Comhairle na nDochtúirí Leighis
Medical Council

REPORT ON ACCREDITATION VISIT
UNIVERSITY COLLEGE CORK'S
DIRECT ENTRY MEDICAL PROGRAMME
15TH, 16TH AND 17TH NOVEMBER 2011

CONTENTS OF REPORT

MEDICAL COUNCIL ACCREDITATION TEAM

Members

Dr John Monaghan (Chair)
Ms Marie Murray
Professor Hans Sjostrom *
Professor Hisham Khalil (for 15th & 16th November only) *
Professor Alan Johnson *
Dr Ailis Ni Riain *
Dr Jason Last *

Executive

Dr Anne Keane
Ms Karen Willis

***** *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.

THE DECISION OF COUNCIL IS THAT:

1. **The University College Cork's Direct Entry 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.**

2. **The University College Cork 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 programme. This recommendation is made on the grounds of the University College Dublin'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

University College Cork (UCC) has an established direct entry five year programme leading to the award of an MB BCh BAO. It is at undergraduate (basic in WFME terminology) level. UCC also delivers a graduate entry medical programme of four years duration which leads to the award of the same degree. The two "streams" merge at the start of the Graduate Entry to Medicine (GEM) students' third year, and the direct entry students' fourth year, and spend the following two years gaining clinical experience.

A monitoring visit of the direct entry programme took place in 2006 and 2007 and a visit to the Graduate Entry Programme in 2010 took place two years after the initial accreditation visit (on 20th November 2008). Assessors investigated the "totality" of the first two years of the programme now that students on the GEM programme have "merged" with their peers who have completed three years of the UCC's longstanding five year programme.

2. The Team

The Medical Council Accreditation Team is listed on the title page of this report. Special mention must be made of Professor Hans Sjostrom, Professor Hisham Khalil, Professor Alan Johnson, Dr Ailis Ni Riain and Dr Jason Last who acted as the external assessors.

The Medical Council also thanks the University College Cork Team, led by Professor George Shorten, Dean of the University's Medical School, and Dr Siun O'Flynn (Head of Medical Education), for their co-operation and hospitality. In addition, the Medical Council wishes to thank the students who met the Team on both days, and whose feedback is most helpful in formulating this report.

The Inspector of Anatomy appointed by the Medical Council is to undertake a visit under Section 106 of the Medical Practitioners Act 2007 and a report on this visit will issue to the Medical School separately.

3. Documentation

Prior to the visit, the Team reviewed the submission from UCC based on the World Federation of Medical Education Standards, plus Appendices and Supporting documentation, dated October 2011 and the previous reports of 2006, 2007 and 2010.

4. Schedule

The accreditation visit over three days included a UCC presentation (by Dr Siun O'Flynn); 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. An inspection of the facilities was undertaken at the Mercy University Hospital and the South Infirmary-Victoria University Hospital, Cork.

5. Appendices

The agenda for the visit is attached as **Appendix 1**. The UCC staff who took part in the process are listed 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. These WFME standards have been used for all accreditations since 2005 so this is a consistent approach. 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; Basic Medical Education (*2003*),* informed by the WFME's more recent *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 Team about the level of UCC's attainment of these standards. In a few cases, the observations, comments and recommendations may be deemed "less than Basic", but will be grouped under the Basic heading. In a few cases, the B / Q definition is set out for information but with no comment attached.

B. SUMMARY AND GENERAL ASSESSMENT

1. Decision of Council

On the evidence of analysis of the documentation and following the accreditation visit, the Accreditation Team have formed the opinion that the UCC programme is satisfactory and is designed in a way that appears likely to produce doctors who are ready to undertake an internship.

The decision of Council is that:

1. The University College Cork's Direct Entry 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.

2. The University College Cork 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 programme. This recommendation is made on the grounds of the University College Dublin'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.

