should be adapted to the scientific, technological, and clinical developments, as well as to the health needs of society.

2.4 Behavioural and Social Sciences and Medical Ethics

B: The medical school must identify and incorporate in the curriculum the contributions of the behavioural sciences, social sciences, medical ethics and medical jurisprudence that enable effective communication, clinical decision making and ethical practices.

The Team welcome the early teaching in ethics by the Department of Philosophy although it might be more integrated in the ethical problems occurring during the clinical training. The Team also welcome the development of the Professionalism programme at NUIG which is vertically and horizontally integrated throughout the five years of the curriculum. As evidenced in the submission and as outlined by the students, the Professionalism module includes a multi-disciplinary programme in Behavioural Sciences including Psychiatry, Health Promotion and Sociology. The Team encourage the small group teaching and project work which supports individual learning and which is reinforced by large group teaching on fundamental concepts and principles.

The Team were particularly pleased to see that ethical and legal considerations are covered in the Professionalism module. These subjects are highly integrated with small group teaching. There are various topics covered, including patient safety, research ethics, core principles and ethics based on clinical case studies including paediatric and psychiatry case studies. However, the Team recommend that in the Shadowing for Clinical Practice module, that the role and the importance of the Medical Council should be incorporated.

Q: The contributions of the behavioural and social sciences and medical ethics should be adapted to scientific developments in medicine, to changing demographic and cultural contexts and to health needs of society.

2.5 Clinical Sciences and Skills

B: The medical school must ensure that students have patient contact and acquire sufficient clinical knowledge and skills to assume appropriate clinical responsibility upon graduation.

There is an Early Patient Contact programme where each student is assigned to an intern tutor, with introductory lectures, consent issues, confidentiality, and very high standards are applied from the outset. There are a number of community placements, with four weeks spent in general practice. Some of the Student Selected Modules are placed in the community.

However, the Team recommend that the students should have better access to clinical laboratory data during their clinical placement.

The Team were particularly impressed with instructors, such as Dr Gerard Flaherty.

However, the Team believe that the clinical skills laboratory is quite small and pressure on space, especially in light of possible additional numbers through the ACMS programme, could have a negative impact on the laboratory experience.

Q: Every student should have early patient contact leading to participation in patient care. The different components of clinical skills training should be structured according to the stage of the study programme.

2.6. Curriculum Structure, composition and duration

B: The medical school must describe the content, extent and sequencing of courses and other curricular elements, including the balance between the core and optional content, and the role of health promotion, preventative medicine, and rehabilitation in the curriculum, as well as the interface with unorthodox, traditional or alternative practices.

This is set out quite clearly in the NUIG submission.

However, the Team requested clarification on the Student Selected Modules (SSMs) in terms of how many options there are and their delivery. Years one, two and four have the opportunity of doing a ten week block incorporating seven hours per week, worth three credits. The plan is to introduce more SSMs with a research basis, in the future. Research is a integrated part of the Professionalism Course in Years one, two and three and research methods are supposed to be used in SSMs where possible. A scientific essay is based on a clinical case student. This is mandatory for all students. There are several different cases and they work in small groups. In Year three the summer electives have been running since 1996 and increasing numbers of students are taking up the opportunities offered.

Q: Basic sciences and Clinical Sciences should be integrated in the curriculum.

2.7 Programme management

B: A curriculum committee must be given the responsibility and authority for planning and implementing the curriculum to secure the objectives of the medical school.

Q: The curriculum committee should be provided with resources for planning and implementing methods of teaching and learning, student assessment, course evaluation, and for innovations in the curriculum. There should be representation on the curriculum committee of staff, students and other stakeholders.

2.8 Linkage with medical practice and the health care system

B: Operational linkage must be assured between the educational programme and the subsequent stage of training or practice that the student will enter after graduation.

The Team were very pleased to see the development of the Academies in Sligo and Letterkenny and wish to commend NUIG on this initiative. There were a number of representatives from the Sligo Academy who reported that they are delighted to be participating in the NUIG programme and stated that being at a distance has not been an obstacle. The IT links are improving all the time.

The Team also met a number of representatives in Merlin Park who all hold joint appointments between the Hospital and University. They very much see themselves as part of the programme. There are 30 students at any one time, five per consultant team. There are more opportunities to be involved than there is time available. The consultants make formalised time for teaching although this comes out of their family time.

