



**ACCREDITATION VISIT 8<sup>TH</sup> AND 9<sup>TH</sup> FEBRUARY 2010  
ROYAL COLLEGE OF SURGEONS IN IRELAND'S  
GRADUATE ENTRY PROGRAMME**

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**MEDICAL COUNCIL MONITORING TEAM**

**Dr Anna Clarke (Chair of the Team)**

**Professor Hans Sjöström (Extern)**

**Ms Anne Carrigy (Medical Council Member)**

**Accompanied by Dr Anne Keane (Head of Education and Training)**

**Ms Karen Willis (Senior Executive Officer, Education and Training)**

**Mr Fergal McNally (Senior Executive Officer, Professional Competence)**

**A. CONCLUSION OF COUNCIL TEAM**

**THE TEAM'S MAIN RECOMMENDATION TO THE MEDICAL COUNCIL'S PROFESSIONAL DEVELOPMENT COMMITTEE IS THAT THE ROYAL COLLEGE OF SURGEONS IN IRELAND'S GRADUATE ENTRY PROGRAMME SHOULD BE UNCONDITIONALLY APPROVED. THE MEDICAL COUNCIL TEAM BELIEVES THAT THE GRADUATES OF THE ROYAL COLLEGE OF SURGEONS IN IRELAND GRADUATE ENTRY PROGRAMME WILL HAVE THE KNOWLEDGE, SKILLS AND ATTITUDES OF A "FIT FOR PURPOSE" JUNIOR DOCTOR, ELIGIBLE TO BE REGISTERED IN THE TRAINEE SPECIALIST DIVISION OF THE MEDICAL COUNCIL REGISTER.**

**THIS APPROVAL SHOULD BE FOR AN INITIAL PERIOD OF THREE YEARS, I.E. UNTIL THE CLASS OF 2013 HAVE GRADUATED, WITH PERIODIC MONITORING VISITS DURING THOSE THREE YEARS.**

## **B. BACKGROUND AND CONTEXT**

### **Previous provisional accreditation of the Royal College of Surgeons in Ireland Graduate Entry Programme (RCSI GEP)**

The Royal College of Surgeons in Ireland has established a four year graduate entry programme. It is at undergraduate (basic in WFME terminology) level with an exclusively graduate entry. It was the first new medical programme in Ireland for many years, and was the first graduate entry programme. A key feature of the programme is that there is a distinct GEP cohort for the first two years, and then students in year three of the GEP merge with students from year four of the other RCSI basic programme, to form one cohort.

The programme was initially provisionally accredited by the Medical Council following a visit in November 2005 and the programme admitted its first students in September 2006. The Medical Council revisited in March 2007. Issues raised by the Medical Council in the March 2007 visit included capacity for clinical placements, standards in some of the peripheral teaching hospitals, the academic/structural interface between the four and five year programmes and the potential for 'over-assessment'.

The Medical Council next visited on 16<sup>th</sup> April 2009 to monitor the progress of the provisionally accredited programme. That visit took place at a crucial time, as the initial GEP intake of students had 'merged' with year 4 of the 5/6 year programme. The focus of the visit was therefore on clinical training. A further clarification meeting took place in July 2009.

### **February 2010 accreditation visit**

The graduation of the first cohort of RCSI GEP students is due in summer 2010. The Medical Council's policy is that the accreditation of all new programmes is provisional until one full cycle of the programme has been completed (or is very near completion). The February 2010 evaluation of the RCSI GEP was therefore a significant event for the Medical Council, as well as for RCSI; it is the first time that Council has been in the position to fully accredit a provisionally accredited programme.

An accreditation visit by the Medical Council Team therefore took place on 8<sup>th</sup> and 9<sup>th</sup> February 2010, with the first day at Beaumont Hospital and the second at Waterford Regional Hospital.

The purpose of the visit was to review the four years of the GEP. An overview of the programme in its entirety and of the RCSI's plans for the future was obtained. The recommendation of the Team is based on the performance of the programme over the four years 2006–2010, and evidence of its longer-term sustainability. The information that the RCSI were asked to provide before the visit reflected this retrospective/prospective approach.

## **Standards and processes**

From 16th March 2009 (when Part 10 of the Medical Practitioners Act 2007 was commenced), Section 88(2) of the Act applies, with the provisions regarding Education and Training in the 1978 Act being repealed.

