Comhairle na nDochtúirí Leighis
Medical Council

REPORT ON ACCREDITATION VISIT
UNIVERSITY OF DUBLIN, TRINITY COLLEGE'S
UNDERGRADUATE MEDICAL PROGRAMME

23RD AND 24TH MARCH 2011

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

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

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

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

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

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

2. **THE UNIVERSITY OF DUBLIN, TRINITY COLLEGE SHOULD BE APPROVED UNDER SECTION 88(2)(a)(II) OF THE MEDICAL PRACTITIONERS ACT 2007 AS THE BODY WHICH MAY DELIVER THAT PROGRAMME. THIS RECOMMENDATION IS MADE ON THE GROUNDS OF THE UNIVERSITY OF DUBLIN, TRINITY COLLEGE'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 University of Dublin, Trinity College delivers a five year undergraduate medical programme leading to the award of an MB BAO BCh (TR051). It is at undergraduate level (basic in World Federation for Medical Education terminology).

The Medical Council Accreditation Team visited on 23rd and 24th March 2011 and previously, a Medical Council Accreditation Team undertook an accreditation visit in March 2006 and a monitoring visit in March 2007. Its remit was to assess the programme and to formulate a recommendation on accreditation to the Medical Council's Professional Development Committee.

2. The Team

The Medical Council Accreditation Team is listed on the title page of this Report. The Council particularly appreciates the contribution of external assessors Professor Hans Sjostrom and Professor Anthony Weetman. 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 University of Dublin, Trinity College's team, led by Professor Dermot Kelleher, Vice-Provost of Medical Affairs and Head of Medical School, for their co-operation, very warm welcome and hospitality. The Team was particularly impressed with the standard of the documentation (WFME questionnaire and Appendices) which was submitted to the Medical Council in advance of the visit. Finally, the Medical Council wish to thank the students who met the Team on the day, 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 March 2011, along with Appendices 1-75. This questionnaire is based on the World Federation of Medical Education's *Global Standards for Quality improvement; Basic Medical Education (*2003*)* informed by the WFME's more recent *European Specifications* (2007).

4. Schedule

The accreditation visit included a TCD presentation (by Dr Martina Hennessy); an in-depth discussion between the Medical Council Accreditation Team and representatives of the University; along with a private session with students representing all stages of the course. Under Section 88 (2)(f) of the Medical Practitioners Act 2007, an inspection of the facilities was also undertaken at St James's Hospital, Dublin 8 and at the Adelaide and Meath Hospital, incorporating the National Children's Hospital, Tallaght, Dublin 24.

5. Appendices

The agenda for the visit is attached as Appendix 1. The TCD staff who took part in the process is set out in a list provided by TCD 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 TCD's attainment. TCD have also completed a form rating the programme as basic or quality in all categories.

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

   This approval should be for an initial period of five years from the date of approval by Council (see Recommended Further Action below).

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

2) Major findings of Council Team

The Team make the following *major* recommendations; the priorities identified for TCD are:

a) The E-Learning platform needs to be significantly developed
b) The modularised/credit system needs to be reconciled with the University system for programme governance articulated in the 2011 Calendar
c) The Resource Planning Matrix (RPM) should be implemented. If this is not possible, the Medical School should be allowed to utilise the funds that it generates.

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

a) Inter-professional education should continue to develop further
b) Feedback should be more regularly and more consistently requested from students and the timing of such requests should not be part of examinations (for example during OSCEs). Students should also be made aware of changes that are implemented as a result of this feedback
c) Feedback on their performance should be available routinely for students and should not be associated solely with poor performance

d) The timing of exam results should be reviewed as some students have already travelled home (overseas) by the time the results are issued which makes feedback difficult to obtain
e) There should be more consistent blueprinting between learning objectives and assessment for all modules
f) There should be even greater attempts made to ensure more vertical integration across all years of the curriculum
g) TCD should monitor the occasionally marked differences in grading between subjects
h) General Practice is under-represented and should be given more prominence with a more separate identity from Public Health
i) Final year seems to concentrate largely on medicine, surgery and psychiatry as per Bologna recommendations whereby assessments, particularly those that are critical to award of the final degree, take place as near as possible to instruction in these subjects. However, years Four and Five constitute the senior cycle of the course named as Phase Three (Patient Centred Evidence Based Medical Practice and Professional Development). The specialties included in the twenty month senior period are as follows: Medicine, Surgery, General Psychiatry, Obstetrics and Gynaecology, Emergency Medicine and Critical Care including Anaesthesiology, Liaison Psychiatry, Public Health, Primary Care and Epidemiology and Medical Jurisprudence.
j) All objectives should be written in the same format and collated to get an easily available overview of the curriculum.

4) <u>The Team commends TCD for:</u>

a) The excellent turnout of staff who are clearly very enthusiastic and committed
b) The pace of reform since the last Medical Council visit, which is evident and impressive
c) The large number of clinical teachers who are committed to the programme
d) The enthusiasm, pride and commitment of the very large number of impressive students who met the Team
e) The importance of patient safety in the curriculum
f) The agreements with Teaching Hospitals
g) The Trinity Health Ireland initiative
h) The prominent role of research
i) The importance of the role of Student Selected Modules and an increasing focus on the Humanities
j) A transparent spiral curriculum
k) The students' preparedness for practice
l) The Intern Shadowing pilot programme

5) <u>The Team request the following information/ clarification from TCD:</u>

a) An assurance that the curriculum is compliant with the European Credit Transfer and Accumulation System (ECTS)
b) An update on the Action Points regarding Undergraduate Education arising from the implementation of the Strategic Plan 2009-2014
c) A Password to allow further access to the Moodle programme
d) A self-assessment by TCD of the basic and quality standards using a WFME chart
e) Additional information on some of the affiliated hospitals for example Bloomfield, Hermitage, and the National Rehabilitation Hospital
f) Description of programmes in ophthalmology, oto-rhino-laryngology, anaesthesiology and genito-urinary medicine.