The Medical Council should undertake a further monitoring visit of the Graduate Entry Programme in spring 2012, as the first cohort of the UCC GEM Programme nears graduation, to assess the programme in its totality against the Medical Council's criteria, guidelines, and standards.

2. Main findings of Council Team

The Team make the following major recommendation:

(a) Capacity

The Medical Council recommends that ***any increase in the number of students – European Union or non-European Union - be carefully evaluated in light of the available resources, ensuring that resources – human and physical, campus and training sites – can cope with any increase without compromising quality.*** The Medical Council must be assured that there will be sufficient capacity for the planned intake.

3. Recommendations additional to the major recommendation above:

a) Small-group learning should continue with staff:student ratios protected

b) Additional PCs should be provided for students to address the issue of access resulting from increasing student numbers

c) Continue to maximise potential for primary care and community care experience

d) Continue to maximise patient and lay person involvement in the programme and its governance

e) Review library opening hours

f) A review of Inter-Professional Education with a view to maximising the opportunities available to them

g) The relevant *international* guidelines including the WHO *Patient Safety Curriculum Guide for Medical Schools* and *national* guidelines, for example the *Children First: National Guidance for the Protection and Welfare of Children*, be incorporated into the educational outcomes for students

h) Include a component of training for students on how to handle sensitive information

i) Review and monitor the use of reflective journals

j) Consideration should be given to appointing overarching externs for assessment rather than subject-based external examiners

k) Ensure awareness of the Medical Council's 'Guidelines for Medical Schools on Ethical Standards and Behaviour appropriate for Medical Students' among students and among staff, particularly those on affiliated sites and in general practices used for teaching

l) Consideration should be given to increasing the role of the humanities in the curriculum

m) Development for the staff undertaking Work Place Based Assessments

n) Continue the work with formulation of comprehensive and consistent outcomes and with making them easily available for both students and teachers e.g. in the form a database.

o) Continue the work towards integrated examinations

p) Give consideration to offering a language in second and subsequent years at a higher level

q) Review the lack of facilities at the Mercy University Hospital for tutorials/small group clinical teaching in the hospital.

4. The Team commends UCC for:

1. The Medical School and affiliated hospital staff for their work, enthusiasm and commitment. Ms Connie Mulcahy and Ms Rachel Hyland, were particularly praised during the visit

2. The students' impressions of the programme, which are generally very positive

3. The participation of professional organisations, lay person involvement and postgraduate training bodies in curriculum development

4. The vertical integration of clinical practice into the early years of the programme

5. The emphasis on research within the programme

6. The new FLAME Anatomy laboratory

7. The significant development of the Early Patient Contact scheme.

8. The fact that their assessments are blueprinted and there are a variety of exam formats

9. The fact that their attrition rates have reduced and academic performance is improving

10. The integration of the Graduate Entry Programme students with the Direct Entry students in the later years of the programme

11. The Mentoring system and the Buddy System

12. The fact that it is mandatory for all substantive staff appointments since 2010 to do a Teaching and Learning Diploma in Education

13. The promotion system of adjunct appointments

14. Commissioning an external review of their programme

15. The research into and attention paid to the drop-out rates

16. The comprehensive documentation, and for the inclusion of the McLachlan Report.

5. The Team request the following information / clarification from UCC:

a) The Team requested and received clarification on the exit interview data and drop out surveys which was provided during the visit.

6. The Team's recommendation to the Medical Council Professional Development Committee (incorporating the Education and Training Committee)

The Visiting Team recommends that the Professional Development Committee recommend to the Medical Council the approval of University College Cork's direct entry programme is approved for a period of five years with no conditions, and the continuation of conditional approval of the GEP pending the final accreditation visit in March 2012.

7. Recommended Further action

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

(a) Give consideration to recommending and supporting the idea of a Student Fitness to Practise Committee
(b) Give consideration to the issue of capacity which is a very important issue for the Medical School, and to examine what the parameters should be, especially for clinical capacity.

