



Comhairle na nDochtúirí Leighis  
Medical Council

**REPORT ON MONITORING VISIT  
UNIVERSITY COLLEGE CORK'S  
GRADUATE ENTRY TO MEDICINE (UCC GEM) PROGRAMME**

**15<sup>TH</sup> – 17<sup>TH</sup> NOVEMBER 2011**

**CONTENTS OF REPORT**

- 1. MAIN RECOMMENDATIONS TO THE MEDICAL COUNCIL**
- 2. CONTEXT OF THE VISIT**
- 3. CURRENT SITUATION**
- 4. BASIS OF THE REPORT**
- 5. THE TEAM**
- 6. OVERALL CONCLUSION**
- 7. ISSUES FOR NOTING BY UCC**
- 8. RECOMMENDATIONS TO UCC**

## **1. MAIN RECOMMENDATIONS**

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

- 1. University College Cork's Graduate Entry to Medical Programme should be approved with one condition under the terms of Section 88(2)(a)(i)(I) of the Medical Practitioners Act 2007. This recommendation is made on the grounds that the programme adheres to the rules, criteria, guidelines and standards approved by Council, as specified in Section 88(2)(a) and 88(2)(d) of the Medical Practitioners Act 2007. The condition is that the programme successfully completes its full first cycle (due in 2012).**
  
- 2. University College Cork 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 College Cork'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 condition is that University College Cork successfully delivers the first full cycle of the programme (due in 2012).**

## **2. CONTEXT OF THE VISIT**

University College Cork has established a four year programme leading to the award of an MB BCH BAO. It is at undergraduate (basic in World Federation for Medical Education terminology) level with an exclusively graduate entry. UCC currently also delivers a direct entry medical programme of five years duration which leads to the award of the same degree. The two "streams" merge for the final two years of both programmes.

A Medical Council Accreditation Team undertook an evaluation of the direct entry programme on 15<sup>th</sup>, 16<sup>th</sup>, and 17<sup>th</sup> November 2011, and combined it with a monitoring visit to the four year graduate entry programme. The visit was undertaken following the recommendation approved by Council that, prior to the further accreditation visit in Spring 2012, a monitoring visit should be held in 2011.

## **3. CURRENT SITUATION**

The Council's policy is that the accreditation of all new programmes is provisional until one full cycle of the programme has been completed. In terms of the Medical Practitioners Act 2007, this means that *at least one condition* has to be attached to approval before that time. The sole *mandatory* condition is that the programme successfully completes its first full cycle (in 2012 in the case of the UCC GEM), this success to include evidence of its longer-term sustainability. Approval without conditions was therefore not an option for the UCC GEM at this stage, and this is reflected in the main recommendations.

## **4. BASIS OF THE REPORT**

Many of the findings and recommendations contained in the main report on the direct entry programme also apply to the UCC GEM; they have implications for both programmes, and should be viewed by UCC in this light.

This brief report therefore concentrates on issues specific to the GEM programme.

## **5. THE TEAM**

The Medical Council Accreditation Team is listed on the title page of the main report. The Council particularly appreciates the contribution of external assessors. The Medical Council also thanks the University College Cork Team, and the GEM students who met the Team: students' feedback is most helpful in formulating this Report.

## **6. OVERALL CONCLUSION**

The Team reiterates the findings of previous Teams that the programme in general is well-designed and effectively delivered to an impressive cohort of students who are generally positive about their UCC experience and about the enthusiasm and motivation of UCC staff. There are areas where review and revision is advised but none of the issues identified warrant any additional conditions being placed on the existing conditional approval.

## **7. ISSUES FOR NOTING**

- a) The general satisfaction of the students with the programme, subject to some caveats contained in this report and in the report relating to the five year programme
- b) The consensus (among teaching staff and GEM students themselves) that GEM students – whether from a science background or otherwise - are well prepared to embark on the final two years of the programme
- c) The consensus among teaching staff that GEM students cope with the predominantly clinical years of the programme at least as well as students on the direct entry programme
- d) The consensus among teaching staff that GEM students are excellent self-directed learners, and have a positive influence on the students on the five year programme in this regards
- e) The consensus (among teaching staff and GEM students themselves) that GEM students show a distinct readiness to engage with staff in discussion about the programme, their own student performance, and any suggestions for improvement / concerns
- f) The GEM students’ eagerness to receive consistent and timely feedback
- g) The GEM students had some concerns about capacity, given the demands on UCC and clinical training site resources from their own cohort, from students on the five year programme, and from UCC’s academic activities in Malaysia
- h) That UCC had developed plans to manage this increase
- i) UCC’s assurance that the programme continues to meet the provisions of EU Article 24 (2) on the 5,500 hours duration of basic medical education and training (as stipulated in EU Directive 2005/36/EC)
- j) The mechanism by which students are assigned to clinical rotations in the final years of the programme is under review by UCC. The balance of clinical experience across different clinical disciplines was highlighted as an issue for some students, and therefore consideration should be given to how the balance of clinical experience might be adjusted for students who are already within the clinical programme and would benefit from a robust student map
- k) The academic mentor programme initiative is commendable. However, the students at UCC have a multitude of supports that they appear to use instead of using their assigned academic mentor. The team recommend that UCC review the role of academic mentor and/or the mechanism by which students engage with their assigned mentors.

## **8. RECOMMENDATIONS**

*The Team recommend that UCC note the above, and that continue to implement / monitor the issues raised in the previous report on the UCC GEM, including that UCC:*

- a) Ensure that student intake (to all its basic medical programmes) is compatible with available resources, whether human, physical, IT, library, campus-based, or training site-based (particularly in terms of rooms for medium sized tutorial groups, and facilities at affiliated hospital sites)

- b) Continue to pursue Memoranda of Understanding or formal contracts with clinical teaching sites (although the Team recognise that these would be likely to be in respect of UCC medical students in general and not UCC GEM students in particular)
- c) Ensure that additional relevant academic support continue to be afforded where necessary to non-science backgrounds
- d) Ensure that staff development continues both on campus and on major and affiliated clinical training sites
- e) Ensure appropriate staff: student ratios for small-group teaching and learning
- f) Continue to maximise potential for primary and community based clinical experience
- g) Continue to maximise patient and lay person involvement in the programme and its governance
- h) Ensure consistent feedback to students

*End of report*