The Medical Council agreed, at their meeting of 19<sup>th</sup> January 2010, that the World Federation for Medical Education's Global Standards will continue to be used as the Medical Council's standards for the purposes of this RCSI accreditation and for any subsequent accreditation visits until such time as the new standards, criteria and guidelines have been finalised.

These WFME standards have been used for all accreditations in the period 2005-2009, so this is a consistent approach. All members of the Medical Council visiting team were previously provided with a copy of the WFME European Specifications – these are also available on <http://www3.sund.ku.dk/>.

## **Continuity and Changes**

The main features of the Medical Council's accreditation process, as explained in the guidelines for assessors and in the guidelines for medical schools, are being maintained; they are consistent with best practice as set out in the World Federation for Medical Education's *Guidelines for Accreditation of Basic Medical Education*.

However, two requirements of the MPA 2007 impacted on the RCSI February 2010 visit. The first is that Council is required to consult with the Minister of Education and Science before making its decision. The second is the requirement to publish "details" of all inspections carried out. These reports by the Medical Council have previously been shared only with the Medical School concerned, but now an Executive Summary of the final full report will be placed on the Medical Council website.

## **The Team**

The Medical Council Team is listed on the title page of this report. Special mention must be made of external assessor Professor Hans Sjöström (Denmark), who has extensive experience of working with the World Federation of Medical Education (WFME). He brought additional expertise in quality assurance of medical education and an international perspective to the accreditation process, and the Medical Council appreciates his contribution.

The Medical Council thanks the Royal College of Surgeons in Ireland's Team, led by Professor Alan Johnson, Director of the Graduate Entry Programme, for their co-operation and hospitality. The Team appreciated that a large number of academic and administrative staff who took time out of busy schedules to participate in the process. In addition, the Medical Council wishes to thank the students in Beaumont and in Waterford who met the Team, and whose feedback is most helpful in informing the views of the Team.

## **Documentation**

Prior to the visit, the Team reviewed the Royal College of Surgeons in Ireland's completed questionnaire 'Royal College of Surgeons in Ireland Graduate Entry Programme 2006-2010: Submission to the Irish Medical Council, January 2010' (Appendix 3).

## **Schedule**

The accreditation visit on 8<sup>th</sup> February 2010 at *Beaumont Hospital* began with a presentation by Professor Alan Johnson and Dr Richard Arnett, Programme Manager. The Medical Council Team met representatives of the University for an in-depth discussion regarding the programme. Private sessions were held with students in year one, year two, year three and year four of the programme.

The relatively small number of staff who met the Team at Beaumont hospital was somewhat disappointing, and was in contrast to the meeting with staff in Waterford Regional Hospital, which was very well attended.

The accreditation visit on 9<sup>th</sup> February 2010 at *Waterford Regional Hospital* began with a presentation by Professor Fred Jackson. The Medical Council Team met representatives of the University and of Waterford Regional Hospital staff for an in-depth discussion regarding the programme. Private sessions were held with students in year three and year four of the programme.

The agenda for the visit is attached as Appendix 1. The RCSI staff who took part in the process is listed in Appendix 2.

## **The Report**

This report concentrates on the main issues arising regarding the design and delivery of the programme over the period 2006-2010, and on the views of students, particularly those coming to the end of the programme. It does not repeat information that can be found in previous reports or in the RCSI submission included in the Appendices. It highlights recommendations, commendations, and requests for additional information.

## **C. SUMMARY AND MAJOR RECOMMENDATIONS**

### **Conclusion and main recommendation of Council Team**

As stated, the Team's recommendation to the Medical Council Professional Development Committee is that the programme should be unconditionally approved. The Medical Council Team believes that the graduates of the Royal College of Surgeons in Ireland Graduate Entry Programme will have the knowledge, skills and attitudes of a "fit for purpose" junior doctor, eligible to be registered in the Trainee Specialist Division of the Medical Council register. This approval should be for an initial period of three years, i.e. until the class of 2013 have graduated, with periodic monitoring visits during those three years.

This recommendation is based on the Team's finding that the programme is well-designed and effectively delivered to an impressive cohort of students who are generally very positive about their RCSI GEP 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 the RCSI is commended are also highlighted. A number of requests for further information are included.