6) Recommended Further action

On-going engagement with TCD will be a key part of the quality assurance process. *The Team recommend a monitoring re-visit (at a time when the Team can meet a substantial proportion of the student body) to review the programme.*

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 mission and objectives of the course are clear. The programme is fully compliant with the Fottrell recommendations and encourages non-traditional entrants through its Access Programme. The Learning Objectives are consistent with the Tuning Project Level 2 Outcomes. There is vertical integration of Ethics although given its importance in the programme. The students are aware of the University Ethics Code and there is a Fitness to Practise Committee. The students are prepared for practice through the Intern shadowing programme.

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

1.2. Participation in Formulation of Mission and Objectives

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

It would be desirable that a wider range of stakeholders, especially patient organisations would influence the formulation of mission statements.

*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).*

Patients and other stakeholders are involved in developing the programme although this could be expanded upon in the future.

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.*

It appeared to the Team that in spite of curricular reform from a discipline-based to a systems-based programme, the resources still appear to be allocated to disciplines.

*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 believe that formulation of detailed learning outcomes is of great importance for students, teachers and externals. A transparent and easily accessible formulation of these is a necessary tool to create and evaluate a coherent curriculum. The Medical School has made a huge and commendable effort to formulate outcomes at several different levels. It seems, however, that the final phase of structuring and harmonising still remains incomplete.

The Team noted that on page 20 to page 23 of the WFME questionnaire, there is a list of the programme's knowledge, skills and attitude outcomes formulated along three different themes. However, it is unclear how and where this is communicated. The Study Guides contain aims for the different years and sometimes aims of the modules (besides modular objectives). Many more or less detailed objectives (outcomes of modules and outcomes of different instructional procedures such as small-group tutorials, lectures etc can be found in the documents (Year Medical Study Guides Appendices 19, 20, 21, 27, 28; Separate course handbooks Appendices 15, 24, 25, 27, 31 34, 36, 38) and WFME questionnaire p. 71, p. 75 and p. 129), albeit to a varying degree. They are written in different styles and the Team recommend that all these objectives be written in the same format and collated to get an easily available overview of the curriculum. Furthermore there should be list of verbs for defining outcomes and their meaning in relation to assessment. Verbs that do not specify a measurable outcome e.g. "learn" should be avoided.

The collection of the objectives for ethics (Appendix 30) gives a very good overview across the complete curriculum and is to be commended. The collected modular learning outcomes (Appendix 54) is lacking in several areas however the Team have since been informed that this was due to a printing error and that although Appendix 54 did not reflect the learning outcomes presented in the study guides (as follows), this has been remedied.

- *The outcomes of Year 2 modules 1 and 2 are different in relation to those of the 2nd Year Med Study Guide*
- *Module 5 lacks objectives for neurochemistry and neuropharmacology*
- *All modules in Year 3 are lacking*
- *Year 4 Paediatrics lacks skills and attitudes*
- *Obstetrics and Gynaecology are currently revising their outcomes which will be included in the updated version of the booklet and Public Health and Primary Care should be separated although the current practice in the Trinity School is that Public Health and Primary Care are integrated within the module entitled "People Population and Practice" and the learning objectives and study guide reflect this.*

The students report generally that the objectives are helpful in defining what is expected in the examinations, even if there have been occasions of doubt. There is sometimes also a discrepancy between what is taught in lectures and what is tested in the examinations.

*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.*

A substantial amount of the programme is delivered *via* lectures, particularly in the earlier years of the programme (44% in second year, for example) although the Team was informed that case-based discussion is actually included in the lecture format. Student-directed problem-solving instructional methods such as seminars, workshops, case-based discussion and problem based learning are being developed. Furthermore some lectures have become more student-centred by the use of electronic keypads. The lectures are reported by the students to be a good complement to the small group learning tutorials. The classic Maastricht 'Seven-Jump PBL Process' seems to be used in the module "Human Form and Function", and sample information was provided for the cardio-respiratory block comprising only part of the course. From the first year study book (Appendix 19), this module seems to contain mainly anatomy and physiology. problem based learning is used to teach all subjects within Phase 1, as such problems are presented in all of the following subject areas; Biochemistry, Ethics, Anatomy Physiology and Behavioural Sciences. In addition to practicals, there are also some tutorials, on which the Team could find no further information. It should be possible to teach biochemistry in a more student-centred, problem-solving format.

While the curriculum is intended to be systems-based, the Team felt that in many modules the teaching content and the assessment is sub-divided according to the participating disciplines. The Team recommend that the systems-based integration be strengthened.

The Team commends TCD for examining new ways to enhance the student experience *via* patient contact. One such example is exposure of students to Neurologists using lectures, based in the hospitals with real patients. There is also a pharmacology course, with small group learning, basic scientists and clinicians in St James's Hospital and the Adelaide and Meath, incorporating the National Children's Hospital. A radiology component is also being introduced to the course, whereby a Radiologist, twice per term, presents on radiology slides. These are good examples of horizontal and vertical integration and other examples should be developed in additional modules.

The timing and format of the Intern Shadowing programme has been restructured and it now occurs in their final year. There are two different programmes in two different sites and they are in the process of evaluating both pilot programmes. There are medical and surgical opportunities, but no specialty rotations. The Intern Shadowing programme should be expanded to include specialties other than Medicine and Surgery and the results of the pilots should be applied as soon as possible.

*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 note that training in scientific method and evidence-based medicine both have a prominent place in the curriculum.

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

2.3. Basic Biomedical Sciences

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

*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.*

Public Health, Primary Care and Epidemiology are fused into an eight-week block in Year Four, building on training by the Department in the module entitled "Human development, behavioural sciences and ethics" in Year One. The Primary Care Clinical placements in Year Four occupy four weeks and the block is very well described in Appendix 32.

There is an emphasis on secondary care and there has been an increased focus on General Practice, which used to be a five-day rotation and now it is four weeks. The Team would like to see this increased even further although it is understood that there may be difficulties with funding. The Team feel that General Practice is under-represented in the curriculum compared with other specialties and that this should be addressed.