Finally, the Team were happy to see that WestREN, the first Irish university affiliated general practice oriented research network, is working particularly well.

Q: The curriculum committee should seek input from the environment in which graduates will be expected to work and should undertake programme modification in response to feedback from the community and society.

3. Assessment of Students

3.1. Assessment methods

B: The medical school must define and state the methods used for assessment of its students, including the criteria for passing examinations.

The linkage between assessment and learning outcomes is clear. The quantum of assessment is appropriate although the timing of some exams may be an issue in some cases (continuous assessment appeared to be all together for some of the students).

The balance between continuous and summative assessment is pitched well although formative assessment could be improved in terms of feedback to the students. There is greater collaboration between the disciplines and they are applying best practice and standard setting, blueprinting, ensuring validity and reliability through round-table discussions, virtual meetings etc. The introduction of Extended Matching Questions (EMQs) is welcomed. It might be helpful to the students to have access some exams in the same format that is given.

The school holds a licence for Questionmark, an analytical tool for data on assessment. The school have developed unique questions which are banked and questions are not generally reused. There is general feedback on Blackboard with answers to MCQs on Blackboard also. There is an extern present during marking of the OSCE examinations and electronic software (Qpercom) for use during OSCE examinations has also been developed in Galway, such that all clinical skills assessments are now automated using the Qpercom development.

The physiologists also informed the Team that they have a say in the curriculum and that physiology is assessed by spot tests and by MCQ after each individual laboratory session.

However, it appears that the logbooks appear to cause some difficulties for the students and consultants alike, in particular the record of attendance part. The Team recommend that the logbook be reviewed with a view to standardisation between the different strands to make it easier to use. However, the Team was assured that in general, only conditions that the students will actually see are in the logbook with a choice of recording two of six conditions or two of seven conditions.

Q: The reliability and validity of assessment methods should be documented and evaluated and new assessment methods developed.

3.2 Relation between assessment and learning

B: Assessment principles, methods and practices must be clearly compatible with educational objectives and must promote learning.

The curriculum in NUIG is being benchmarked against the CanMeds curriculum and also against the Dundee curriculum.

A cross section of examination papers was reviewed after the visit. While the depth of knowledge testing seemed to be satisfactory, the Visiting Team would like NUIG to consider, in accordance with the School's defined outcomes, using more questions that assess problem solving and data analysis, rather than straight factual recall. The team also recommends that, wherever possible, questions should be linked to clinical vignettes and constructed according to the guidelines offered by the USA National Board of Medical Examiners.

Q: The number and nature of examinations should be adjusted by integrating assessments of various curricular elements to encourage integrated learning. The need to learn excessive amounts of information should be reduced and curriculum overload prevented.

4. Students

Meeting with Year One and Year Two students

The Team met with nine students: four from first year and five from second year, who attended by invitation of the medical school through random selection by the medical school administration staff.

The students believe that the programme focuses on patient centred care through the early patient contact programme and the basics of research were taught through the professionalism module, where there was a choice of ten subjects to research. They recognised that there was an integrated model of learning with a pre-med communications class shared with science and nursing students.

They felt the classes were well integrated and that there were good academic supports available if required, saying that the lecturers are very approachable. However, they did not seem to believe that they had input into Committee structures at a College level and they did not feel that they were getting structured feedback on their performance during the year.

They praised the Blackboard system and said that it was core to their learning and they were satisfied that IT facilities in the medical school were very good. They said that the lecture notes were uploaded either before a lecture or within 24 hours afterwards. In particular, the podcasting received very positive feedback. However, the students felt that the general library was very crowded and the clinical skills library was generally for use by fourth year students only.

They feel that the clinical work has fallen short in some areas, for example physical examinations, where they received one demonstration followed by an OSCE examination at the end of the year.

The students felt that some of the examinations were quite difficult, with MCQs being worth 25% of the overall mark and no opportunity to practice them beforehand. They felt they were assessed on what they learnt and that the exams were fair. They get some feedback on their examination results, but the perception was that this only happened if they have not done well in the examinations.

They have detailed learning objectives. They are aware of a medical school student code of conduct and been made aware of ethical dilemmas and their obligations as doctors with specific clinical responsibilities.

They feel that the international students were well integrated into the programme, but they suggested that a ‘mentorship’ programme would be very useful. Finally, they suggested that the Erasmus programme should be extended to include more English-speaking opportunities as it presently seems to focus on Montpelier and Grenoble. The students also felt that the SSMs seem to be university-based.