The question was asked at an earlier stage of the programme, and was answered in the affirmative, but the Team will seek confirmation that the programme continues to comply with relevant EU Directives.

### **Other major recommendations by the Medical Council Team**

The RCSI should monitor student numbers to ensure that they are commensurate with the available clinical training opportunities. The capacity of clinical training sites, particularly the issue of pressure in the major Dublin teaching hospitals, should be carefully monitored by the Medical Council.

The RCSI should review the possibility of placing more students in Waterford Regional Hospital and in other suitable peripheral sites.

The RCSI should maximise use of community and primary-based facilities.

The RCSI should give consideration to consolidating some of the placements to produce longer rotations.

The RCSI should give consideration to greater use of video-linking some of the lectures to peripheral sites.

The RCSI should ensure that all objectives are presented in a consistent way, making it clear that the programme is integrated (not two years of theory and two clinical years).

The RCSI should continuously review the admission policy based on societal and professional data, to comply with the social responsibilities of the institution and the health needs of the community and society and also to look at the relationship between selection, the educational programme and the desired qualities of graduates.

The RCSI should review aspects of the Medical Graduate Profile in light of the Team's and the students' comments below.

The RCSI should review the curriculum in light of the Team's and the students' comments below, including electives, teaching methods in the General Practice module, research, sequencing of Early Pharmacology/Physiology/Pathology and Embryology.

The Team requests some clarification about the use of the E-Portfolio, as outlined in paragraph below.

The Team request access to an analysis of the final year GEP examination results when these are available.

The Team recommends that physical facilities and curriculum delivery on other clinical training sites (e.g. Cavan and Drogheda) must be evaluated on future monitoring visits by the Medical Council.

The Team recommend that tracking of GEP students' performance in the interests of quality assurance of the programme.

#### **D. MAIN BODY OF REPORT**

Where no comments are made, the Team has nothing to add to the information provided by RCSI, and finds the standard satisfactory.

##### **1) Entry to the programme 2006-2010**

###### **a) *GEP selection/admissions process 2006-2010***

RCSI are satisfied with GAMSAT as an evaluating tool and believe that it appears to be a good predictor of performance.

The RCSI would like the Medical Council to advocate recognition of higher qualifications and 2.2 honours degrees (the current requirement being at least a 2.1) as criteria for admission to graduate entry programmes, thereby allowing eligibility to a greater number and diversity of students. The Team reserves comment on this suggestion.

The School is encouraged to continuously review the admission policy based on societal and professional data, to comply with the social responsibilities of the institution and the health needs of the community and society and also to look at the relationship between selection, the educational programme and the desired qualities of graduates.

###### **b) *The academic background of GEP students 2006-2010***

The evidence does not suggest any adverse correlation between non-scientific as opposed to scientific background. The students felt that whilst the non-science graduates may have taken a term or two to catch upon the science elements of the programme, the difference had soon disappeared. The evidence supports the view that an arts/ social sciences or humanities background does not result in poorer outcomes.

###### **c) *GEP numbers 2006-2010***

The RCSI should monitor numbers to ensure that they are commensurate with the available clinical training opportunities. The capacity of clinical training sites should be

carefully monitored by visiting teams. The possibility for RCSI to expand rotations outside Dublin is dealt with below.

## 2) Educational Programme 2006-2010

### a) *Curriculum structure and content 2006-2010*

A breakdown is given in Appendix 3. Overall the curriculum is appropriate and is effectively delivered. Students take responsibility for their learning process, and appear to be prepared for life-long learning.

A number of specific issues are highlighted in the following.

#### ***The Medical Graduate Profile***

Its development has included consultation with a wide range of stakeholders, and is overseen by the Curriculum Outcomes Working Group.

The Medical Graduate Profile includes knowledge and understanding of the basic, clinical, behavioural and social sciences, including public health and population medicine, medical ethics, clinical skills, ability for life-long learning and professional development. The outcomes take account of current European developments in defining learning outcomes.

It is noteworthy, however, that out of about 80 level 3 objectives, only two are related to attitudes, and this should be reviewed by RCSI.

The outcomes of the Molecular Medicine Module have been seen. There appears to be an overlap between level three of the Medical Graduate Profile and the modular outcomes, and this should be considered during the on-going review work.