The Fottrell Chair of Population Health Medicine has commenced in post. The Module "Peoples, Population and Practice" lasts eight weeks, of which four weeks are spent in General Practice and the other four weeks are seminar-based and include learning related to both General Practice and Population Health Principles. TCD would like to broaden the scope of primary care in the course, although the details of this have yet to be finalised. TCD stated that there are benefits to the combination of Population Health and General Practice, in the sense that research in both departments is very good and students like the patient exposure along with the commonalities which exist between the two specialties.

Ethics has been incorporated into Years Four and Five of the course. Each student learns to address ethical issues and there is a balance between theory and putting the theory into practice. This component of the course has changed in recent years in that, commendably, the sessions are now interactive and students can ask questions and generate discussion.

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

2.5 Clinical Sciences and Skills

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

There are clinical components to Years One and Two. Year One includes Behavioural Sciences where students can work with an individual family following a newborn through their first year. Year Two students spend one day per week in the hospitals, developing skills such as history taking.

Each year builds on the previous year. Behavioural sciences outline the objectives and revisit these in years two and three. There is mapping of content also and there is feedback at the end of the course. The level of students' clinical skills was generally reported by the clinicians to have increased as a result of the new curriculum.

Logbooks are used in Year One (Appendix 8G), Year Two (Appendix 8B) and Year Three (Appendix 8C). ENT and Ophthalmology have their own logbooks (not enclosed in the submission) and many of the rotations in Year Four are reported to use specialty-specific logbooks (e.g. Public Health and Primary Care Appendix 32). According to Table 3.5, logbooks are used in summative assessment in Year Three (Principles of Pharmacology and Practical Scientific Research; Fundamentals of Clinical and Professional Practice) and Year Four (Public Health and Primary Care). The clinicians confirmed that they do sign the logbooks of the students, although some students do not always have the logbooks with them!

It is important that the school ascertains, through the logbooks, that all students have a minimum level of clinical skills adapted to what shall be required during the intern year. The instruction in the log book for clinical skills it is said "Your logbook will be assessed at the end of the year, and you can use it at your placements to show your team the skills you need to develop." It is important that the school through the logbooks ascertains that all students have a minimal level of clinical skills adapted to what shall be required during the intern year. The acquisition of mandatory clinical skills is checked as part of Objective Structured Clinical Examinations (OSCE) at the end of years two and three.

The Team could not find any description on what topics are covered in Anaesthesiology, genitor-urinary medicine, Ophthalmology and Oto-rhino-laryngology and programme content in these subject areas is to follow.

From a risk management perspective, there is an emphasis, particularly in St James's Hospital, on prevention of prescribing errors. This is supported by small group teaching sessions looking at examples of prescribing errors that may have been picked up within the hospital. This is a continuous process and there is constant feedback.

Naas General Hospital has the ability to increase third and fourth year integration between early and later years of the programme and capacity is not an issue at Naas or the affiliated training sites.

The Coombe University Hospital is going to become the main Trinity College teaching site for undergraduate exposure in Obstetrics and Gynaecology, with Holles Street and the Rotunda being used solely by UCD and RCSI students respectively. There is one to one teaching at the Coombe in the clinics, the labour ward and in gynaecology.

Psychiatry is mostly based in the community with attachment to Community Mental Health Teams.

The number of undergraduate students has increased and has resulted in an increase in the number of paediatric rotations available over the year.

*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.*

It was reported by some clinicians that they felt that the vertical integration could be improved. Students of previous years reported an intense curriculum and called for more reading periods.

*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.*

One of the recommendations at the previous Medical Council visit (Recommendation 12) was that the issue of 'no shows' among lecturers needs to be addressed. This appears, commendably, to be have been dealt with by TCD. While no-shows by busy clinicians may be inevitable to a certain degree, now the lectures are either rescheduled or they arrange for the lecture to be delivered by someone else. The clinical teachers are acknowledged in the University of Dublin Calendar and there is now a separate University promotions track for clinical teachers.

The clinicians in AMINCH are familiar with the learning objectives; however they do not always know what the students have already learnt. There seems to be something of a disconnect between what the clinicians *think* the students know and what the students *actually* know, which is particularly a problem in the small group teaching. However, there is continuous review in order to address this. In addition, because students spend time in several sites, the clinicians reported that they often do not feel that they get to know students very well, as compared to the advantage of students being placed in a single site for a longer duration.

The relationship between the medical school and the teaching hospitals is described as good, with a separate track for promotions, which is partially successful but has room for improvement especially for part-time staff. The clinicians at the affiliated sites have access to the TCD system. Students are timetabled for clinical placements in AMiNCH in years 2, 3, 4, and 5 of the course. Students are equally distributed between AMiNCH and St James's Hospital throughout all years. Due to staffing issues and clinical service commitments it has not been possible to schedule AMiNCH-based year 2 students (only) for a Tuesday attachment with the Medical Gerontology Service in AMiNCH. This affects approximately two students per week for a maximum of two hours. Affected students are accommodated for this experience in St James's. Clinical rotations in medical gerontology in AMiNCH are available to students in years 3, 4, and 5 of the course.

It also appeared to the Team that not all the clinicians were fully informed about what was happening at the other affiliated sites, particularly in the early years of the programme. The level of interaction between clinicians and between sites varied, depending on the specialty. The Medical School has a role to play in formalising this process.

*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 noted that TCD are developing a programme which incorporates Inter-Professional Education, so in Year Two the students have some teaching with dental students, Year Three with physiotherapy students and some nursing students, and Year Four with midwives. In the Emergency Department, the advanced nurse practitioners participate in much of the teaching.

TCD have a good relationship with two very large hospitals in Dublin (St James's Hospital with 900 beds and the Adelaide and Meath, incorporating the National Children's Hospital with 600 beds). While there is very large capacity at both of these hospitals, TCD have also increased links with Peamount Hospital, the National Rehabilitation Hospital and others. This gives TCD more flexibility and has allowed them to deal with the increased student numbers. There is an emphasis on bedside teaching and small tutorial groups which has been a positive experience for the students.

