



**Comhairle na nDochtúirí Leighis
Medical Council**

**FINAL REPORT ON ACCREDITATION VISIT
ROYAL COLLEGE OF SURGEONS IN IRELAND
DIRECT ENTRY PROGRAMME**

9TH, 10TH AND 11TH NOVEMBER 2011

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MEDICAL COUNCIL ACCREDITATION TEAM

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Dr John O'Mullane

Ms Margaret Murphy

Professor Hans Sjostrom *

Professor Tony Weetman (for 9th & 10th November only) *

Professor David Barlow *

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** External Assessor*

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.

FOLLOWING CONSIDERATION OF THE TEAM'S REPORT AND RECOMMENDATIONS, THE PROFESSIONAL DEVELOPMENT COMMITTEE'S MAIN RECOMMENDATIONS TO THE MEDICAL COUNCIL ARE THAT:

- 1. The Royal College of Surgeons in Ireland's six year Medical Programme should be approved for a period of five years under the terms of Section 88(2)(a)(i)(I) of the Medical Practitioners Act 2007. This recommendation is made on the grounds that the programme 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.**

The PDC is satisfied that, while not a separate programme, and THEREFORE NOT BEING SEPARATELY ACCREDITED UNDER THE ACT, the five year programme as delivered by RCSI is satisfactory.

- 2. The Royal College of Surgeons in Ireland should be approved for a period of five years under Section 88(2)(a)(II) of the Medical Practitioners Act 2007 as the body which may deliver that the Basic programme. This recommendation is made on the grounds of the Royal College of Surgeons in Ireland'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 Royal College of Surgeons in Ireland delivers a six year direct entry programme leading to the award of an MB BCH BAO. It is at undergraduate (basic in World Federation for Medical Education terminology) level for school-leaver (direct) entry. Students may be exempt from the Foundation Year, ***based on prior academic performance.***

RCSI currently delivers a graduate entry medical programme of four years duration which leads to the award of the same degree.

A monitoring visit to the GEM programme is the subject of a brief separate report: this report focuses on the direct entry programme.

A Medical Council Accreditation Team undertook a monitoring visit on 9th - 11th November 2011. An Accreditation Team representing the Medical Council previously undertook a monitoring visit of the direct entry programme in March 2007 and a monitoring visit of the Graduate Entry to Medicine programme in January 2011. Its remit was to assess the programme and to formulate a recommendation on accreditation to the Medical Council's Professional Development Committee.

The Inspector of Anatomy appointed by the Medical Council undertook a visit under Section 106 of the Medical Practitioners Act 2007 on 10th November 2011 and a report on this visit will issue to the Medical School separately.

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 Tony Weetman, Professor David Barlow, and Mr Chris Morran. 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 Royal College of Surgeons in Ireland Team, led by Professor Hannah McGee, for their co-operation and hospitality. In addition, the Medical Council wishes to thank the students who met the Team during the visit, whose feedback is most helpful in formulating this Report.

3. Documentation

Prior to the visit, the Team reviewed *Accreditation of Existing Medical Programmes – WFME Questionnaire*, dated October 2011. This application 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 an RCSI presentation by Professor Hannah McGee; an in-depth discussion between the Medical Council Accreditation Team and representatives of the College; along with a private session with students representing all stages of the course. An inspection of the facilities was undertaken at Cavan General Hospital, Our Lady of Lourdes Hospital Drogheda, UPMC (University of Pittsburgh Medical Centre)

Beacon Hospital and Beaumont Hospital. The Team also visited Virginia Medical Centre, Co Cavan.

5. Appendices

The agenda for the visit is attached as **Appendix 1**. The RCSI staff who took part in the process is set out in a list provided by RCSI 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 RCSI'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 RCSI 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 RCSI is commended are also highlighted. It is apparent that RCSI 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 Royal College of Surgeons in Ireland's direct entry medical programme should be approved for a period of five years under Section 88(2)(a)(i)(I) of the Medical Practitioners Act 2007. This recommendation is made on the grounds 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.

The Team is satisfied that, while not a separate programme, and THEREFORE NOT BEING SEPARATELY ACCREDITED UNDER THE ACT, the five year programme as delivered by RCSI is satisfactory.