Meeting with Year Three students

The Team met with seven students from third year, who attended by invitation of the medical school through random selection by the medical school administration staff. They had all received the Medical Council's Information for Students booklet.

The students agreed that student learning is focused on being patient centred and research. They have all met with patients at this stage and the care pathways focus on patient needs and interactions. They were very positive about their clinical attachments, with the opportunity for history taking arising at a very early stage. They have also had the opportunity to get involved in research. They very much see their roles as professional care givers.

The students stated that their learning is integrated across disciplines, for example cardiology, cardiac surgery and respiratory medicine. They feel this gives them the opportunity to understand the link between systems. However, they feel they need clearer learning objectives and there seemed to be some confusion about the level of attainment expected. On the subject of feedback, for example, they did not appear to get any, or they get it after the year is over. They reported that they do not, for example, receive the answers from the MCQ examinations and feedback from the OSCE examinations seems hard to get on an individual basis.

The students were very complimentary about the staff, saying that they are very accessible.

The students felt well integrated from the start although colloquial language was sometimes difficult for some international students, but assistance was available if required.

They feel prepared for the complexities of professional practice and feel that their academic programme and clinical exposure was building towards this. They have received training in ethical dilemmas and use reflective journals and logbooks. The logbooks are different between different rotations and they can go to the tutors if they need clarification on something.

The students felt they would like more clinical skills training and communication skills. The medical informatics course appears to take up too much time and for some, it was not relevant, until a much later time. However, the subjects they are doing now are to be revisited again in fifth year.

The students were very satisfied with the experience they received in the Letterkenny and Sligo Academies, with a good balance between teaching and lectures and the tutorials were particularly praised.

At the end of the session, one student (who has a sister in fourth year) wished to bring it to the Team's attention (and with her permission, to the School's attention) that she had suffered a major bereavement in the previous September and both sisters felt there was a lack of compassion from the school at this time, in terms of the School contacting them either during their two week absence or on their return (this case was raised again during the meeting with Year Four students). This would indicate to the Team that the area of student support beyond academic matters

needs to be addressed and clarified and the Team recommend that this be done as a matter of urgency.

Meeting with Year Four and Year Five students

The Team met with seven students: three from fourth year and four from fifth year, who attended by invitation of the medical school through random selection by the medical school administration staff.

These students also reiterated that they believe the programme focuses on patient centred care through the early patient contact programme and the basics of research which were taught through the professionalism module. They had the opportunity for research during their summer projects during the last two years - all the students who applied got a placement, with random allocation based on their Curriculum Vitae and grades (some students also received a grant). As with the earlier years, some students felt that the statistics element of the course was covered too early and did not have much relevance until later in the programme.

The students believe that their education is an integrated model of care and they gave different examples of this. All students were integrated well into the group and they mostly felt that the supports were there if required, for example with language skills for international students.

They feel that the programme has prepared them for the complexities of professional practice and they feel that they had a sound academic base and excellent clinical practice and exposure as they have been on the wards since third year and the course is very well balanced. It was clear to the Team that the new curriculum has made significant improvements on the old curriculum and there is much more early patient contact now and any shortcomings in the old system have been addressed.

The students felt that continuous assessment was working well and that there was just enough in the programme. The examinations are believed to be fair. As with other years, they do not receive feedback after examinations, although the students do give feedback after their rotations. The students believe that the feedback that they give tends to benefit the cohorts coming through in the years behind them. The students are given anonymous questionnaires and are asked to rate issues on a score of one to five. There is apparently a 100% response rate.

In relation to clinical exposure, most of the time the students feel part of the team and they do on-call rotations also (a minority did not feel part of the team all of the time). They are encouraged to attend inter-disciplinary team meetings, for example, with the physiotherapy team or the occupational therapy team which gives them an appreciation of the role of the allied health professionals.

The Team was informed that the logbooks cause them great difficulty in terms of getting signatures from the consultants. This can apparently create queues of students trying to obtain signatures! This logistical issue should be addressed.

One student raised a particular point about the peripheral hospitals (e.g. Castlebar) saying that there were great teachers there, but that there was no encouragement to spend time there, which in turn will impact on lesser numbers of interns applying to do rotations there. This would appear to be a missed opportunity.