The Team recommend that a final accreditation visit of the Graduate Entry to Medicine programme be undertaken in Spring 2012 (at a time when the Team can meet the students).

C. EVALUATION OF THE GRADUATE ENTRY PROGRAMME, BASED ON WFME STANDARDS

1. Mission and Objectives

1.1. Statements of Mission and 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.*

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

It is important that the mission and objectives are disseminated to relevant stakeholders.

1.2. Participation in Formulation of Mission and Objectives

*B: The mission statement and objectives of a medical school **must** be defined by its principal stakeholders (e.g. Dean, members of faculty board, university, government, medical profession).*

The Team commend UCC on the participation of professional organisations and postgraduate training bodies in curriculum development and recommend the continuation of lay person involvement.

*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.*

*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.*

There are learning outcomes for the modules, though continual review is necessary to ensure they are comprehensive and consistent and thereby provide a comprehensive overview of the programme. More detailed outcomes which seem to be very suitable for the students are available in the course handbooks. To further improve integration and interaction between the different disciplines of the programme, and to further enhance their accessibility to the students, it would be preferable to make these detailed outcomes more easily available and searchable e.g. in the form of a database.

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.*

The Team expects that the outcomes – especially for clinical skills and practical procedures – feed into and are congruent with the outcomes of internship and further postgraduate training.

2. Educational programme

2.1. Curriculum models and instructional methods

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

The Team are satisfied that UCC had taken steps to raise student awareness of the Medical Council 'Guidelines for Medical Schools on Ethical Standards and Behaviour appropriate for Medical Students' and students are generally aware of the expectations of them as opposed to other university students. It is particularly important that students on clinical placements are aware of these guidelines.

The Team recommend a review of Inter-Professional Education with a view to maximising the opportunities available to students, and recommend that consideration be given to whether the logistical issues with timetabling could be overcome.

The Team commend the vertical integration of clinical practice into the early years of the programme.

It is noted that the Special Study Options are well developed.

It is important that staff on all training sites have a good understanding of the curriculum structure, objectives and learning outcomes, and that they are given the opportunity to participate in the development as well as the delivery of these.

*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 commend the emphasis on research within the programme.

*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.*

It is important that students continue to appreciate the role of medical science in evidence-based medicine, and that students can apply their scientific knowledge to the clinical environment. UCC should guard against students regarding science as something they "leave behind" when they enter the clinical training site

Recognising that it may be hard to obtain a universal agreement on the details of the core knowledge required, UCC is commended for having established the necessary minimum knowledge in the preclinical disciplines.

The Team commend the Medical School on the new FLAME Anatomy laboratory.

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

2.4 Behavioural and Social Sciences and Medical Ethics

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

The Team recommend that relevant *international* guidelines including the WHO *Patient Safety Curriculum Guide for Medical Schools* and *national* guidelines, for example the *Children First: National Guidance for the Protection and Welfare of Children*, should be incorporated into the educational outcomes for students.

The Team recommend that the Medical School include a component of training for students on how to handle sensitive information which is provided, unsolicited, by patients. The Team also recommend that UCC review and monitor the use of reflective journals, as they noted that some of the students did not see the value to these journals.

During a discussion about student "Fitness to Practise" issues, UCC felt that more national guidance would be welcome in this regard, and suggested that a list of criteria (including medical and psychiatric issues, along with disability) from the Medical Council would be helpful in moving this forward. There may be pre-entry issues as the onus is currently on the medical student to declare anything prior to admission, although there is a Garda clearance process in place also. The Medical School have asked that the Medical Council give consideration to recommending and supporting the idea of a Student Fitness to Practise Committee. The Team undertook to draw this to the attention of Council.

*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 were concerns from some students that there were too many short rotations in final year: and, at the other end of the spectrum, a view that six weeks in oncology, while enjoyable, was too long and eroded the time available for exposure to broader areas.