The formulation of outcomes (including activity outcomes) for the clinical years in Moodle varies and is not always written in the same style as in the collected module outcomes. This makes the evaluation of the outcomes of the two clinical years somewhat difficult. The Team recommends that the RCSI should consider having all objectives presented in a consistent way, thereby underlining that the GEP is an integrated programme.

The required ability to perform clinical procedures is defined in the Medical Graduate Profile under 3.2.1 and for the majority included in the electronic log-book. It may be of interest to define which modules are responsible for training and certification.

The students are satisfied with the presentation of the curriculum and outcomes. The Team were advised that a yearly review of the MGP takes place and commends this.

The Team supports that measures of and information about the competencies of the graduates is used as feedback to programme development.

The Team commends the work RCSI have done on this MGP.

#### ***Communication skills***

Students identified that they had received effective training in communication skills, in both a "stand alone" way and integrated into other modules. This included role play with actors, which they found beneficial. The clinical exposure they had gained underlined to them the importance of communication as an intrinsic skill for them in their careers. They understood the benefit of interfacing with real patients as part of improving their skills. They appeared aware that one of the causes in adverse incidents in the system can

commonly be lack of communication or poor inter-personal skills, and the Team stressed this to the students.

### ***Ethics and patient safety***

These subjects form a relatively large part of the Medical Graduate Profile and RCSI is commended for this. There is sufficient behavioural science, social sciences, medical ethics and medical jurisprudence to enable effective communication, clinical decision making and ethical practices.

The students reported that knowledge of ethical issues is reinforced during clinical exposure.

### ***Social and behavioural sciences***

Health Behaviour and Society (HBS) modules were discussed and the Team noted that changes have been made to these modules and the students supported the decision to modify the element and deliver it over a shorter period of time. The content and assessment of the new module (increased amount of project work and continuous assessment) seem promising.

### ***Electives***

There is no mandatory elective, and the School should consider including such an activity in the formal curriculum, in line with many other modern medical curricula.

### ***The balance of teaching methods***

This was generally appropriate. The students were highly complementary of the GP module but suggested that the introductory lectures could be given over a shorter timeframe and include the clinical component.

### ***Research***

The Team's view is that the curriculum reflects the interaction between research and education, including *via* the RCSI Research Institute specialising in Translational Medical Research, linking clinicians with scientists.

However, opportunities for the students to participate in research appear to be somewhat limited. In fact, students during the first two years of the programme are advised not to undertake additional activities such as research. While it is appreciated that the programme is intensive, and that students are already graduates, students should have every opportunity to develop research skills.

### ***Basic biomedical sciences***

There is integration between basic and clinical sciences in the curriculum and apparently a sufficient amount.

It is attempted, e.g. by clinical cases with relevant examples of the basic sciences, to include basic sciences in years three and four, a process that is commended and encouraged by the Team.

### ***Pharmacology/Physiology/Pathology***

The issues with pharmacology which were highlighted in previous reports appear to have been resolved, with a number of students saying that the objectives and learning outcomes of the lectures became clearer to them as the course progressed. There appears to be a problem in relation to the timing of the early pharmacology, and the School might give this some attention and also the sequencing in teaching in physiology and pathology.

### ***Dermatology, Oto-rhino-laryngology, Ophthalmology***

Dermatology seems to have a minor position and is not defined as a separate discipline. It is not quite clear how the curriculum in oto-rhino-laryngology is delivered. Ophthalmology is given as an e-learning course in year 3 and a one week practical course in year 4. Attention should be given to ascertain that the students are given time enough to obtain the relevant outcomes in these minor disciplines.

### ***Embryology***

Students suggested consolidation into one module online or perhaps covered in one or two lectures.

### ***Anatomy***

This was unanimously regarded by the students as being of excellent quality.

### ***Tropical Medicine***

This module was praised by the students.

### ***Histology***

Students, while they found the on-line module to be of value, would have liked a didactic introductory session at the start, to explain basic terminology.

### ***ECTS and exchanges***

The Team requests further information regarding formal exchange opportunities for students and on the formal policy for the transfer of educational credits under the European Credit Transfer System (ECTS).

### ***Multi-disciplinary teaching and learning***

The students were familiar with the concept of the multi-disciplinary team, and when on placement felt included as part of that team. The Team commend the opportunities and recommend that every opportunity be taken to reinforce multi-professionalism.