In addition, the Team met with four final year Merlin Park Students who agreed that the programme is delivered in a patient centred manner, with significant exposure to patients and all students, bar one, had engaged in research projects which are available to all students. They have one day of lectures every three weeks and tutorials every morning. All the students preferred small group teaching and meeting patients from the community.

They felt that their teaching was delivered in an integrated manner, the major topics are covered in the lectures and they feel generally well-prepared for examinations. They have received good clinical experience on the wards and they feel prepared to go to work in July and are looking forward to the Intern shadowing programme before that. They feel that the Professionalism module has prepared them well, and that communication skills, in particular, has been covered very well. The palliative care rotation covers ethical issues particularly well.

In general, they did not receive significant feedback on case studies, though the paediatric rotation was cited as an exception to this. The Team is disappointed to hear that this is not the case consistently, and the School should look to extend areas of good practice.

The issue of capacity was raised again, with reports that there is not enough space for tutorials and in lecture theatres, with some reports of standing room only on a regular basis. The clinical skills laboratory is also very small and the Team encourage the medical school to review the access arrangements to the clinical skills laboratories with the School of Nursing.

The students feel integrated as a group and they reported that supports are there and they feel welcome. The students feel that generally their voice is heard, however, they feel again that their feedback essentially benefits the cohorts behind them. The students said that the class representatives do get the opportunity to go to some sub-committee and committee meetings but this was not universally the case.

The students praised the Sligo Academy, in particular, praising its patient contact opportunities and the extent of their involvement the Sligo team. However, the facilities, particularly with regard to study space, were somewhat limited at the Sligo site.

One final point is that the students did not have login passwords for the computers on site and this resulted in them having to use paper charts for patient consultations and test requests. While the Team appreciates the need for patient confidentiality, the Team suggest that this be reviewed by the Medical School.

4.1 Admission policy and selection

B: The medical school must have an admission policy including a clear statement on the process of selection of students.

This policy is clear and is common to all undergraduate medical programmes in Ireland.

Q: The admission policy should be reviewed periodically, based on relevant societal and professional data, to comply with the social responsibilities of the institution and the health needs of community and society. The relationship between selection, the educational programme and desired qualities of graduates should be stated.

4.2 Student intake

B: The size of student intake must be defined and related to the capacity of the medical school at all stages of education and training.

The Team strenuously recommend that the proposed intake of students through the Allianze College Medical School twinning programme ACMS must be carefully considered and monitored in relation to physical training capacities, especially in anatomy. The Team strongly recommend that consideration must be given to the provision of a strong induction programme for these students on arrival at NUIG. The Team already recognise that current capacity is a significant problem, according to meetings with students. While the Academic centres may be an effective way of dealing with this initially, there is a clear problem with funding and long term capacity and they do not have the capacity to cover the basic sciences, which should be addressed.

Q: The size and nature of the intake should be reviewed in consultation with relevant stakeholders and regulated periodically to meet the needs of the community and society.

4.3 Student support and counselling

B: A programme of student support, including counselling, must be offered by the medical school.

The subject of student support was examined by the Team and there is a student health unit in the University which offers counselling as required. The Team was informed that all the students are aware of the student support services available to them.

However, the Team are concerned to discover that there appears to be insufficient attention to the personal and academic implications of serious life events occurring to students outside the School. The effectiveness of the mentor/tutor system should be evaluated and necessary arrangements undertaken.

Q: Counselling should be provided based on monitoring of student progress and should address social and personal needs of students.

4.4 Student representation

B: The medical school must have a policy on student representation and appropriate participation in the design, management and evaluation of the curriculum, and in other matters relevant to students.

While it is apparent that there are many academic staff contributing to the Curriculum Committee, the Team noted that there is no permanent representation of students in the Curriculum Committee and recommend that this be reviewed as there should be permanent student representation in all committees involved in the design, management and evaluation (except preparation of examinations).

Q: Student activities and organisations should be encouraged and facilitated.

5. Academic Staff / Faculty

5.1. Recruitment policy

B: The medical school must have a staff recruitment policy which outlines the type, responsibilities and balance of academic staff required to deliver the curriculum adequately, including the balance between medical and non-medical staff; and between full-time and part-time staff, the responsibilities of which must be explicitly specified and monitored.