The clinicians said that neurology is particularly an area where they would like students to gain more knowledge and experience. Psychiatry is also combined in this module in second year (St Patrick's Hospital is being utilised for this purpose).

The clinicians stated that they felt there was a good relationship between the University and the clinical teaching staff and they feel involved in the programme. St James's Hospital supports research and they feel this is a good development. There are regular meetings between the clinical teaching staff and the coordinators of the programme, Dr Martina Hennessy and Professor Shaun McCann.

The information/collaboration between the School and the teaching clinicians might be strengthened; for example, it was reported that some of the clinicians are not on the school's e-mail system and this should be reviewed.

The clinicians believe that the Trinity Health Ireland initiative is a very good one. Consultant numbers have increased over the last ten years and they have a very good relationship with the University and progress is being made all the time. The clinicians are involved from an earlier stage of the course and everyone is fully informed about developments that are taking place.

*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.*

There is standard setting and blueprinting for exams using the modified Angoff method. Multiple Choice Questions and Extending Matching Questions have been introduced, as has continuous assessment. The Assessment Group meet pre- and post-examination and students that are borderline may be called to a Viva Voce examination which is conducted in the presence of an external examiner. All module results are further reviewed by a Court of Examiners which includes representatives from the Education Division, relevant disciplines and the External Examiners. The Team requested and received copies of the External Examiner Reports over the last number of years.

The Team recommend that the School increase the opportunity for students to receive feedback on the examination answers, preferably in a 1:1 student teacher format. Pharmacology was mentioned as being an exception, providing a discussion of examination answers in lecture form.

The introduction of an integrated curriculum poses specific problems in ensuring that students have adequate knowledge in individual subjects. It appears that certain modules e.g. "Human form and function" have separate parts for the constituent disciplines. The School should make efforts to establish an assessment in accordance with the integrated aims of the modules which at the same time can reveal the weak and strong areas of the student's performance. There are several assessment groups and the School should consider a single committee to oversee the assessments for the entire course, to ensure uniformity and best practice.

There are potential conflicts between the published modularised curriculum (with associated ECTS credits) and the University's 2011 Calendar in relation to assessment. In particular, the 'carry-over' of marks (but not credits?) from one module to another and the decision-making processes for border-line candidates are unclear. Clarification of these issues is requested.

*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.*

There should be more consistent blueprinting between learning objectives and assessment for all modules.

It is difficult to evaluate the compatibility of assessment to objectives without access to the examination papers. TCD's Table 3.13 gives a rough estimation, although it is difficult to see why, for example, the outcome "understand" is tested both by knowledge, skills and attitudes in "Evolution and life" and only by knowledge in "Aetiology and mechanism of disease" however this was due to a printing error whereby the rows detailing formative and summative assessments for the module entitled "Aetiology and Mechanism of Disease" were not included and has since been amended. However, the students generally report concordance between objectives and assessments.

It appeared to the Team that there is a wide diversity of percentage of First Class Honours in some subjects versus those received in other subjects. The Team was assured that there is no 'quota' system in operation. However, the Team recommend that the Medical School should review this disparity/consistency issue.

There was a discussion on the recently introduced national policy of using the Health Professions Admission Test (HPAT) in conjunction with Leaving Certificate results, and whether there has been any impact on the performance of students compared to the previous entry route for Irish students of Leaving Certificate points. However, TCD suggests (page 310 of their documentation) that the introduction of HPAT may have changed the learning profile of students and it would be interesting to have a deeper evaluation of the students' performance in relation to their results in the HPAT in the future.

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 from Years One and Two

The Team met with 28 students from first year and second year, who attended by invitation of the medical school and volunteered to attend through self-selection. There were four class representatives in attendance. Year one students said that they were given a different topic every week using the classic Maastricht 'Seven-Jump PBL Process', and they had the opportunity to explore family case studies and professional behaviour. Year Two students said that they now get experience in both of the major TCD hospitals. That students are now provided with equivalent exposure to each of the two major teaching Hospitals is as a direct result of a previous recommendation by the Medical Council following the accreditation visit of 2006 and the Medical Council welcome this development. There are a lot of lectures in Year Two; however those students spend one day per week based in the hospitals, which the students were very positive about. They said that some staff give also tutorials out of hours and they have constant access to anatomy dissection rooms.

On the issue of student support, they said that staff were very approachable, with an "open door" policy. There is a Tutor system. There is also a Student-to-Student counselling programme and a mentoring system. They feel their voice is heard and there is student representation on the relevant Committees.

In terms of the Learning Objectives, the students seem to know what is required from a lecture and there are clear learning goals and a revision sheet.

They praised the hospital experience in Year Two. They said that the first hour is spent reviewing case histories and that there is a commendable emphasis on multi-disciplinary work and meeting patients. Some lectures are shared with dental students, physiotherapy students, pharmacy students and neuroscience students. However, they do not get any communication skills training in common and this may be a missed opportunity that TCD could explore.

There appeared to be some concern about communications within the administrative offices as there seems to be some difficulty with timetabling. Occasionally the hospital is not quite prepared for the students to arrive, and TCD should ensure such preparation.

The students had some negative views about their experience with TCD's information technology, citing lecture notes being on different websites - some lecturers give notes in advance, while some do not. Students reported that there was no central repository for lecture notes and other course material and this often made this material hard to access. Sometimes they are given hand-outs but generally the notes are in different formats and some are difficult to download. However, the students acknowledge that it is work in progress and that a new appointment to Information Technology is being made in summer 2011.

The students have logbooks in which their attendance and experience is signed off. The students reported that occasionally the log books were simply used as a record of attendance only.

Second Years felt that assessment is quite difficult. They felt there was too much pressure and that there was a huge volume of work compressed into a short examination. The students said feedback on exam performance was available if they sought it but their perception is that it is linked with 'not doing well'. TCD should emphasise that feedback is not linked with a student struggling, but is a natural and positive feature.