2. The Royal College of Surgeons in Ireland should be approved for a period of five years under Section 88 (2)(i)(II) of the Medical Practitioners Act 2007 as the body which may deliver that programme. This recommendation is made on the grounds of the Royal College of Surgeons in Ireland'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) Recommendations additional to the conclusion above:

Many of the following recommendations deal with areas where progress is already being made, and where the Team wishes to see momentum maintained.

RCSI should:

1. Review its foundation year, in the context of its relationship to the totality of the programme, to ensure coherence (the Team understands that this is underway). The relationship between Foundation Year and the later years of the programme, in particular whether the Foundation Year provides an effective platform for transition into the Junior Cycle 1, should be monitored both by RCSI and by Council.
2. Monitor capacity to ensure that numbers do not outstrip resources
3. Ensure a clear assessment strategy and disseminate awareness of it among students and staff
4. Do all it can to resolve the issue of the sub-standard facilities at Cavan General Hospital and in Our Lady's Hospital Drogheda, as the Team's recommendation is

that it is imperative that the plans for the Education Centre in Drogheda proceed as expeditiously as possible. This recommendation must be responded to.

5. Maximise opportunities for feedback *to* students (including to students who are performing well), and feedback *from* students, in terms of their achieving the defined learning outcomes
6. Maximise opportunities for staff on affiliate sites to be included in opportunities for staff development and RCSI honorary titles
7. Monitor the consistency of education and training taking place on the various affiliated sites, including the extent of formal teaching
8. Ensure effective communication, information exchange and IT links between the main campus, major teaching hospitals and affiliated sites
9. Ensure awareness of all relevant guidelines by students and, particularly, staff on affiliated sites and in general practices
10. Review library opening hours
11. Maximise opportunities for inter-professional / multi professional teaching
12. Ensure that students' experience at the UPMC (University of Pittsburgh Medical Centre) Beacon Hospital is slotted into the "pre and post Beacon" curriculum

3) The Team commends RCSI for:

- 1) The relevance of their Mission and Objectives
- 2) The engagement of staff with curriculum design and development
- 3) The Graduate profile and attention to learning outcomes
- 4) The Sub-Internship and its positive impact on preparedness of interns
- 5) The commitment of the RCSI staff
- 6) The emphasis on the humanities
- 7) The attention given to professionalism
- 8) The generally high level of awareness among students of the Medical Council 'Guidelines for Medical Schools on Ethical Standards and Behaviour appropriate for Medical Students'
- 9) The Virginia Medical Centre, Co Cavan, which was very impressive.

4) Further information/ clarification from RCSI:

The Team would welcome clarification as follows:

- 1) A breakdown of student numbers and performance (the Executive will clarify the details with RCSI in due course)

- 2) Further information on certain elements of the curriculum (including the role of electives, the role of simulated patients, medical ethics.
- 3) Clarity on the use of logbooks and portfolios
- 4) The clarification on the composition of the various sub-committees

The Team asked for, and received, access to the Ariadne and Moodle systems to evaluate them.

Recommended Further action

The Team suggests that ***the Medical Council:***

- 1) Consider the national issue of the potential for medical education as a career pathway for NCHDs
- 2) Ascertain whether all medical schools in Ireland charge students a fee for appealing their examination results

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 statement of Mission and Objectives as outlined in the Royal College of Surgeons in Ireland's noble purpose and medical graduate profile is clear. It is important that this is appropriately made known to the stakeholders.

*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).*

*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.*

Faculty/academic staff and the administration are fully engaged with curriculum design and development.

*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 commends the RCSI for their work in developing the educational outcomes, not least the coherent hierarchical structure with three levels in graduate profile, further defined by modular and activity outcomes. It is clear that this is an ongoing project and

RCSI is encouraged to continue this important work. Furthermore, RCSI should continue to ensure that these are easily available and clear to all staff and students, including those on affiliated sites. The Team looks forward to a harmonisation between the five domains of the Medical Graduate profile and the eight domains of the Medical Council's *Eight Domains of Good Professional Practice*.

The Team recommends that the outcomes – especially for clinical skills and practical procedures - are well matched to the outcomes expected during the internship year and later.

The Team recommends that the World Health Organisation's '*Patient Safety Curriculum Guide for Medical Schools*' should be incorporated into the educational outcomes for students.

Relevant national local guidelines, for example *Children First: National Guidance for the Protection and Welfare of Children* guidelines, should be similarly incorporated.