The issue of protected teaching time arose during the visit, and the Team heard reports that teaching time essentially comes out of 'family time' and therefore the Team recommend that the school should give more defined teaching time to the various clinical teachers.

The Team would like more information on the balance between medical and non-medical staff and full-time versus part-time teachers.

Q: A policy should be developed for staff selection criteria, including scientific, educational and clinical merit, relationship to the mission of the institution, economic considerations, and issues of local significance.

5.2. Staff policy and development

B: The medical school must have a staff policy which addresses a balance of capacity for teaching, research and service functions, and ensures recognition of meritorious academic activities, with appropriate emphasis on both research attainment and teaching qualifications.

The Team note that the medical school broadly follows the University guidelines on staff policy and development. There is a promotions policy in place, including a reward system at university level. The Team wish to compliment the University on their Centre for Excellence in Learning & Teaching (CELT) which encourages staff opportunities to enhance teaching skills and the Team wish to commend the Medical School on the high participation rate for attendance at medical education courses and Masters programmes.

The Team also note that professors and lecturers of not less than four years standing may apply for Leave of Absence for the purpose of research and special study for a period of up to twelve months in any period of seven years through its Sabbatical Leave programme.

Q: The staff policy should include teacher training and development and teacher appraisal. Teacher-student ratios relevant to the various curricular components and teacher representation on relevant bodies should be taken into account.

6. Educational Resources

6.1. Physical facilities

B: The medical school must have sufficient physical facilities for the staff and the student population to ensure that the curriculum can be delivered adequately.

The Team requested clarification on the proposal for the partnership with the Allianze College of Medical Science (ACMS) students to attend the programme in NUIG. The proposal seems to include some 40-60 additional students to attend the programme, with the initial intake planned for the Academic Year 2011-2012. The proposal has been incorporated into NUIG's staffing plan, with four new appointments due. While the Higher Education Authority has been made aware of the plans, the HR Process will take some two to three months, with the new appointments to be made during summer 2011. There is an ACMS working group already in place.

However, the Team is concerned to hear that a student interview process has already been completed and that the students for the September 2011 intake have already been selected. The Team wished to clarify that, as had previously been notified to NUIG, it is at their own discretion to commence the ACMS partnership. However, it must be emphasised that the options of approval, or approval with conditions, or refusal of approval are open to the Medical Council, so commencement would be at the University's own risk, as there is obviously no guarantee as to the outcome of any subsequent accreditation process. The University undertook to submit a complete application to the Medical Council by the end of March 2011, after which time the Medical Council would be able to factor in an accreditation visit into its Business Plan.

In terms of the capital programme, the Human Biology Building is due to be commenced in Summer 2011, with a completion date planned for 2013. In the meantime, Aras Moyola is to be used as an interim teaching facility. In particular, the dissecting rooms of anatomy seem out of date and the new Human Biology Building is should be realised as soon as possible.

Where applicable, procedures are in place whereby relevant immunizations may be completed at the Student Health Unit of the University.

There is a dissection room however the Team could find no information on policy for protection from harmful substances, specimens and organisms.

The Team noticed a 'Dissection Room - Code of Conduct' to be signed by the individual student but found no information on general policy for protection from harmful substances, specimens and organisms. The Team welcomes the 'guidelines on conduct and professional behaviour for undergraduate medical students' (as adapted from the Irish Medical Council), which is signed by the student.

Q: The learning environment for the students should be improved by regular updating and extension of the facilities to match developments in educational practices.

6.2. Clinical training resources

B: The medical school must ensure adequate clinical experience and the necessary resources, including sufficient patients and clinical training facilities.

The Team recommend that school should review accessibility to the Nurses' Clinical skills laboratory whenever possible, which would also improve the inter-professional teaching and learning relationship.

The size of the small-group teaching and lecturing room will require review in relation to number of students.

Q: The facilities for clinical training should be developed to ensure clinical training which is adequate to the needs of the population in the geographically relevant area.

6.3 Information Technology

B: The medical school must have a policy which addresses the evaluation and effective use of information and communication technology in the educational programme.

The quality of Information Technology was universally praised by the students, in particular the podcasting initiative. Blackboard is very good and the students were very satisfied with it. Video-conferencing links seem to work well.

Q: Teachers and students should be enabled to use information and communication technology for self-learning, accessing information, managing patients and working in health care systems.

6.4 Research

B: The medical school must have a policy that fosters the relationship between research and education and must describe the research facilities and areas of research priorities at the institution.