The students said that they have been made aware of their responsibilities as doctors and this is covered in the professionalism module.

One of the big difficulties brought to the Team's attention is that of tuition fees for international students.

One final point mentioned was that some of the previous students of Trinity College had a markedly different student number from new entrant CAO students which negated the 'anonymous' examination results notifications when they were published, as they felt they were easily identifiable on these lists.

Meeting with Students from Year Three and Intercalated Masters students

The Team met with a large number of students from third year and a small number of intercalated Masters students, who attended by invitation of the medical school and volunteered to attend through self-selection.

The students were generally positive about the placements, praising their experience at some of the smaller hospitals as they felt the teaching staff had more time to give them than staff at some of the major hospitals. However, some felt that there are some teams that should not have a student attached to them as it was sometimes difficult to get appropriate teaching time. TCD should review this.

The students did not report any instances 'teaching by humiliation'.

The learning objectives are clear to the students as they have a published list; however sometimes the team that they are placed with are unfamiliar with the learning objectives. This can lead to misalignment of expectations between the team and the students, and should be reviewed although in the main, the placements are good. The Team heard reports that last year, the current Intercalated Masters students did not get the learning objectives until February or March; however, this appeared to have been resolved this year.

The students reported that assessments were not always blueprinted to Learning Objectives and students could be examined in areas not included in curriculum.

The students would welcome opportunities to give feedback to the School on a regular basis. The Team was surprised to hear reports that at the end of the year, students were given a feedback survey to be completed during an Objective Structured Clinical Examination (OSCE), and feels this is not optimal.

The students did not feel that the Tutor system worked effectively in Year 3. While the students initially made contact with their Tutors when based on the Trinity Campus, this contact was not maintained as the students progressed into subsequent years.

The Team was told that TCD will act on something if they feel the students' concerns are genuine and well-founded. In terms of student support, the students said that once they left the campus base, the tended to lose touch with their tutors. TCD should review this.

The students feel they are now in general seeing the usefulness and benefits of years one and two of the programme, applying in practice what they have learnt in theory, with an appropriate balance of responsibility and supervision. However, some felt that the didactic nature of the ethics teaching is not totally relevant when they are on the wards. This part of the programme has been changed for the current third years and it is hoped that this will resolve the issue. Commendably, the students learn about the role and responsibilities of the Medical Council in their programme.

The students feel that there is a good patient to student ratio. They particularly praised the Interns as role models and mentors.

Trinity College has a particularly good resource in its copyright library. However, the students criticised the limited opening hours of the John Stearne library, including that it is closed on Sundays. They attributed this to financial constraints however the Team have been informed that it is in fact due to security reasons. The Team have also been advised that Trinity College contains five separate libraries, and of these the Berkley Lecky Ussher Library and the Hamilton Library are open on Sundays from 11:00 - 17:00hrs. In addition, the Berkley Lecky Ussher first floor is available for 24-hour study access by swipe card.

Meeting with Students from Years Four and Five

The Team met with a large number of students from fourth year and a smaller number of year five students, who attended by invitation of the medical school and volunteered to attend through self-selection.

The students generally felt that there has been considerable progress made since the early years of the programme. They felt that they had played a part in the process as they are represented on the Curriculum Planning Committee and can contribute to the agenda.

They feel that the final year in medical school is inevitably quite intense and stressful, with final examinations ahead, although there is some continuous assessment and exams are generally believed to be fairly weighted.

The students particularly praised the facilities of the clinical skills laboratory which is open to them whenever they require it. The library in Tallaght Hospital however is not open as long as that in St James's Hospital and closes when they finish on the wards so is of little use to them as a resource.

They feel prepared for internship although they confirmed that there is no obstetrics and gynaecology or paediatrics in their final year. They said that the three weeks elective before Christmas was an excellent experience and that the bedside teaching, clinical skills and history taking was very beneficial for them.

However, the Intern Shadowing pilot programme appears to be scheduled for the first semester of the final year although this may be because they are studying for their final exams in the final term. The role and importance of the Medical Council is recognised with an entire module and they have been made aware of the Council's Ethical Guide.

The concerns with e-learning were reiterated by this group.

Students reported that some disciplines, for example Surgery, had an over-reliance on summative rather than formative assessments.

They were pleased they had the opportunity for some Inter-Professional Education in second year and fourth year and felt that the nurses, in particular, have been very helpful.

The students as a whole believe that the facilities in SJH and AMINCH are superb and that eight weeks spent in the specialties is very good. They feel that they do get enough General Practice exposure. They also feel that the issue of no-shows has greatly improved and all lectures have been rescheduled where necessary. There is a good student-patient ratio with small bedside tutorials and standardised examinations.

4.1 Admission policy and selection

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

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

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

It was suggested that the Irish Universities and Medical Schools Consortium (IUMC) review its policy of prospective international students requiring a grade of 7.5 on the International English Language Testing System (IELTS).

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.*

There was a discussion about TCD's original intention to begin a graduate entry programme, but they have now decided to increase their numbers of undergraduate 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.*

There is a student support system in place whereby students are mentored and tutored. There is also a student welfare and progress committee. There is a peer mentoring system also, which includes a three day training programme, run by the university. There is a clear policy on unprofessional behaviour and there is a Fitness to Practice Committee in place, although they have not yet been required to convene.

If a student is struggling with the course, for whatever reason, the clinicians are satisfied that they would know of any issues from a very early stage. The clinicians at St James's Hospital are in regular contact with the clinicians in the Adelaide and Meath Hospital, incorporating the National Children's Hospital, and would share this information.

It is important that international students have the appropriate language skills.

The international students reported some concerns about the college tuition fees and especially the uncertainty of how it may increase in coming years.

The School has a safety statement (Appendix 44). Information in relation to safety and behaviour is also given in the Year Med Study Guides. A Code of Professional Practice is going through the approval process and it is anticipated that this will be signed by all students in September 2011.