### ***Community contact***

The Team were advised that community contact is undertaken by pairs of students. They spend three weeks also on individual basis with GPs, including home visits, history taking etc and the students must produce and present a portfolio.

## ***b) Curriculum delivery (i): Teaching and learning on campus 2006-2010***

The campus facilities for the first two years, at Reservoir House in Sandyford and Connolly Hospital in Blanchardstown, have previously been inspected and are considered to be of high quality. The Team is also familiar and satisfied with the Dublin City Centre facilities.

## ***Curriculum delivery (ii): Teaching and Learning on clinical sites 2006-2010,***

The clinical skills patient training is structured according to the stage of the programme with training in Clinical skills laboratories in Beaumont (year 1) and Connolly (year 2) and, later, Essentials of Clinical Practice and sub-internships. The clinical training is organised using a mix of clinical settings and rotations throughout the main disciplines.

Some feedback seemed to suggest that there was a certain degree of 'student fatigue' in the Dublin hospitals with too many students trying to access too few patients. It is recommended that the RCSI monitor this in future, as capacity during clinical training has previously been flagged by the Medical Council as being of concern.

It was generally believed by the students that those who went to peripheral hospitals did receive a better experience and a wider exposure to a larger case mix, with more individual teaching in place. Students in Waterford praised the optimal 1:1 consultant to student ratio and sufficient number of patients. There seems to be possibilities for an increased student intake at least in certain disciplines in Waterford. Given the positive outcome of the Waterford Regional Hospital visit, the Team recommend that the RCSI should review whether it might be possible to place more students there.

Consideration should be given to consolidating some of the placements as it seemed that some of the students were spending "a week here and a week there" in the peripheral sites. It might be worth giving consideration to a two week placement in one peripheral site.

RCSI should consider whether tutorials could be given on the peripheral hospitals to a larger degree, and consider greater use of video-linking some of the lectures. This would facilitate students in placements outside Dublin and, more importantly, avoid travel time which can shorten what is in some cases already a short rotation.

RCSI should maximise use of community and primary-based facilities.

### **3) Assessment 2006-2010**

The students felt that there is a good balance between formative and summative assessments, and did not complain of over-assessment.

The E-Portfolio is intended to be a powerful tool, a means of recording and maintaining data; if the outcomes were not met then it is flagged in the E-Portfolio. The Team were informed by RCSI that the E-Portfolio was a means of maintaining a log on the activities and cases that each student has been exposed to. However, some of the students did not appear to share the vision of the RCSI and did not appear to be completing the E-portfolio to the extent that was expected. The Team request clarification on this.

The Team were told that it is mandatory to upload one case a week including principally the patient history, physical examination, a summary of the clinical course, differential diagnosis/management, a component of personal reflection and documentation of clinical skills used. A paper version of a log-book in psychiatry was demonstrated during the meeting, and it was reported that clinical log-books in the future would be integrated into the E-Portfolio. The Team needs clarification on how this log-book works and especially about how the different competencies are certified and/or being a part of the in-course assessment.

From the material presented to the team it is the impression that the assessments are compatible with the specified outcomes. It will however be of interest to follow the year 4 final examinations.

#### ***Student progression 2006-2010 and Final Examinations 2010***

The Team did not identify any issues with the attrition rate. The Team request access to an analysis of the final year examination results when these are available.

#### 4) Students 2006-2010

##### ***Academic and pastoral support***

The programme for student support, including counselling, appears to be satisfactory. The induction to Ireland programme for non-EU students, and their adaptation to European conditions, seemed to work well.

Students with any academic difficulties, as reflected during monthly on-line assessments, are interviewed and advised accordingly. There is also a mid-year feed-back via interviews with GEP staff.

The students reported a very helpful environment both with respect to student/teacher and student/student interaction, and were positive about the programme and School's academic and administrative leadership. The students feel they are well supported by staff and tutors, and have assistance available to them in the event that they run into difficulties of any kind.

The RCSI are aware of the potential implications for mature students of family commitments.

Effective student support is particularly important on peripheral sites and Ms Carmel Ryan, RCSI Undergraduate Student Administrator, was particularly praised by the students for her work on the Waterford Regional Hospital site.

#### 5) Staffing 2006-2010

##### ***a) Staff resources for GEP 2006-2010***

The School has a recruitment policy which is competence-based to ensure that all staff possess the appropriate skill, knowledge and attributes in addition to the relevant qualifications and experience. Further information on the balance between medical and non-medical staff, and between full-time and part-time staff would be helpful.