*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 curriculum delivery model is a hybrid comprising different instructional methods with clinical cases as examples in the basic science training. Some examples of integrating basic science into the clinical years were also given and this development is encouraged.

The Team received confirmation that both the five year and the six year programmes comply with EU Directive 2005/36/EC regarding 5,500 hours.

The Team are satisfied that the balance between the different methods of delivery is reasonable and varied.

*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.*

The Team request information on research and elective opportunities. The School may consider making a research project mandatory.

*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 commend the integration of biomedical skills throughout the programme, for example Biochemistry and Molecular Medicine.

The students particularly praised the anatomy teaching. It was noted that the outcome of the visit being undertaken by the Council's Inspector of Anatomy would be provided for RCSI in due course.

*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.*

From the outset of the programme, the students are taught about respect and appropriate behaviour and a code of conduct is signed. The Team welcome RCSI's teaching and learning in Professionalism and feel that it is well integrated into the programme.

The emphasis in the curriculum on Public Health should be reviewed to ensure that this key national issue has an appropriate profile in the programme. The Team recommend that public health should become more integrated as part of the RCSI programme, reflecting the increased focus at national level.

Communication skills are integrated into the programme. A Moodle-based Communication Skills Resource Centre is made available to all students.

The Team would like to commend the RCSI on having a Vice Dean on Professionalism.

The Team welcome the emphasis on the humanities which includes a Student Selected Component on medicine and literature and medicine in film; these opportunities appear to be popular with students. In addition, the Team commends students' involvement in volunteering in community-based projects related, for example, to intellectual disability and special needs.

*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.*

The Early Patient Contact has been moved to JC2. Students were generally keen for more early patient contact within the programme and RCSI should try and maximise this.

The Team were told that the one-week simulation course in third year is excellent but students would like greater access to clinical skills laboratories.

The Team particularly commend the Virginia Psychiatric Clinic, which gives ten students per rotation the opportunity to experience psychiatric patient care in the community.

The fact that there are physiotherapy and pharmacy students in RCSI should provide opportunities for multi-disciplinary learning. There are active programmes between SC2 and Pharmacy post-graduate students where they have online problem-based modules, informed by audit and literature reviews, especially on safe prescribing, and the Team welcomes this.

The Team urges that clashes between lectures and clinical learning opportunities - e.g. ward rounds - be minimised as there was some concern among students regarding scheduling conflicts.

The optimal use of log-books with defined and checked clinical skills and practical procedures should be ascertained.

It appeared to the Team that the curriculum was less well defined in surgery than in medicine.

*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.*

Some students do a five year programme which commences in Junior Cycle one; the opportunity for this is based on the academic subjects/grades achieved prior to admission. Other students are required to do the Foundation Year. Essentially there is one programme that is six years long; it is a question of whether a student commences their studies, in Foundation Year or in Junior Cycle 1. Generally, international students go into the six year programme and the Irish students go into the five year programme, Foundation year is taken by 180 students (155 of whom are on the medical programme).

The Team felt that there was potential for a lack of integration between the Foundation Year and the rest of the programme and recommend that the RCSI consider the nature of the Foundation Year programme and the relevance of that year in the totality of the programme.

Interdisciplinary learning is very much welcomed and encouraged by the Team.

There is an emphasis on team working, and there is a relevant reflective component.

The Team wish to commend the RCSI on the sub-Internship and safe prescribing elements of the programme.

It was noted that RCSI intends to undertake a curriculum review in the academic year 2012/13, and the Team welcomes this.

The students that the Team met during the visit would like additional careers guidance and information as it currently appears to be a little more focussed on the overseas students.

*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.*

The School does not have a distinct curriculum committee and may therefore consider how to give broader opportunities to stakeholders to influence the curriculum.

The Team wish to commend the RCSI on their initiative in sourcing additional capacity for students within the healthcare sector. The Team wish to commend the UPMC (University of Pittsburgh Medical Centre) Beacon Hospital on their facilities. The staff there were enthusiastic and very much welcomed the opportunity to teach students.