It is important that the UCC rotation schedule ensures maximum consistency and parity of experience and avoids duplication.

The Team commend the significant development of the Early Patient Contact scheme.

The Team wish to emphasise the importance of early training in the clinical skills laboratory setting as a foundation for later clinical exposure.

*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 that only about 15% of the teaching is lecture-based. This would indicate a high degree of small group teaching activities and this is commendable. However a general impression was that lectures from time to time accounted for a larger part and it is important that the appropriate balance and variety is maintained.

The Team are assured that UCC comply with the EU directive of 5,500 hours of training.

The Team welcome the pathway plan and the curriculum committee review of the senior years of the programme and recommend that this be applied to the existing early years of the programme.

There is Inter-Professional Learning with the School of Pharmacy in final medicine and final pharmacy students and some limited IPE opportunities with nurses, physiotherapy, occupational therapy, and radiotherapy students. The student feedback is very positive and generally students would like the IPE even earlier in the curriculum.

Preparation for internship is done throughout final medicine and there is an intern shadowing programme. The intern coordinator oversees this programme and it is enabled by video-conferencing between the sites.

*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.*

There is a curriculum committee with defined terms of reference.

UCC have previously been commended for their clinical placement mapping. The Medical School believe there is a need to further resource some clinical sites and Professor Des Leddin will lead an independent external evaluation. The Team note that UCC rigorously evaluate their clinical placements and they are generally well structured and high quality. The Team commend the partnership with patients and with other healthcare colleagues in the delivery of their curriculum.

The Team note that UCC use the DREEM questionnaire and other tools to assess and quality assure the placements in clinical training sites. The general practice placements score particularly well in these questionnaires. The clinical assessments include Work Based Assessment and the rationale was to give students formative feedback on how they are performing.

*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.*

There is reportedly good two-way communication from the Medical School and the hospitals feel included and part of the team, although in some cases a better collaboration concerning the curriculum in basic sciences is indicated. However, the Team acknowledge that while there is little leverage for UCC, within the climate of reconfiguration, every opportunity should be taken where UCC do have some latitude, to strengthen contracts and Memoranda of

Understanding and ensure effective liaison in informal contractual arrangements. The Team welcomes UCC's assurance that the involvement of stakeholders is constantly being reviewed and developed and this will continue into the future.

*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.*

Several examinations appeared divided into disciplines and more could be done to integrate them. The Team encourages the ongoing work in linking examinations questions to clinical vignettes, and is aware of the challenges of making a reasonable discipline-related assessment in an integrated examination. The Team also recommend that consideration should be given to appointing overarching externs for assessment rather than subject-based external examiners. The Team commend UCC on the fact that their assessments are blueprinted and there are a variety of exam formats, including MCQ, EMQ, Short answer questions, essay questions, OSCE, portfolios, mini-CEX, and procedure skills.

*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.*

Defining learning outcomes currently lies with the clinical module coordinators who try to ensure that they return to and elaborate on the key science elements involved in each case. Work and collaboration on this will continue into 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

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.

Meeting with First Year Direct Entry Students

The Team met with a small number of first year students who were generally very complimentary of the lecturers and are enjoying the programme. There is a heavy workload but it is manageable and the lecturers are excellent at putting notes up on Blackboard.

The placement and the organisation of the different modules appeared well integrated and coherent.

They were aware of the Medical Council 'Guidelines for Medical Schools on Ethical Standards and Behaviour appropriate for Medical Students' and aware of the need to behave professionally.

They were complimentary about the Ethics course, which looked at different scenarios and they discussed how they would deal with them. There are no lectures in common with other health professional students as of yet.

There is a welfare officer, education officer, student counselling in the health centre and there are a number of services available to students, including a mentoring programme. However it appeared that the awareness of these supports could be increased. There is a "buddy" system in place, where students from the year ahead are 'buddied up' with students from the year behind in order to provide advice, mentoring and support, which appears to work very well.