*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 appears appropriate, with students sitting on various curriculum planning and evaluating committees.

*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.*

Traditionally, the School has relied on the goodwill of clinicians to teach, but the new consultant's contract formally includes teaching although not as a programmed activity. In addition, a separate University promotions stream for clinical teachers has recently been developed. It is recommended that the School do everything that it can to formalise University links with the clinical teaching staff.

*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.*

There was a discussion about educational courses for staff. There is a Centre for Learning and there are possibilities for promotion and research. Most of the teachers are research active. There are channels to advance the careers of people who are excellent in education.

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

6. Educational Resources

6.1. Physical facilities

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

The School will move to a new, purpose-built Biomedical Science Institute in July 2011 which will provide new technology for more interactive learning. The new building and additional space will be an excellent development for the medical school and it will help facilitate additional students who wish to undertake the Intercalated Masters degree.

Neither teachers nor students currently report capacity problems. Library facilities are generally good.

*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.*

In terms of clinical capacity, there has been some restructuring due to increasing student numbers in Naas General Hospital, Peamount Hospital, the National Rehabilitation Hospital and the Coombe University Hospital. Memoranda of Understanding have been developed between TCD and these institutions. All students now spend time in both St James's Hospital and the Adelaide and Meath, incorporating the National Children's Hospital. There is also a formal remunerated process in contracting the General Practitioners. The Team wish to commend the facilities, especially the clinical skills facilities, which the students also commended.

*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 Team strongly recommend that a single, easily accessible e-Learning platform for the School is developed. Some departments use WebCT and in some cases also Moodle; the Team have only had the opportunity to look at a minor part of Moodle and would like to make a more detailed evaluation in the future. However, from what the Team has seen, they believe that it could be more comprehensive and integrated.

The platform should contain a centralised repository for the curriculum, learning objectives mapped to this curriculum, instructional methods and assessments used.

*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.*

Research has a high profile in the School and this is commendable. Many of the students are involved in research and projects and some have been published in journals. All students have the opportunity to do a research project (either laboratory based or clinic based) in Year 2.

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.*

*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.*

*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.*

An Evaluation Committee was established in 2009. Student feedback is collected *via* a student module questionnaire and student performance and remedial action taken. There is student representation on the Evaluation Committee and on the Curriculum Committee.

*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.*

There is written and verbal evaluation and feedback and a scoring system is used to evaluate every rotation, especially for those outside the main teaching Hospitals

*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.*

Management at St James's Hospital said that since TCD have introduced the changes to the curriculum, they have seen a marked change in the knowledge that the student possesses when they commence their placements in the hospital. The students have a very comprehensive knowledge base and well-developed inter-personal skills. The Team would welcome more evidence on the trajectory of performance.

*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.*

*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.*

There are channels for the School to influence University policy, and there is a direct reporting line for the Head of the Medical School, as Vice-Provost, to the University Provost. It was acknowledged by TCD that previous Medical Council reports have been very helpful in driving change.

The major initiative of Trinity Health Ireland appears to have a wide support.

*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.*

The Team would welcome clarification regarding the allocation of the income generated by the activity of the School. In general terms, it is to be expected that income generated by the School should be available to support its activities.

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*.

*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

APPENDICES

APPENDIX 1

Comhairle na nDochtúirí Leighis
Medical Council

AGENDA

ACCREDITATION VISIT TO
UNIVERSITY OF DUBLIN, TRINITY COLLEGE

DATE: WEDNESDAY 23RD MARCH &
THURSDAY 24TH MARCH 2011

VISITING TEAM

Professor Kieran Murphy (President and Chair of the Visiting Team)
Dr Anna Clarke (Vice President)
Professor Gerry Bury (Medical Council member)
Dr Danny O'Hare (Medical Council member)
Professor Anthony Weetman (External Assessor)
Professor Hans Sjostrom (External Assessor)

Accompanied by
Dr Anne Keane (Medical Council staff)
Ms Karen Willis (Medical Council staff)
Ms Aoife Fitzsimons (Medical Council staff)

UNIVERSITY OF DUBLIN, TRINITY COLLEGE TEAM

Professor Dermot Kelleher (Head of School and Vice-Provost for Medical Affairs)
Professor Shaun McCann (Director of Undergraduate Teaching and Learning)
Professor Colm O'Morain (Dean of the Faculty of Health Sciences)
Professor Kevin Conlon (Professor of Surgery AMNCH)
Dr. Martina Hennessy (Senior Lecturer in Education)
Dr. Matt Phillips (Lecturer in Education)
Dr. Aileen Patterson (Lecturer in Education)
Ms. Fedelma McNamara (School Administrator)
Ms. Aine Wade (Medical Student and Intern Co-ordinator)

VENUES:

UNIVERSITY OF DUBLIN, TRINITY COLLEGE
ST. JAMES'S HOSPITAL, DUBLIN 8
ADELAIDE AND MEATH HOSPITAL, INC NATIONAL CHILDREN'S HOSPITAL, TALLAGHT, DUBLIN 24

DAY ONE

UNIVERSITY OF DUBLIN, TRINITY COLLEGE, DUBLIN 2
ST. JAMES'S HOSPITAL, DUBLIN 8

DAY TWO

ADELAIDE AND MEATH HOSPITAL, INC NATIONAL CHILDREN'S HOSPITAL, TALLAGHT, DUBLIN 24

Comhairle na nDochtúirí Leighis
Medical Council

AGENDA

DAY ONE – WEDNESDAY 23RD MARCH 2011

VENUE:
UNIVERSITY OF DUBLIN, TRINITY COLLEGE CAMPUS, DUBLIN 2

8.00 – 8.45 am Private meeting of Visiting Team, with tea and coffee
Meeting Room: Professor Kelleher's Office, School of Medicine, Old Chemistry Building

8.45 – 9.45 am Visiting Team to meet with members of University of Dublin faculty for Plenary Session with TCD