The Team note that in Drogheda, there is a favourable student to patient ratio in comparison to some other hospitals so there is a good opportunity to interact with patients. There is a video conference link to surgical and medical grand rounds in Beaumont. There are weekly tutorials and there is a lot of "hands on" consultant teaching also. The Team note that Drogheda scored the highest in student satisfaction of the peripheral hospitals last year for the paediatric rotations experience. However, the education facilities are poor as there is no **Education Centre in Drogheda, and the project should be completed as expeditiously as possible. The Medical Council recognises that this is a matter for the health service authorities as well as RCSI; nevertheless, the Team expect this issue to be responded to by RCSI as a matter of priority.**

Likewise in the UPMC (University of Pittsburgh Medical Centre) Beacon Hospital there are opportunities for patient interaction through bedside teaching, history taking and examining patients under supervision and there are similar advantages to smaller numbers of students on the site.

The Team wish to commend RCSI on the calibre of the students that they met in Cavan, who are a credit to themselves and to RCSI. The clinicians in Cavan appeared particularly pleased to have students in the hospital and welcomed the opportunity to teach. The North American students favourably compared the clinical skills element of the training in Cavan with that in their homelands.

The Team note that all of the students rotate through all the clinical training sites and **recommend that the RCSI strive, as much as possible, for consistency across the sites.**

*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 would stress the importance of obtaining information on course and student performance in the internship year.

*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 Team reviewed examination papers and noted the use of clinical vignettes and noted the examination questions were varied and in sufficient detail in breadth and depth.

The Team recommend that RCSI give consideration to the students request for greater preparation pre-MCQ examinations. Generally the students would welcome more information on the examination procedures.

The Team would welcome sight of the review and new procedures on the recheck and appeals process once it is finalised. Some students hesitated to complain especially over their clinical assessments.

*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 overall mission needs to be clarified, particularly to students.

The students had differing views on the use of logbooks and portfolios and the Team request clarity and consistency from RCSI in this regard.

The ongoing work on curricular mapping (the Ariadne database), which is an easily accessible way to demonstrate the relationship between intended outcomes, educational activities and assessment, is commended. It is noted that it is not yet finalised and the further work is encouraged.

*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 students on clinical sites

The Team met with a large number of final year direct entry and GEP students in Our Lady of Lourdes Hospital Drogheda, and Beaumont Hospital in Dublin; and met a small number of final year direct entry and GEP students at the UPMC (University of Pittsburgh Medical Centre) Beacon Hospital in Dublin.

In all cases where the Team met students, and in line with Medical Council policy, the students were assured of confidentiality and advised that nothing would be attributable to any one individual in the report.

• Our Lady of Lourdes Hospital

The students were generally very positive about their experience in the RCSI programme. They say that the RCSI integrate communication skills and the doctor-patient relationship into the programme from day one, particularly through the communications module 'Essentials of Clinical Practice'. They found this very valuable and would like even more of it in the Direct Entry programme. In the Graduate Entry Programme they have had patient contact from day one. The students feel they are becoming doctors and feel prepared for internship.

The students stated that they have generally had a positive experience at the peripherals, and their perception was that there is generally consistency of experience between Drogheda and other clinical training sites; although there was a body of opinion that it would be useful to have a set amount of tutorial blocks in different placements.

There appeared to be confusion on the students' part as to whether they have student mentors, possibly because they felt have had little or no need to contact them with any concerns. However, the Team feel that clarification in this area would be useful.

They will have final year mock examinations and they feel satisfied with this arrangement. Students feel the goals for final year are clear but are less clear for SC1. They generally get quite good one-on-one feedback especially in medicine.

They have good access to IT facilities although there is currently no Wi-Fi in the hospital.

• Beaumont Hospital Dublin

The students welcomed early clinical exposure and emphasis on clinical skills and some wanted more clinical exposure in the early years. They were aware of the Medical Council's *Eight Domains of Good Professional Practice* and felt that professionalism was embedded in the programme.

The students feel prepared for examinations and feel they know what is expected of them, even if some felt that there could be more information in advance of the examinations and that the feed-back after the examinations should be better.

The students feel that if they have problems - whether academic or personal - that they are supported and generally provided with any assistance that they need to try and resolve the issue(s).

They have a crisis management simulated environment with SimMan and an Advanced Trauma Life Support (ATLS) mannequin. The students would like open access to the

clinical skills laboratory facilities and more training on SimMan and they feel this could be more fully exploited.

The students that were met felt that in SC1, six week blocks were not long enough to cover both paediatrics and obstetrics and gynaecology.