Meeting with First Year Graduate Entry Students

The Team met with a small number of first year Graduate Entry students. They too said that there is a large volume of information but that it is manageable. The science subjects are challenging for those with a non-science background. However, there is extra support available for them, including extra tutorials. The course handbooks are clear and they have clear learning outcomes for most of the subjects, with the possible exception of biochemistry.

The students in the years ahead have provided informal support and there is also a structured U-Link peer support system.

Pharmacology was flagged as being a particularly difficult subject; however, changes have been made to the curriculum as a result of feedback from the years ahead of them.

The students that we met on the day suggested that there do appear to be some capacity issues as they are the biggest GEM class so far.

The students are all aware of the Medical Council 'Guidelines for Medical Schools on Ethical Standards and Behaviour appropriate for Medical Students'.

The students reported that the Early Patient Contact programme is going well. They have patient reflections and enjoy the experience of meeting actors and learning about anatomy, clinical skills and the application of these skills as early as possible. They had not yet experienced any inter-professional training.

The students reported that they would like the library to be open longer, have more study space and there is a shortage of computers, although there is WIFI in the library.

Meeting with Second Year Direct Entry students

The Team met with eight second year direct entry students. The students reported that Anatomy teaching is particularly good. The learning objectives in first year were very clear and they get their examination results quite quickly.

They are complimentary of the early patient contact and family attachment schemes.

The portfolio reflection appeared time-consuming and occasionally tedious but was regarded as important.

The mentoring system generally worked well but the students found it easier to approach a student mentor than a doctor. The lecturers were generally very approachable.

The students seemed to be less aware of the Medical Council 'Guidelines for Medical Schools on Ethical Standards and Behaviour appropriate for Medical Students'.

The students have signed UCC's code of conduct.

The Team recommend that the Medical School give consideration to offering a language module in second and subsequent years at a higher level.

Meeting with Second Year Graduate Entry Students

The Team met with a small number of second year graduate entry students.

The consensus was that the programme was intensive but this was accepted by the students.

The early patient contact programme is very much enjoyed by the students. They rotate through six hospitals every two weeks and there are hospital inductions. There is a list of skills that students are expected to acquire. The students believe they are building on what they learnt in first year and that their learning has been reinforced. The quality of the rotation was felt by students to be quite dependent upon the supervising consultant. Some very good experiences were reported to the Team, and the School should continue to aim to replicate this best practice in all attachments. The students feel very well "looked after" and report that the support network is very impressive.

The Pathology lectures may be a little too "crammed" and some felt that Anatomy was a little disjointed this year. However, they report that there is a monthly oversight committee meeting and the lecturers are receptive to suggestions and ideas. They have some Inter Professional Education with pharmacists and some nursing students.

Meeting with Fourth Year and Final Year students

The Team met with twelve fourth year and final year students (mostly direct entry students).

The students praised the clinical attachments and ambulance attachments. The small group teaching is very much welcomed. They are happy with their interaction opportunities with patients and they feel part of the team and feel involved.

Some students have had opportunities to interact with the pharmacy students and physiotherapy students and have done joint presentations together.

They get good feedback from their tutors at the end of the rotations, although there were reports of some issues regarding clarity of some examination results (paediatric results were cited as being an example). They feel involved in curriculum development and some changes have been made as a result of their feedback. There are a lot of changes this year following

suggestions from the year ahead of them, for example. They were also invited to contribute MCQ questions.

The students are very complimentary, in particular, about the Mercy University Hospital (although not all students get to rotate through the Mercy).

They feel the ethics teaching is relevant to them in their clinical practice and they feel confident that they would know who to approach if they notice something that concerns them.

There are logbooks and reflective journals and the majority of students feel that these skills develop as they go through the programme.

The attendance at teaching sessions is monitored by requiring students to sign in. The class representative system was reported to work well.