The Team explored the research opportunities for staff and whether these opportunities are funded. NUIG stated that education, teaching and research are all of equal importance in Galway; approximately 75% of their staff are research active with funding being received from national and EU sources such as the Wellcome Trust and Enterprise Ireland. This, in turn, enriches teaching and contributes to the students' research opportunities, in terms of time and funding. There is a huge willingness from the staff to get involved in research and there are a high number of participants in postgraduate taught programmes in medical education. The students at the Academies are also involved and a clinical research facility is being built at the moment. The 'Teach the Teacher' course is a stipulation of being a trainer.

Q: The interaction between research and education activities should be reflected in the curriculum and influence current teaching and should encourage and prepare students to engagement in medical research and development.

6.5. Educational expertise

B: The medical school must have a policy on the use of educational expertise in planning medical education and in development of teaching methods.

The Team are gratified to learn that NUIG has encouraged and benefited from a number of staff undertaking a Masters in Medical Education qualification. The Team note that the medical school has established a continuing professional development programme for medical teachers, *The Galway Alliance of Medicinal Educators*, (GAME) and encourages such developments.

Q: There should be access to educational experts and evidence demonstrated of the use of such expertise for staff development for research in the discipline of medical education.

6.6. Educational exchanges

B: The medical school must have a policy for collaboration with other educational institutions and for the transfer of educational credits.

The Socrates/Erasmus Programme is designed to encourage students to expand their university education by doing part of their academic work in another European University. The Erasmus programme should be made more flexible and extended to include more English-speaking opportunities. Tropical medicine was also mentioned as a possibility. The administrative staff should be included in the exchange programmers

Q: Regional and international exchange of academic staff and students should be facilitated by the provision of appropriate resources.

7. Programme evaluation

7.1. Mechanisms for programme evaluation

B: The medical school must establish a mechanism for programme evaluation that monitors the curriculum and student progress, and ensures that concerns are identified and addressed.

The School is encouraged to initiate programme evaluation in relation to career choice and postgraduate performance. It might be possible to include alumni in this programme evaluation and this should be considered.

Q: Programme evaluation should address the context of the educational process, the specific components of the curriculum and the general outcomes.

7.2. Teacher and Student Feedback

B: Both teacher and student feedback must be systematically sought, analysed, and responded to.

On the subject of feedback, NUIG stated that this is taken in a formalised way through the tutor, with the students given the opportunity to rate their experience.

Feedback is also taken informally, through multi-disciplinary teaching and meetings. The students have opportunities to give presentations.

The School should formalise the procedures for giving feedback of examination results to students, possibly in the format of a lecture with comments to the correct answers or personal student advice.

Q: Teachers and students should be actively involved in planning programme evaluation and in using its results for programme development.

7.3 Student performance

B: Student performance must be analysed in relation to the curriculum and the mission and objectives of the medical school.

The evaluation of performance of defined cohorts of students (e.g. students from abroad) is encouraged. Progress testing and linking in with Maastrict should be developed as part of a cohort analysis and tracking project.

There are limited attrition rates overall - in Year 3, Semester 2 for example, there is a 5% attrition rate.

Q: Student performance should be analysed in relation to student background, conditions and entrance qualifications, and should be used to provide feedback to the committees responsible for student selection, curriculum planning and student counselling.

7.4 Involvement of Stakeholders

B: Programme evaluation must involve the governance and administration of the medical school, the academic staff and the students.

The importance of the patient voice in the curriculum was explored by the Team, who feel that there is insufficient patient advocacy and insufficient representation of the patient and there is no community representative.

Q: A wider range of stakeholders should have access to results of course and programme evaluation, and their views on the relevance and development of the curriculum should be considered.

8. Governance and Administration

8.1 Governance

B: Governance structures and functions of the medical school must be defined, including their relationships within the University.

The Team could find no representatives of external stakeholders in the governing of the University or School and would like clarification on this point.

The Team emphasise the importance of meaningful integration with the other schools in NUIG, for example the School of Nursing. NUIG stated that Inter-Professional Education is a programme that is 'work in progress' and is currently included in the Foundation Year in particular. The Team recommend that this be actively pursued and developed across all years of the programme. However, some students do not do the Foundation Year and feel that they did miss out on the Early Patient Contact programme and the Team recommend that this be reviewed for future years.