In comparing experience on various sites, there was a consensus among students that in the peripheral hospitals, the experience could be quite variable. There appeared to be a lack of communication in a few cases where students arrived at hospitals which did not appear to be expecting them. There was some reluctance among students to give negative feedback, although the class representative system appears to work quite well and the faculty were seen as being very approachable.

Some students had undertaken the Foundation Year and felt it benefitted them when they entered SC1.

The class-rep system worked well but interestingly, it was reported that social media was frequently used if problems arose

- **UPMC (University of Pittsburgh Medical Centre) Beacon Hospital**

The students told the Team that they were enjoying the experience so far; they felt that staff were keen to teach them, and praised the tutorials. The students enjoyed the one to one sessions with the consultants, and their experience taking histories and examining patients. They felt they had good access to patients and ample opportunities to observe procedures although there was no log-book system.

The students reported of several occasions of good pastoral support from the School.

Meeting with Students at RCSI Foundation Year and First Year

Many students in the foundation year felt that the year was a good transition from secondary school and helps them to adjust to university and Ireland in general. There was some praise for the lectures, but also a body of student opinion that the quality was variable, and overly didactic, and they would have welcomed more emphasis on small group learning. They reported that tutors are diligent and committed.

There were diverging opinions on the curriculum of the Foundation Year; some students were not quite clear about the intended outcomes, others felt that the content of the year was relevant, but could be more challenging. They particularly enjoy the medical ethics components. Greater flexibility on whether to choose a five or six year programme was raised with the Team by some students.

Moodle was reported to be helpful.

The students would like more access to the laboratory time.

Opening hours of the library were found to be too limited.

The students are very complimentary about RCSI's capacity to change; they have a forum to give feedback and the students reported that feedback from other years is being taken on board by RCSI.

The students commended the extra-curricular societies.

There is a personal tutor who can refer students to counselling services which is paid for by RCSI.

Students reported that in some cases examination feedback is by request only and that there had been occasions where they had asked for feedback and had not received it.

They have received information on student conduct and behaviour and the students were asked about their feedback on the Medical Council 'Guidelines for Medical Schools on Ethical Standards and Behaviour appropriate for Medical Students', and invited to provide comments at a later date if they so wished.

The students praised anatomy teaching.

The issue of no-shows in the Foundation Year arose with some of the students and the Team recommend that this be monitored by RCSI.

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. The Council would like to commend the RCSI on their initiative on the Traveller Community Access Programme.

*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 projections provided by RCSI in their submission go up to the year 2015: the Team request clarification on longer-term projections, and emphasises the importance of sustainable capacity. It is also important **that overseas development does not negatively impact upon the programme as delivered in Ireland.** It will be of interest to follow the ratio of number of beds available in the major clinical disciplines to number of students.

*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 Team wish to commend the RCSI on the counselling and support services at Beaumont Hospital and the UPMC (University of Pittsburgh Medical Centre) Beacon

Hospital. However, **the Team recommend that RCSI ensure that support structures are also available to students on smaller affiliated training sites.**

The Team commend the UPMC (University of Pittsburgh Medical Centre) Beacon Hospital on their preparation of students, through the oncology nurse counsellor, for their experience on the dedicated oncology ward and dealing with palliative care patients.

The Team note that personal tutors are assigned in first year, and that RCSI have a new clinical welfare officer who is responsible for networking students with appropriate mentoring.

The RCSI are confident that students whose first language is not English cope well with the programme (where relevant, the IELTS requirement for admission is attainment of an overall grade of 6.5). There is additional support where required.

Support in health issues was particularly commended by the students.

Some students commented that they felt that there was a particular emphasis on career guidance for overseas students; it is important that Irish students do not feel disadvantaged in this respect.

*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.*

This is generally appropriate; RCSI should continue to encourage students to raise any concerns.

*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 Team recommend that RCSI guard against any potential negative impact upon the Irish based campus of any recruitment and redeployment of staff within the international context.

The Team recommend that the use of honorary clinical lectureships and titles be utilised as much as possible as an incentive for staff to become involved in clinical teaching, particularly in the peripheral hospitals.

*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 School is commended for emphasising teaching as well as research. It would be interesting to know more about the policy regarding balance of capacity for teaching, research and service functions.