There was some criticism about logistical issues; the organisation of accommodation and travelling.

There were some references to the composition of clinical rotations not always being optimal with regard to patient mix; this should obviously be part of the rotation planning process.

Some students found it difficult to "navigate" on Blackboard and this should be addressed.

The students were very complimentary about their experience South Infirmary - Victoria University Hospital, in particular the Otorhinolaryngology rotation. The practical issue of lack of swipe card access at the South Infirmary was mentioned to the Team. Ophthalmology in Cork University Hospital was also praised. The 'ambulance attachment' was also highly praised as was the two week community placement as part of the Graduate Entry Programme.

The students raised the issue that the library in Clonmel is only open between 9.00 am to 5.00 pm (it is closed during lunch and breaks) and there is no internet access in the houses that they will be staying in.

Meeting with direct entry Third Year Students

The Team met with a small number of direct entry third year students.

The students were complimentary about the lecturers and the pre-clinical training was very valuable to these students. Clinical practice was emphasised from the beginning of first year and everything was integrated. Logbook use appeared to be low.

The 'Person, Culture and Society' module prepares them for the ethical and professional challenges of working with patients and they feel prepared and they would know where to turn to for advice. The staff of the Medical School are very approachable and the students feel very comfortable in knowing where to turn to.

The students have asked for additional training in dealing with patients who offer unsolicited personal and sensitive information during history taking. The 'Breaking Bad News' module is covered in fourth year but they feel the additional training should come earlier in the programme.

4.1 Admission policy and selection

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

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

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

4.2 Student intake

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

The Team recommend that UCC guard against the potential negative impact of the intake from the Allianze University College of Medical Sciences (AUCMS) on clinical capacity. The first intake of 60 students from Malaysia is during 2011-2012. Dr Siun O'Flynn and Dr Anne Harris will oversee the programme. The Team have been reassured that the issue of capacity is a very important issue for the School and they are working internally and externally to examine what the parameters should be, especially for clinical capacity. Medical Council guidance on this issue would be welcome.

The Team commend UCC on the fact that their attrition rates have reduced and academic performance is improving. There is an improvement in student satisfaction generally.

*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 commend UCC on the Mentoring system and the Buddy System that they have in place.

The mentorship programme generally works well and students with personal issues have been supported through this process and a resolution can be worked out through this process in particular. Everyone is assigned a mentor in first year and this is the same mentor for the five years or four years. There is also a peer-assisted student support system.

There is student welfare available through the student affairs committee and there is a psychologist available for students where necessary. The uptake of the mentorship scheme is relatively low. In fact, the Team found that the scheme was not utilised by the majority of the students we interviewed. The Team formed the impression that perhaps the multiple positive pathways for dealing with student concerns could be responsible for this lack of engagement i.e. that the unusually strong relationships between staff and students as they progress through the programme appears to trump the more systematic approach of the mentorship model.

*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.*

*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.*

UCC constantly monitor staff numbers and a staff plan working group consult with Heads of Departments and groups to quantify the need and bring a case for staff planning for 2012-2013. Where a new post is identified, it is discussed at School Executive, College Executive, and the University Management Team. At each stage, the employment control framework and budgetary constraints are examined as part of this process.

The Team request a progress report on the outstanding staff appointments.

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

5.2. Staff policy and development

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

The Team wish to highly commend UCC on the fact that it is mandatory for all substantive staff appointments since 2010 to do a Teaching and Learning Diploma in Education.

The UCC Staff development programme has included some innovations such as the 'Teach the Teacher sessions' which appear to work quite well, but could perhaps be extended and rolled out even further. The Team commend UCC on their promotion system of adjunct appointments and hope that an honorary appointment at professorial level will be introduced. UCC are well advanced in developing a clinician advancement track for those not holding academic contracts.