Q: The governance structures should set out the committee structure, and reflect representation from academic staff, students and other stakeholders.

8.2. Academic leadership

B: The responsibilities of the academic leadership of the medical school for the medical educational programme must be clearly stated.

The Team note the academic leadership arrangements in the medical school and the Curriculum Committee, and recognise that the adequacy of these arrangements is reviewed annually by the Curriculum Committee through the assessment of student feedback and through External Assessor reports.

Q: The academic leadership should be evaluated at defined intervals with respect to achievement of the mission and objectives of the school.

8.3 Educational budget and resource allocation

B: The medical school must have a clear line of responsibility and authority for the curriculum and its resourcing, including a dedicated educational budget.

The Team was informed that 'the money follows the student' and that the structure of the programme is systems based, not discipline based. The full change to a systems-based curriculum might be aided by resource allocation to the module instead of to the disciplines.

Q: There should be sufficient autonomy to direct resources, including remuneration of teaching staff, in an appropriate manner in order to achieve the overall objectives of the school.

8.4 Administrative staff and management

B: The administrative staff of the medical school must be appropriate to support the implementation of the school's educational programme and other activities, and to ensure good management and deployment of its resources.

There should a system for reviewing and quality assurance of the administrative staff.

Q: The management should include a programme of quality assurance and the management should submit itself to regular review.

8.5. Interaction with health sector

B: The medical school must have a constructive interaction with health and health-related sectors of society and government.

The Team note the medical schools interaction with the Health Service Executive (HSE), the Western Regional Educational Network (**WREN**), and **WestWREN**. The Team also encourage the medical school's representation on the Council of Deans of Faculties with Medical Schools in Ireland (CDFMSI).

Q: The collaboration with partners of the health sector should be formalised.

9. Continuous Renewal

B: The medical school must as a dynamic institution initiate procedures for regular reviewing and updating of its structure and functions and must rectify documented deficiencies.

The Team are impressed by the developments that have taken place in NUIG over the last number of years and are particularly gratified to see that recommendations from the previous Medical Council visits have been implemented, such as a new curriculum, an emphasis on public, community and international health, and the development of professionalism and ethics modules. The Team believe that medical school at NUIG is committed to a process of continuous improvement and renewal as evidenced by externally chaired quality reviews of content, assessment, educational environment, and organisation which are critically examined and benchmarked to best external examples. The Team encourage the developments undertaken so far and look forward to monitoring developments in the future.

However, the Team noted in the submission that the School of Medicine Strategic Plan 2009-2013 which was provided by NUIG was still marked 'Draft' however, NUIG provided an operational strategic plan with progress updated in February 2011.

Q: The process of renewal should be based on prospective studies and analyses and should lead to the revisions of the policies and practices of the medical school in accordance with past experience, present activities and future perspectives.

End of report

APPENDICES

Comhairle na nDochtúirí Leighis
Medical Council

APPENDIX 1

AGENDA

ACCREDITATION VISIT TO NATIONAL UNIVERSITY OF IRELAND, GALWAY

DATE: MONDAY 7TH MARCH & TUESDAY 8TH MARCH 2011

VISITING TEAM

Dr Anna Clarke (Vice President and Chair of the Visiting Team)
Ms Anne Carrigy (Medical Council member)
Professor Anthony Cunningham (Medical Council member)
Professor Alan Johnson (External Assessor)
Associate Professor Geraldine MacCarrick(External Assessor)
Professor Hans Sjostrom (External Assessor)

Accompanied by
Dr Anne Keane (Head of Education and Training)
Ms Karen Willis (Senior Executive Officer, Education and Training)
Ms Aoife Fitzsimons (Clerical Officer, Education and Training)

NATIONAL UNIVERSITY OF IRELAND, GALWAY TEAM
To be confirmed

VENUES:
NATIONAL UNIVERSITY OF IRELAND, GALWAY (CLINICAL SCIENCES INSTITUTE)
UNIVERSITY COLLEGE HOSPITAL, GALWAY
MERLIN PARK UNIVERSITY HOSPITAL, GALWAY

DAY ONE - MONDAY 7TH MARCH 2011
NATIONAL UNIVERSITY OF IRELAND, GALWAY (CLINICAL SCIENCES INSTITUTE)
UNIVERSITY COLLEGE HOSPITAL, GALWAY