##### ***b) Senior appointments for GEP 2006-2010***

This is difficult to evaluate accurately, but the team did not identify any problems due to inadequate staff resources.

##### ***c) Contractual arrangements for clinical teaching***

There are contractual arrangements in place with long-established teaching hospitals.

It may (because of national policy which is not within the control of the RCSI) be difficult for RCSI to sign new contracts, but even in these cases, there can still be discussion and information exchange. The dissemination of information to the different hospitals on the structure of the curriculum, instructional methods and assessment is essential, particularly at sites which may be relatively new to teaching undergraduates. It is important that there is common understanding and expectation by students, the School and teachers, particularly those in peripheral hospitals.

**d) Staff development**

Teacher training and development, and teacher appraisal, are well-established, and staff on the peripheral sites are also able to avail of these opportunities.

The School has a promotion policy which recognises excellence in teaching and innovation, as well as research, and this is necessary and commendable.

**6) Physical Resources 2006-2010**

**a) Campus**

The physical facilities of Beaumont Hospital and Connolly Hospital are generally impressive, as are those of Waterford Regional Hospital. The Team saw the RCSI / HSE Education Centre at WRH, where a skills laboratory is under construction. The Centre is a commendable collaboration between the HSE and the RCSI.

The Team recommends that physical facilities on other sites should be evaluated on monitoring visits, and it is recommended that this include Cavan and Drogheda.

The year 3 and 4 students were satisfied with the facilities in Dublin and Waterford.

Several projects planned for improvement of facilities are in hand.

**b) Clinical resources**

The Team's view is that the educational resources are reasonably distributed in relation to the educational needs (there is no separate budget for GEP students in the senior cycle).

Despite the pressure on Dublin facilities, the Team find that students have sufficient access to patients and opportunity to acquire sufficient clinical knowledge and skills to assume appropriate clinical responsibility upon graduation.

However the team would like information on how the log-books are analysed with regard to an appropriate patient-mix and what steps are taken if this is sub-optimal.

**c) Simulation / clinical skills laboratories**

The Team was impressed by the high-fidelity METI simulator at Beaumont Hospital, and facilities are generally appropriate.

**d) IT and libraries**

The students have access to appropriate effective information and communication technology and RCSI enable teachers and students to use the technology.

## **7) Evaluation and Renewal 2006-2010**

The School has a detailed Evaluation Strategy comprising a set of quality assessment/quality improvement (QA/QI) protocols to enable programme evaluation. There is use of internal and external evaluation and feedback to enhance development and/or address problems.

Gathering, analysing and responding to teacher and student feedback is included in the QA/QI protocols. Teachers and students are actively involved in programme evaluation and in using its results for programme development. The anonymous feedback survey, conducted on a biannual basis, appears to have attracted a 70-80% response rate, with staff and students both saying that it gave an insight into any issues that may have arisen during the year. All students were encouraged to participate in it and the majority did so.

Relevant statistical information provides information on student performance and as mentioned, the Team would welcome sight of this analysis in due course.

The Team recommend that tracking of GEP students should be undertaken by the RCSI as this will facilitate QA / QI. It is appreciated that the two streams of students merge into one cohort at the start of the GEP's third year and the other programme's fourth year. However, it is important for RCSI to have the means to identify any significant pattern in GEP students' performance in year three or year four that could indicate the need for changes to the design and / or delivery of the first two years of the GEP programme.

The Team are aware that some time ago an evaluation of the programme was undertaken by an eminent external Team. If this process is to be repeated – and it would be helpful to do so now that the first cohort is about to graduate – the Team would welcome sight of this analysis in due course.

## **8) Mission accomplished 2010?**

### ***a) Achievement of the planned / anticipated outcomes of the GEP***

The GEP students appear to achieve an appropriate level of knowledge, skills and attitudes in the (nearly) four years of the programme undertaken so far. This is a key finding which is central to the approval of the GEP programme.

### ***b) Any discernable difference between the school-leaver and GEP cohorts***

No adverse correlation is evident. Anecdotal evidence from staff was that the GEP students were particularly highly motivated. While the final examination results are not available, the evidence thus far is that the GEP students are performing at (at least) the same level as those who have undertaken the Medical Council accredited five year programme.