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

The TCD presentation should last from 8.45 to 9.15 (ie a maximum 30 minutes) and should include:

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

9.15 - 9.30 am The TCD presentation will then be followed by a 15 minute break, in private

9.45 – 10.45 am Visiting Team to split to view facilities including the new Biomedical Sciences Building, Pearse Street, Dublin 2 or to continue the previous Question and Answer session

10.45 – 11.15 am Tea and Coffee break in Science Gallery

11.15 - 11.45 am Meeting with 1st and 2nd Year Medical Teachers
Meeting Room, Professor Kelleher's Office

11.45 – 12.45 pm Visiting Team to meet with 1st and 2nd Year Medical students in Anatomy Lecture Theatre

12.45 – 1.15 pm
Visiting Team to travel by taxi from TCD Campus to St James's Hospital, Dublin 8 (arriving 1.00 pm)
TCD to arrange taxis

1.15 – 2.00 pm Light lunch to be provided for the Medical Council Team (in private)
Pharmacology Seminar Room

2.00 – 3.00 pm Visiting Team to visit and to meet with management and the clinicians involved in education and training at St James's Hospital, Dublin 8.
IMM Board Room

3.00 - 4.15 pm Visiting Team to split to view facilities or two members of Medical Council team to meet in private session with Dr Cunnane between 3.00 pm and 3.30 pm and SJH Interns between 3.30 pm and 4.15 pm
IMM Board Room

4.15 pm Tea and Coffee break leading into next session

4.15 – 5.15 pm Visiting Team to meet with 3rd Year Medical students and MSc students in IMM Board Room

End of Day One
Taxis to be organised to bring Visiting Team from St James's Hospital

Comhairle na nDochtúirí Leighis
Medical Council

AGENDA

DAY TWO – THURSDAY 24TH MARCH 2011

VENUE:
ADELAIDE AND MEATH HOSPITAL, INC NATIONAL CHILDREN'S HOSPITAL, TALLAGHT, DUBLIN 24 (MAP TO BE PROVIDED)

8.00 – 8.45 am Private meeting of Visiting Team, with tea and coffee
Meeting Room, Trinity Centre

8.45 – 9.45 am Visiting Team to meet with management and the clinicians involved in education and training at Adelaide and Meath Hospital, inc. National Children's Hospital, Dublin 24
Seminar Room 4

9.45 - 11.00 am Medical Council to sub-divide for this session with some of the team to review the facilities or two members meeting in private session with Coordinator Dr. J. Gibney between 9.45 - 10.15 am and AMNCH interns between 10.15 - 11.00 am
Seminar Room 4

11.00 – 11.15 am Tea and Coffee break in private
Seminar Room 4

11.15 – 12.15 pm Meeting with 4th and 5th Year Medical students in Trinity Lecture Theatre

12.15 – 1.15 pm Meeting between Medical Council team and TCD representatives to follow up on any issues arising
Seminar Room 4

1.15 – 2.30 pm Light working lunch and plenary session for Medical Council team (in private)
Meeting Room

2.30 – 3.15 pm Meeting with Medical Council Assessment Team and TCD Representatives to clarify / follow up on any outstanding issues, followed by departure of team.
Seminar Room 4

End of Day Two

Taxis to be organised to bring Visiting Team from Adelaide and Meath Hospital incorporating the National Children's Hospital, Tallaght, Dublin 24

APPENDIX 2

MEDICAL COUNCIL VISIT
March 23/24 2011
List of Attendees provided by Trinity College Dublin

Wednesday 23rd March 2011 – TCD Campus

Plenary Session

Kelleher, Professor Dermot (Head of School and Vice-Provost for Medical Affairs)
McCann, Professor Shaun (Director of Undergraduate Teaching and Learning)
O'Morain, Professor Colm (Dean of the Faculty of Health Sciences)
Conlon Professor Kevin (Professor of Surgery AMNCH) via AV link
Reynolds, Professor John (Professor of Surgery SJH)
Hennessy, Dr. Martina (Senior Lecturer in Education)
Ridgway, Mr. Paul (Senior Lecturer in Surgery) via AV link
Phillips, Dr. Matthew (Lecturer in Education)
Patterson, Dr. Aileen (Lecturer in Education)
McNamara, Ms Fedelma (School Administrator)
Wade, Ms Aine (Medical Student and Intern Co-ordinator)

1st and 2nd Med Teachers

Campbell, Ms. Louise, *Ethics tutor*
Coakley, Professor Davis, *Professor of Medical Gerontology*
Corvin, Dr. Aidan, *Senior Lecturer in Psychiatry*
Donohoe, Dr. Gary, *Senior Lecturer in Behavioural Sciences*
Glacken, Mr. Paul, *Head of Anatomy*
Hennessy, Dr. Martina, *Senior Lecturer in Education*
Kelly, Dr. Aine, *Head of Physiology*
O'Neill, Professor Des, *Associate Professor of Geriatric Medicine*
Patterson, Dr. Aileen, *Lecturer in Medical Education*
Pilkington, Dr. Ruth, *Lecturer in Ethics*
Porter, Dr. Richie, *Senior Lecturer in Biochemistry*
Rowan, Professor Michael, *Associate Professor of Neuropharmacology*
Smith, Dr. Stephen, *Lecturer in Microbiology*
Spiers, Dr. Paul, *Lecturer in Pharmacolgy and Therapeutics*
Volkov, Professor Yuri, *Associate Professor of Molecular Medicine*