DAY TWO - TUESDAY 8TH MARCH 2011
NATIONAL UNIVERSITY OF IRELAND, GALWAY (CLINICAL SCIENCES INSTITUTE)
MERLIN PARK UNIVERSITY HOSPITAL

Comhairle na nDochtúirí Leighis
Medical Council

AGENDA

DAY ONE – MONDAY 7TH MARCH 2011

VENUE:

NATIONAL UNIVERSITY OF IRELAND, GALWAY (CLINICAL SCIENCES INSTITUTE)
UNIVERSITY COLLEGE HOSPITAL, GALWAY
Team to catch the 07.30 train from Dublin Heuston arriving Galway at 10.15 am

10.45 am Arrival of Team, with tea and coffee to be provided

11.30 – 1.00 Visiting Team to meet with members of **National University of Ireland, Galway** faculty for Plenary Session

The **Plenary Session** will include a formal presentation to the Council team. This will be followed by a **Question and Answer session**

The NUIG presentation should include:

- An overview of the delivery of the programme, including any changes since the Council's previous visit in 2007, to the structure and delivery of the curriculum
- Plans for the remainder of the 2010/11 academic year
- Plans for the 2011/12 academic year
- New / proposed appointments
- Student and staff feedback on the programme
- A statement on student assessment and on course evaluation processes.

1.00 - 1.30 View of the facilities and clinical skills laboratory at the Clinical Sciences Institute

1.30 – 2.00 Light lunch to be provided for the Medical Council Team (in private)

2.00 – 3.15 Visiting Team to meet with first and second year students

3.15 pm
Visiting Team to transfer to the University College Hospital, Galway

3.15 – 4.15 Visiting Team to visit and to meet with management and the clinicians involved in education and training at **University College Hospital, Galway** and to review the facilities.

4.15 – 5.15 Visiting Team to meet with third year students and other students on placement in UCHG

Medical Council team also to sub-divide and meet with Interns and Intern Coordinators

Comhairle na nDochtúirí Leighis
Medical Council

AGENDA

DAY TWO – TUESDAY 8TH MARCH 2011

VENUE:

NATIONAL UNIVERSITY OF IRELAND, GALWAY (CLINICAL SCIENCES INSTITUTE)
MERLIN PARK UNIVERSITY HOSPITAL

8.30 – 9.00	Visiting Team to have private meeting with tea and coffee provided
9.00 - 10.00	Meeting between Medical Council team and NUIG representatives to follow up on any issues arising from the previous day
10.00 – 10.15	Tea and Coffee break
10.15 - 11.15	Meeting with fourth and fifth year medical students
11.30 – 12.45	Plenary session including lunch for Medical Council Team (in private)

12.45 pm
Visiting Team to transfer to the Merlin Park University Hospital, Galway
Arriving 1.15 pm

1.15 – 2.15	Visiting Team to visit and to meet with management and the clinicians involved in education and training at **Merlin Park University Hospital, Galway** and to review the facilities.
2.15 - 3.15	Medical Council team also to sub-divide and meet with students on placement in Merlin Park and Interns and Intern Coordinators
3.15 – 3.45	Meeting with Medical Council Assessment Team and NUIG Representatives to clarify / follow up on any outstanding issues, followed by departure of team at 3.45 pm.

APPENDIX 2

The NUIG staff who took part in the process is set out in a list provided by NUIG.

Completion of Questionnaire:

Professor Fidelma Dunne
Dr Gerard Flaherty
Dr Edina Moylett.
Proferssor Larry Egan
Professor John Laffey
Dr Diarmuid O Donovan
Professor Peter Cantillon
Mr Declan Ashe
MS Therese Dixon

Attendance at opening meeting

All Heads of Disciplines
All Clinical Tutors
Discipline Administrative staff
Professor Nollag McChonghail, Registrar

Attendance of Clinical / Honorary Staff (UCHG)

Dr A O Regan
Dr Faizal Sharif
Dr Valerie Byrns]Dr Marcia Bell
Dr Tom Walsh
Professor Eamon Mulkerrins
Mr James Keane (Medical Manpower Manager)

Attendance of Clinical / Honorary staff (MPH)

Dr S O Keeffe
Dr J Carey
Dr R Coughlan
Dr D Lappin
Mr M O Sullivan
Dr JJ Gilmartin
Mr W Curtin
Dr D Devitt (Intern Coordinator)