### ***c) Are graduates prepared to be doctors?***

The Team is satisfied that the GEP programme reaches the standard necessary to producing competent graduates.

The competencies to be acquired by graduation seem to be reasonable in relation to that expected in intern and further postgraduate training.

**d) *Transition to the intern year***

The Sub-Internship (SI) training provided by RCSI appears to be a valuable mechanism for preparing the GEP students for transition to the Intern Year. Students have gained experience in history taking, physical examinations, ward-rounds, management of patients and reporting to NCHDs. Sub-interns are also asked to bring cases for case-based discussions.

The students were very much in favour of the system and praised the preparation it provided. They felt they had gained substantial practical information and clinical experience which they felt would be of significant benefit to them. The Team commends the SI element of the programme.

The students also commented positively upon the Essentials of Clinical Practice part of the programme which precedes the Sub-Internship.

*End of main body of report*

*Appendices follow*

# APPENDICES

# APPENDIX 1



Comhairle na nDochtúirí Leighis  
Medical Council

## AGENDA

### ACCREDITATION VISIT TO ROYAL COLLEGE OF SURGEONS IN IRELAND GRADUATE ENTRY PROGRAMME

**DATE: 8<sup>TH</sup> & 9<sup>TH</sup> FEBRUARY 2010**

**VENUE: DAY ONE AT BEAUMONT HOSPITAL  
DAY TWO AT CLINICAL TRAINING SITE**

#### **DAY ONE – 8<sup>th</sup> FEBRUARY 2010 - BEAUMONT HOSPITAL**

- 08:00 – 09:00 Private meeting of Medical Council Team
- 09:00 – 10:45 Meeting between Medical Council team and RCSI representatives; including academic staff, senior administrative staff and staff from main teaching hospitals, to discuss four years of the GEP
- 10:45 – 11:45 Visit to education and training facilities
- 11:45 – 1:15 Meeting with 3<sup>rd</sup> and 4<sup>th</sup> year students including tea and coffee
- 1:15 – 2:00 Light Lunch to be provided for Team (in private)
- 2:00 – 3:30 Meeting with 1<sup>st</sup> and 2<sup>nd</sup> year students
- 3:30 – 4:15 Meeting between Medical Council team and RCSI representatives, which may include any issues arising from meeting between Medical Council team and students, to discuss four years of the GEP
- 4:15 – 4:45 Private meeting of Team to formulate recommendations including tea and coffee break (in private)
- 4:45 pm End of visit and departure of team



**Comhairle na nDochtúirí Leighis  
Medical Council**

## **AGENDA**

### **ACCREDITATION VISIT TO ROYAL COLLEGE OF SURGEONS IN IRELAND GRADUATE ENTRY PROGRAMME**

**DATE: 8<sup>TH</sup> & 9<sup>TH</sup> FEBRUARY 2010  
VENUE: DAY ONE AT MEDICAL SCHOOL CAMPUS  
DAY TWO AT CLINICAL TRAINING SITE**

### **DAY TWO - 9<sup>TH</sup> FEBRUARY 2010 – WATERFORD REGIONAL HOSPITAL**

- 08:15 – 09:00 Private meeting of Medical Council Team
- 9:00 – 10:45 Meeting between Medical Council team and RCSI representatives and Staff involved in teaching and learning
- 10:45 – 11:00 Tea and coffee break
- 11:00 – 12:00 Visit of the Clinical Training Site, including student facilities and library facilities
- 12:00 – 1:30 Meeting with students based in the clinical training site
- 1:30 pm Light Lunch to be provided for Team (in private) followed by end of visit and departure of team

## APPENDIX 2

### ROYAL COLLEGE OF SURGEONS IN IRELAND TEAM

#### (LIST PROVIDED BY RCSI)

#### **Beaumont Hospital – 8<sup>th</sup> February 2010**

Prof. A. Johnson	Director of the Graduate Entry Programme
Dr. R. Arnett	Programme Manager
Ms. D. O'Mara	Curriculum and Education Officer
Prof. H. McGee	Dean
Prof. S. Sreenan	Intermediate Cycle Director
Prof. G. McElvaney	Medicine
Prof. T. Fahey	GP
Prof. A. Hill	Surgery
Prof. D. Cotter	Psychiatry
Dr. C. Condrón	Clinical Teaching Administrator
Ms. E. Doyle	Student Welfare Officer