Wednesday 23rd March 2011 – SJH Campus

Management SJH, Clinicians and Teachers

Carter, Mr. Ian*, CEO*
Fitzgerald, Ms. Angela*, Deputy CEO*
Sweeney, Mr. David*, Medical Workforce Manager*
Healy, Ms.Una, *Risk Management*
Barrett, Ms Emer, *Physiotherapist*
Brown, Dr. Paul, *Head of Haematology*
Conneely, Mr. John, *Lecturer in Surgery*
Connolly, Ms. Elizabeth, *Senior Lecturer in Surgery*
Cunnane, Professor Gaye, *Intern Tutor*
Doherty, Dr. Colin, *Consultant Neurologist*
Donohoe, Dr. Claire, *Lecturer in Surgery*
Harbison, Dr. Joe, *Senior Lecturer in Medical Gerontology*
Hatunic, Dr. Mensud, *Consultant Endocrinologist*
Healy, Dr. Marie Louise, *Consultant Endocrinologist*
Hennessy, Dr. Martina (Senior Lecturer in Education)
Hussey, Ms. Juliette, *Head of Physiotherapy*

Keane, Dr. Joe, *Consultant Respiratory Medicine*
Kelleher, Professor Dermot (Head of School and Vice-Provost for Medical Affairs)
Kieran, Dr. Jennifer, *Lecturer in Pharmacology and Therapeutics*
Kircat, Dr. Murat, *Lecturer in Clinical Medicine*
Lyons, Dr. Fiona, Consultant GUM
Mahmud, Dr. Nasir, *Senior Lecturer in Gastroenterology*
McNamara, Ms Fedelma (School Administrator)
Mulcahy, Dr. Fiona, *Associate Professor GUM*
O'Connell, Dr. Barry, *Consultant Respiratory Medicine*
O'Leary, Professor John, *Head of Histopathology*
O'Kelly, Professor Fergus, *Clinical Professor of General Practice*
Phillips, Dr. Matthew, *Clinical Lecturer in Medical Education*
Plunkett, Professor Pat, *Clinical Professor of Emergency Medicine*
Rogers, Professors Tom, *Head of Clinical Microbiology*
Sheils, Professor Orla, *Associate Professor, Lecturer in Medical Jurisprudence*
Zaheer, Dr. Abdul, *Lecturer in Clinical Medicine*

Intern Co-ordinator, Tutor and Trainers

Conneely, Mr. John, *Lecturer in Surgery*
Cunnane, Professor Gaye, I*ntern Tutor*
Donohoe, Dr. Claire, *Lecturer in Surgery*
McCann, Professor Shaun, *Professor of Academic Medicine, Intern Co-ordinator*
McCluskey, Ms Michelle, *Intern Officer*
O'Kelly, Professor Fergus, *Clinical Professor of General Practice*

Thursday 24th March 2011 – AMNCH Campus

Management AMNCH, Clinicians and Teachers

O'Connell, Mr. John, *CEO*
Feeley, Mr. Martin, *Clinical Director*
Currams, Mr. Martin, *HR Director*
Larke, Ms. Averil, *Medical Administration Manager*
McNally, Mr. Niall, *Director of Operations*
Barry, Professor Joseph, *Professor of Population Health Medicine*
Conlon, Professor Kevin, *Professor of Surgery*
Crowley, Professor Patricia, *Senior Lecturer in Obstetrics/Gynaecology*
El-Tayeb, Mr. Omar, *Lecturer in Surgery*
Gallagher, Dr. Louise, *Lecturer in Psychiatry*
Gibney, Dr. James, *Intern Tutor*
Gill, Professor Michael, *Head of Psychiatry*
Hennessy, Dr. Martina, *Senior Lecturer in Education*
Kane, Professor David, *Clinical Professor of Rheumatology*
Lee, Dr. Chun, *Lecturer in Clinical Medicine*
Leen, Dr. Ronan, *Lecturer in Clinical Medicine*
McCabe, Dr. Dominic, *Consultant Neurologist*
McElligott, Dr. Jacinta, *Consultant Rehabilitation Medicine*
McNamara, Dr. Deirdre, *Senior Lecturer in Clinical Medicine*
McNamara, Ms Fedelma (School Administrator)
Meehan, Dr. Judith, *Lecturer in Paediatrics*
Morris, Ms. Marie, *Clinical Skills Co-ordinator*
Murphy, Professor Deirdre, *Professor of Obstetrics*
O'Connor, Professor Humphrey, *Clinical Professor of Gastroenterology*
O'Morain, Professor Colm, *Dean and Professor of Clinical Medicine*
O'Dowd, Professor Tom, *Professor of General Practice*
O'Keane, Professor Veronica, *Consultant Psychiatrist*
O'Sullivan, Dr. Jean, *Consultant Emergency Medicine*
Pilkington, Dr. Ruth, *Lecturer in Ethics*
Phillips, Dr. Matthew, *Clinical Lecturer in Medical Education*
Ridgway, Mr. Paul, *Senior Lecturer in Surgery*
Roche, Dr. Edna, *Head of Paediatrics*
Sheils, Professor Orla, *Associate Professor, Lecturer in Medical Jurisprudence*
Wall, Dr. Catherine, *Consultant Nephrologist*

Intern Co-ordinator, Tutor and Trainers

Gibney, Dr. James, *Intern Tutor*
McCann, Professor Shaun, *Professor of Academic Medicine, Intern Co-ordinator*
McCluskey, Ms Michelle, *Intern Officer*
O'Sullivan, Dr. Jean, *Consultant Emergency Medicine*
Roche, Dr. Edna, *Head of Paediatrics*

Closing Session

Kelleher, Professor Dermot (Head of School and Vice-Provost for Medical Affairs)
McCann, Professor Shaun (Director of Undergraduate Teaching and Learning)
O'Morain, Professor Colm (Dean of the Faculty of Health Sciences)
Hennessy, Dr. Martina (Senior Lecturer in Education)
Phillips, Dr. Matthew (Lecturer in Education)
Patterson, Dr. Aileen (Lecturer in Education)
McNamara, Ms Fedelma (School Administrator)
Wade, Ms Aine (Medical Student and Intern Co-ordinator)

O'Dowd, Professor Tom, *Professor of General Practice*
Barry, Professor Joseph, *Professor of Population Health Medicine*
Sheils, Professor Orla, *Associate Professor, Lecturer in Medical Jurisprudence*
Ridgway, Mr. Paul, *Senior Lecturer in Surgery*