*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.*

Cavan General Hospital evidently needs some investment, especially in the clinical skills laboratory and the Team's concern about the provision of an Education Centre in Drogheda has already been flagged.

The Team were informed that there appears to be an issue that the RCSI main campus library is not sound-proof, although there is a plan to refurbish the library as a result of the feedback from students. The opening hours of the library are also being reviewed.

*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.*

It is important that the School ensures that each individual student gets a sufficient mix of clinical placements and the School is commended for having a database of student rotations.

It was noted that the RCSI utilises the independent sector to a significant extent; the Team has no particular comments on this other than to reiterate that quality clinical placements are key, wherever sourced.

Simulation is an important part of medical education – SimMan is used to work through scenarios for assessment, early warning scores, appropriate action, assessed during this procedure and feedback given. This is used mostly in SC2. In the student selected component, there is a surgical simulated component and simulated patients form part of the communications component.

The 'Essentials of clinical practice' module prepares students for sub-internship and internship. There has been a cohort of actors working with RCSI for a number of years and they focus on challenging scenarios where the students prepare for practising as a doctor.

*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 School uses Moodle as a learning management system and is also developing a curriculum mapping database (Ariadne). It is strongly recommended that all teachers are aware of this and have the opportunity to use it

The Team recommend that all lectures should be uploaded to Moodle. The Team recommend that the librarians have full access to all the Moodle academic content.

*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 School is commended for providing several examples of the integration of research expertise into teaching work in a way that would improve the quality of teaching.

The Team welcome the initiative of the student selected research programme and the students were very complimentary about the opportunities provided to them.

The Team commend RCSI for their emphasis on research achievement and encourage RCSI to reward teaching achievement in the promotions process along with research attainment. Staff feel supported in their development within medical education and the Team commend RCSI in this regard.

It would be interesting to see a description of research facilities and areas of research priorities.

*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 wish to commend the RCSI on the evident educational expertise within the programme. The Team Observed Structured Clinical Encounters (TOSCEs) and the Team Objective Structured Bedside Assessments (TOSBAs) initiative is welcomed and encouraged.

*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.*

There are no formal arrangements for sabbaticals on the part of staff, although there are some exchange opportunities for staff in the RCSI campuses in Bahrain, Kuala Lumpur and Penang. For example, five of the junior cycle academic staff are in Kuala Lumpur,

which will give them additional exposure in different programmes and communities which can be brought back at a future date. The Team supports this.

Staff have funded opportunities to go to conferences on an annual basis.

*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.*

*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.*

The students are complimentary about the remediation that has been introduced for students in academic difficulty and the Team commend RCSI on this.

*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.*

As noted earlier, a breakdown of results would be appreciated.

As mentioned under 3.1 above, the Team would welcome sight of the review on the revised structure of the recheck and appeals process once it is finalised.

*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 Team encourages the development of lay emphasis in the corporate governance structures of the medical school, the involvement of patient advocacy groups in the development of the academic programme and the surveys of its alumni.

*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.*

It was noted that in the period since the Council's previous accreditation of the programme, it had achieved independent degree awarding status.

The clarification on the composition of the sub-committees would be welcomed by the Team.

*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.*

*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.*

*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.*

*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.*

There is a Memorandum of Understanding with the UPMC (University of Pittsburgh Medical Centre) Beacon Hospital but the Team would like clarification on whether there is such an arrangement with the general practice sector.

*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.*

*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



Comhairle na nDochtúirí Leighis Medical Council

APPENDIX 1

AGENDA

ACCREDITATION VISIT TO ROYAL COLLEGE OF SURGEONS IN IRELAND MEDICAL SCHOOL

DATE: 9TH, 10TH & 11TH NOVEMBER 2011

VISITING TEAM

Ms Katharine Bulbulia (Council Member & Chair)
Dr John O'Mullane (Council Member)
Ms Margaret Murphy (Council Member)
Professor Hans Sjostrom (External Assessor)
Professor Tony Weetman (External Assessor for 9th & 10th November only)
Professor David Barlow (External Assessor)
Mr Chris Morran (External Assessor)

EXECUTIVE

Dr Anne Keane (Head of Education & Training, Medical Council)
Ms Karen Willis (Senior Executive Officer, Medical Council)

VENUES:

BEAUMONT HOSPITAL
THE UPMC BEACON HOSPITAL
CAVAN GENERAL HOSPITAL
OUR LADY OF LOURDES DROGHEDA
RSCI, ST. STEPHEN'S GREEN



Comhairle na nDochtúirí Leighis Medical Council

AGENDA

DAY ONE – Wednesday 9TH November 2011

Beaumont Hospital Cavan General Hospital Our Lady of Lourdes Drogheda

8.00 am - 8.45 am Breakfast meeting of Medical Council Team - venue to be confirmed

(TEAM TO SPLIT, WITH TEAM A GOING TO CAVAN AND TEAM B GOING TO DROGHEDA - TRANSPORT ORGANISED BY THE MEDICAL COUNCIL)

Cavan General Hospital
Our Lady of Lourdes Drogheda

Both Teams depart Beaumont Hospital for Cavan General Hospital & Our Lady of Lourdes, Drogheda

- Agenda is the same for both venues
RCSI to confirm contact name and details at both venues

Upon arrival Private meeting of Medical Council Team including tea and coffee

11.30 am – 12.30 pm Meeting between Medical Council Team and clinicians involved in teaching and learning - this may include a 15 minute presentation giving an overview of teaching and learning at the site

12.30 pm – 1.15 pm Meeting with students based at Cavan General Hospital / Our Lady of Lourdes, Drogheda (cohort of students to be confirmed)

1.15 pm – 2.00 pm Private meeting of Team with light working lunch

2.00 pm – 2.45 pm Clinical training site inspection, including student facilities and library facilities

2.45 pm – 3.30 pm Meeting between Medical Council Team and hospital representatives, to include discussion of any issues arising

3.30 pm Team departs

Cavan General Hospital team to stop in the Virginia Clinic en route back to Dublin to meet with Dr Vincent Russell



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DAY TWO – Thursday 10TH November 2011 **Beaumont Hospital** **Beacon Clinic**

8.30 am – 9.00 am	Private meeting of Medical Council Team in Beaumont Hospital (RCSI Education and Research Centre, also known as the Smurfit Building)
9.00 am – 10.00 am	Meeting between Medical Council Team and clinicians involved in teaching and learning at Beaumont Hospital
10.00 am – 11.00 am	Meeting with students based at Beaumont Hospital (cohort of students to be confirmed)
11.00 am – 11.15 am	Private tea & coffee break for members of Team
11.15 am – 12.15 pm	Meeting between Medical Council Team and RCSI representatives, to include any issues arising
12.15 pm – 1.00 pm	Private meeting of Medical Council Team including light working lunch
1.00 pm	Prompt Departure for Beacon Clinic - taxis to be organised by RCSI
2.00 pm – 3.00 pm	Meeting between Medical Council Team and clinicians involved in teaching and learning at The Beacon Clinic - this may include a 15 minute presentation giving an overview of teaching and learning at the site
3.00 pm – 3.45 pm	Meeting with students
3.45 pm – 4.15 pm	Clinical training site inspection, including student facilities and library facilities
4.15 pm	Team departs - taxis to be organised by RCSI

Please note that on Day Two the Inspector of Anatomy appointed by the Medical Council will also be undertaking a visit - this is to take place during the afternoon session and is being arranged separately with the Medical School.



Comhairle na nDochtúirí Leighis Medical Council

AGENDA

ACCREDITATION VISIT TO ROYAL COLLEGE OF SURGEONS IN IRELAND MEDICAL SCHOOL

DAY Three – Friday 11TH November 2011

RCSI, 123 St. Stephen's Green (York Street entrance)

Room available from 8.30 am breakfast

- | | |
|---------------------|--|
| 9.00 am – 10.00 am | Private meeting of Medical Council Team |
| 10.00 am – 10.45 am | Meeting with Foundation Year and Junior Cycle students |
| 10.45 am – 11.00 am | Private tea & coffee break for members of Team (in private) |
| 11.00 am – 11.45 am | Meeting between Medical Council Team and RCSI representatives, to include discussion of any issues arising incl pre-clinical years staff |
| 11.45 am – 12.30 pm | Private meeting of Medical Council Team to formulate recommendations |
| 12.30pm -1.00 pm | Final meeting between Council Team and RCSI representatives |
| 1.00 pm | Team departs - taxis to be organised by RCSI |