#### **Waterford –**

#### **Waterford Regional Hospital – 9<sup>th</sup> February 2010**

Prof. A. Johnson	Director of the Graduate Entry Programme
Dr. R. Arnett	Programme Manager
Ms. D. O'Mara	Curriculum and Education Officer
Prof. F. Jackson	Clinical Dean
Dr. R. Mulcahy	Medicine
Mr. S. Cross	Surgery
Ms. P. Sullivan	Hospital Manager
Dr. D. Sloan	Psychiatry
Dr. R. Landers	Clinical Director
Dr. J. Stokes	Ophthalmology
Dr. M. Donnolly	ENT
Dr L. McConway	A&E
Dr. P. McMahan	Paediatrics
Dr. J. Bermingham	O&G
Dr. I. Kelly	Radiology
Dr. M. O'Connor	Oncology
Dr. B. McCann	Emergency Medicine
Dr. B. O'Brien	Anaesthesia

## **APPENDIX 3**

## Comparison of final exam results for RCSI undergraduate and graduate entry students, May 2010.

Figure 1 shows the final total score distribution (/800) for RCSI undergraduate (UGP) and graduate entry (GEP) students in 2010. Figure 2 shows the distribution and percentage composition of grade classifications. All GEP students passed the final exams with nearly 80% of them achieving 1<sup>st</sup> or 2<sup>nd</sup> class honours. There was evidence to suggest that the GEP class as a whole scored more highly than the UGP class ( $p < 0.001$ ,  $t = -6.41$ ,  $df = 113.78$ ).

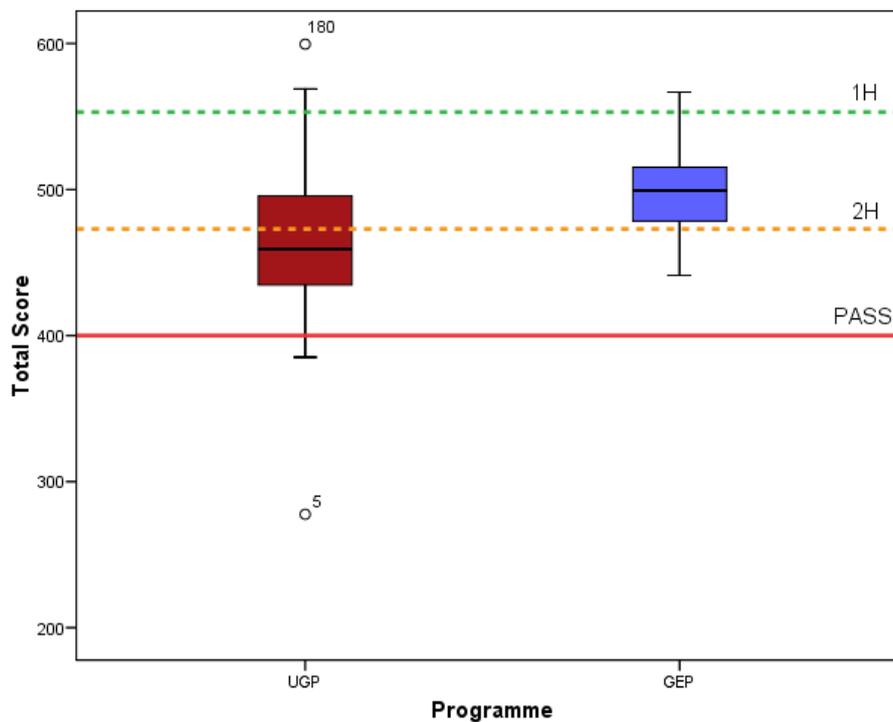


Figure 1: Final exam score distribution of undergraduate and graduate entry students, May 2010.

Table 1: Count & percentage composition of grade classifications for undergraduate and graduate entry students, May 2010.

Grade Classification	Programme				Total	
	UGP		GEP			
	Count	%	Count	%	Count	%
1H	5	2.58	2	4.08	7	2.88
2H	69	35.57	37	75.51	106	43.62
Pass	106	54.64	10	20.41	116	47.74
Fail	14	7.22	0	0	14	5.76
<b>Total</b>	194	100	49	100	243	100