*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.*

There appear to be some problems in the audio-visual links and the IT facilities at some of the affiliated sites. The Team commend the ENT and Dermatology e-learning facilities developed in SIVUH.

The Team were impressed by the new FLAME Anatomy Laboratory, which the students were also very positive about. The Inspector of Anatomy appointed by the Medical Council is to undertake a separate visit under Section 106 of the Medical Practitioners Act 2007 and a report will issue to the Medical School separately.

The Team notes the safety precautions in pathology but stresses that similar precautions should be used in all relevant disciplines.

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

6.2. Clinical training resources

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

The Team noted, at the Mercy University Hospital, that there was a lack of facilities for tutorials / small group clinical teaching in the hospital with reports from a number of the clinical teachers that many tutorials took place in the link corridor.

*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.*

Staff identified a deficit in some facilities at CUH, particularly in terms of the availability of medium–sized rooms for teaching. It is hoped that this infrastructure issue can be addressed.

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 students were generally positive about Blackboard and stated that the lecture notes were uploaded regularly and that there was a lot of information on Blackboard that they could access when required. There are reportedly problems with integrating IT between hospital site and university. There also appears to be a shortage of computers in the library, although there is WIFI installed.

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

6.4 Research

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

The Team wish to commend the work of raising the students' awareness of the School's research activities. Research policy is developed and monitored by a research committee. The research electives are very popular components within the course. There are Research Awards and Travel Grants, a Health Research Board summer scholarship scheme and the National Academy for Integration of Research, Teaching and Learning (NAIRTL) student award as well. Some students have published their work. UCC have evaluated and developed this programme and it is still evolving.

*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 commend UCC for commissioning a review of their programme, which was undertaken by Professor McLachlan in 2009 and look forward to receiving an update when the next review is undertaken.

The commitment of UCC staff to medical education is impressive and has been commended by the Medical Council previously, and is re-iterated.

*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.*

The exchange with other educational institutions of students and staff including the administrative staff is encouraged as is also resource allocation for the purpose.

7. Programme evaluation

7.1. Mechanisms for programme evaluation

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

The Team recommend development for the staff undertaking Work Place Based Assessments.

*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 Team feel that this works well in the early years but is somewhat lacking in the later years. For example, the students from the earlier years of the programme reported that they receive a lot of feedback through scheduled feedback sessions and they believe this is helpful, although some students would like one to one sessions. This feedback mechanism did not seem to function as effectively in the later years of the programme. The students have logbooks which are reviewed and signed off, though use by the students appears variable.

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

7.3 Student performance

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

The Team commend the research into and attention paid to the drop-out rates.

The Team commend UCC on the integration of the Graduate Entry Programme students with the Direct Entry students in the later years of the programme. The GEMs that we met appear to feel very prepared for internship. There is also a positive effect on the direct entry students following the integration of the GEM students. In year 1, the GEMS have needed additional support and there is a slight difference in the assessment outcomes at the end of year 1, but there is no statistically significant difference in performance in subsequent years.

*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.*

The Team would like an update on the governance structures.

*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 like an update on the resource allocation model.

*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

Comhairle na nDochtúirí Leighis
Medical Council

SECTION D

APPENDICES

APPENDIX 1. AGENDA FOR VISIT

Comhairle na nDochtúirí Leighis
Medical Council

AGENDA

MONITORING VISIT TO UNIVERSITY COLLEGE CORK MEDICAL SCHOOL

15TH, 16TH & 17TH NOVEMBER 2011

VISITING TEAM

Dr John Monaghan (Council Member & Chair)
Ms Marie Murray (Medical Council Member)
Professor Hans Sjostrom (External Assessor)
Professor Hisham Khalil (External Assessor - for 15th & 16th November only)
Professor Alan Johnson (External Assessor)
Dr Ailis Ni Riain (External Assessor)
Dr Jason Last (External Assessor)

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

VENUES:

Brookfield Health Sciences Campus
Mercy University Hospital, Cork
South Infirmary - Victoria University Hospital, Cork

Comhairle na nDochtúirí Leighis
Medical Council

DAY ONE – TUESDAY 15TH NOVEMBER

UNIVERSITY COLLEGE CORK

BROOKFIELD HEALTH SCIENCES CAMPUS

1.00 pm – 2.00 pm	***Room 2.60*** **Private meeting of Team (light working lunch)**
2.00 pm – 3.30 pm	***Room WGB 368*** **Visiting Team to meet with members of** University College Cork **faculty for Plenary Session** **The** Plenary Session **will include a formal presentation to the Council Team (20 minutes approximately). This will be followed by a** Question and answer session
3.30 pm - 4.00 pm	***Room 2.60*** **Tea and coffee break for team (in private)**
4.00 pm – 4.30 pm	***Room 3.02*** **Year One undergraduate students**
4.30 pm – 5.00 pm	**Year One GEM students**
5.00 pm – 5.30 pm	**Year Two undergraduate students**
5.30 pm - 6.00 pm	**Year Two GEM students**
6.00 pm	Team Departs

Comhairle na nDochtúirí Leighis
Medical Council

AGENDA

DAY TWO – WEDNESDAY 16TH NOVEMBER 2011

UNIVERSITY COLLEGE CORK
MEDICAL SCHOOL VISIT

VENUES:
MERCY UNIVERSITY HOSPITAL, CORK
SOUTH INFIRMARY - VICTORIA UNIVERSITY HOSPITAL, CORK

8.00 am Taxi has been arranged to bring the Visiting Team to the Mercy University Hospital.

8.30 am – 9.00 am	**Private meeting of Team**
9.00 am – 10.30 am	Visiting Team to visit and to meet with management and the clinicians involved in education and training at **Mercy University Hospital, Cork**
10.30 am – 10.45 am	**Tea and Coffee break (in private)**
10.45 am – 12.00 pm	**Medical Council to sub-divide and meet with students and carry out site inspection. (To include 4th and 5th year students)**
12.00 pm – 1.00 pm	**Plenary session for Medical Council Team in private (Light working lunch)**
1.15 pm	Prompt departure to **South Infirmary - Victoria University Hospital, Cork**

1.15 pm Taxi has been arranged to bring the Visiting Team to the South Infirmary - Victoria Hospital.

2.00 pm – 2.30 pm	**Private meeting of Team**
2.30 pm – 3.45 pm	**Medical Council to sub-divide and meet with students and carry out site inspection (To include 4th and 5th year students)**
3.45 pm – 5.00 pm	Visiting Team to visit and to meet with management and the clinicians involved in education and training at **South Infirmary - Victoria University Hospital, Cork**
5.00 pm	Team Departs

Comhairle na nDochtúirí Leighis
Medical Council

AGENDA

DAY THREE – THURSDAY 17TH NOVEMBER 2011

VENUE:
BROOKFIELD HEALTH SCIENCES CAMPUS

8.30 am – 9.00 am	***Room 2.60*** **Private meeting of Team**
9.00 am – 10.30 am	***Room 2.25*** **Meeting with clinicians involved in education and training from** University College Cork
10.30 am – 10.45 am	***Room 2.60*** **Tea and Coffee break for Medical Council Team (in private)**
10.45 am – 11.30 am	***Room 2.25*** **Year Three undergraduate students**
11.30 am – 1.00 pm	***Room 2.60*** **Private meeting of Team with light working lunch**
1.00 pm - 2.00 pm	***Room 2.63*** **Final meeting with Medical Council Team and Medical School representatives**
2.00 pm	Team Departs

APPENDIX 2 - UNIVERSITY COLLEGE CORK TEAM

UCC ARE REQUESTED TO PROVIDE THE NAMES OF THE UCC TEAM WHO MET WITH THE MEDICAL COUNCIL TEAM

End of appendices