APPENDIX 2

Appendix 2 **RCSI Representatives**

RCSI Faculty Executive

- Professor Hannah McGee, Dean
- Ms. Judith Gilroy, Associate Director for Academic Affairs
- Dr. Celine Marmion, Director of Foundation Year
- Professor Clive Lee, Director of Junior Cycle
- Professor Arnold Hill, Director of Intermediate Cycle
- Professor Gerry McElvaney, Director of Senior Cycle
- Professor Seamus Sreenan, Director of Graduate Entry Programme
- Dr. Orna Tighe, Vice Dean for Student Affairs
- Dr. Alice McGarvey, Vice Dean for Student Career Development
- Professor Tom Fahey, Vice Dean for Professionalism
- Ms. Denise O'Mara, Curriculum and Education Office
- Dr. Claire Condrón, Clinical Skills Co-ordinator

RCSI Clinical and Pre-Clinical Teaching Staff

- Professor Mary Leader
- Professor Hilary Humphreys
- Dr. Frances Meagher
- Prof. Richard Costello
- Dr. Muirne Spooner
- Ms. Meave Royston
- Dr. Marc Devocelle
- Dr. Kevin McGuigan
- Prof. John Waddington
- Dr. Maria Morgan
- Prof. Ruairi Brugha
- Dr. Jane Holland
- Prof. Fergal J. O'Brien
- Dr. Tom Farrell
- Prof. David Croke
- Mr. Alec Elliot
- Mr. Eric Clarke
- Prof. Niamh Moran
- Prof. Ronan Conroy
- Dr. Sarah O'Neill
- Dr. Jacqueline Daly
- Prof. Alice Staunton
- Prof. David Henshall

- Dr. Caroline Jefferies
- Dr. Gianpiero Cavalleri
- Prof. Jim Docherty
- Dr Imran Johan Meurling
- Dr Michelle Murray
- Dr Tidi Hassan
- Dr Kevin Molloy
- Dr Ann Igoe
- Dr Killian Hurley
- Dr Cora McGreevey
- Mr Syed Ali Naqi
- Mr Simon Rajendran
- Mr Clive Dunne
- Mr Paul Tibbits
- Mr Garrett Brady

UPMC Beacon Hospital Representatives

- Mr. Joel Yuhas, CEO
- Prof. Mark Redmond, Medical Director
- Dr. Jennifer Westrup, Chief of Oncology, Director Medical Education
- Mr. Adnan Hafeez, Consultant in General Surgery (Lecturer Surgical Rotation)
- Dr. Aaron Peace, Consultant in Cardiology, SHO Supervisor
- Dr. Kevin McDonald, Cardio-thoracic Registrar (Lecturer Surgical Rotation)
- Ms. Treasa Nolan, Programme Co-ordinator for Medical Education

Our Lady of Lourdes Hospital Drogheda Representatives

- Professor Peter Gillen, Consultant Surgeon & RCSI Professor of Surgery
- Dr. Doiminic O'Brannagain, Consultant Physician in Palliative Medicine, LM Clinical Director, Senior Lecturer in Medicine
- Mr. Conor Egleston, Emergency Medicine Consultant, Senior Lecturer in Surgery
- Dr. Brian Christopher, Medical Tutor
- Mr. Rish Seghal, Surgical Tutor
- Dr. Paula Connolly, Consultant Anaesthetist/Rotation Facilitator
- Dr. Maire Milner, Consultant in Obstetrics & Gynaecology, Senior Lecturer in Obs & Gynae
- Dr. Saeeda Wazir, Obs & Gynae Tutor
- Dr. Mark Dempsey, Obs & Gynae Tutor
- Dr. Sinead Harty, Consultant Paediatrician with a Special Interest in Community Child Health, Senior Lecturer in Paediatrics (presently on leave)
- Ms. Isobel Keeley, RCSI Professorial Unit, OLLHD
- Dr. Vincent Russell, Virginia Medical Centre

Cavan General Hospital Representatives

- Mr. S. Tariq Cheema, Consultant Surgeon
- Dr. James Hayes, Consultant Physician
- Mr. Richard Mascarenhas, Consultant Surgeon
- Mr. Emeka Nzewi, Consultant Surgeon
- Dr. Vincent Russell, Consultant Psychiatrist
- Dr. Syed Amir Anwar, Medical Tutor
- Ms. Dymphna Sheils, Librarian