Comhairle na nDochtúirí Leighis
Medical Council

ACCREDITATION VISIT 1ST MARCH 2012
UNIVERSITY COLLEGE CORK
GRADUATE ENTRY PROGRAMME

CONTENTS

MEDICAL COUNCIL ACCREDITATION TEAM

MS KATHERINE BULBULIA (CHAIR)
MS MARIE KEHOE
PROFESSOR ANTHONY WEETMAN *
PROFESSOR ALAN JOHNSON *
DR AILIS NÍ RIAIN *

EXECUTIVE

DR ANNE KEANE
MR EMMET MURRAY
MS AOIFE FITZSIMONS

*EXTERNAL ASSESSORS

A. DECISION OF COUNCIL

THE DECISION OF COUNCIL IS THAT:

1. The University College Cork's four year Graduate Entry to Medicine Medical Programme (UCC GEM), which leads to the award by National University of Ireland of an MB BAO BCh degree, 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 Corks' 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 re-accreditation visit to the UCC GEM Programme in 2017, to assess the programme's continuing compliance with the Medical Council's criteria, guidelines and standards. In the meantime, an Annual Return will be sought from UCC in line with Council's agreed processes, and a monitoring visit may be undertaken if deemed necessary.

B. PREFACE

BY HEAD OF EDUCATION AND TRAINING, MEDICAL COUNCIL

1. Previous conditional accreditation of the University College Cork Graduate Entry to Medicine Programme

The University College Cork has established a four year graduate entry programme. It is at undergraduate (basic in World Federation of Medical Education terminology) level with an exclusively graduate entry. A key feature of the programme is that there is a distinct GEM cohort for the primarily pre-clinical part of the programme; then the GEM cohort merges with students from UCC's Direct Entry Programme for the predominantly clinical parts of the course, forming one cohort.

The Medical Council's policy is that the accreditation of all new programmes is conditional (previously "provisional") until one full cycle of the programme has been completed (or is very near completion; the timing of the visit has to take into account the need of graduates of all programmes to be registered in July if they are to practice).

The programme was initially provisionally accredited by the Medical Council following a visit in November 2008, after the programme admitted its first students in September 2008.

The Medical Council revisited in 4th and 5th November 2010. Approval which was under the terms of the Medical Practitioners Act now deeded "with conditions" was continued following that visit.

The Medical Council next visited on 15th–17th November 2011 to monitor the progress of the conditionally accredited programme. The focus of the visit was on clinical training.

2. March 2012 accreditation visit

The graduation of the first cohort of UCC GEM students is due in summer 2012. An accreditation visit by the Medical Council Team therefore took place on 1st March 2012, at the University College Cork campus.

The purpose of the visit was to review the four years of the GEM. An overview of the programme in its entirety and of the UCC's plans for the future was obtained *via* UCC's self–assessment and the visit. The recommendation of the Team is based on the performance of the programme over the four years 2008–2012, and consideration of its longer–term sustainability. The information that the UCC was asked to provide before the visit reflected this retrospective/prospective approach.

3. Standards

From 16th March 2009 (when Part 10 of the Medical Practitioners Act 2007 (MPA 2007) was commenced), Section 88(2) of the Act applies. The Medical Council agreed, at their meeting of 19th January 2010 that the World Federation for Medical Education's Global Standards will continue to be used. These WFME standards have been used for all accreditations since 2005, so this is a consistent approach. All members of the Medical Council visiting team were previously provided with a copy

of the WFME European Specifications – these are also available on http://www3.sund.ku.dk/.

4. Processes

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

However, two requirements of the MPA 2007 impacted on the UCC March 2012 visit. The first is that Council is required to consult with the Minister of Education and Science before making its decision (though there is no requirement for Ministerial approval). This consultation will take place following the relevant meeting of PDC, and prior to the PDC recommendation going to Council. The second is the requirement to publish "details" of all inspections carried out. An Executive Summary of the final full report will be placed on the Medical Council website.

5. The Team

The Medical Council Team is listed on the title page of this report. Special mention must be made of Professor Alan Johnson (former Dean of the Faculty of Medicine and Health Sciences and Director of the Graduate Entry Programme, Royal College of Surgeons in Ireland), Professor Anthony Weetman (Pro Vice Chancellor, Dean of the Faculty of Medicine, Dentistry and Health, Professor of Medicine, University of Sheffield, UK) and Dr Ailis Ni Riain (Irish College of General Practitioners) who acted as the external assessors; the Medical Council appreciates their expert contribution.

The Medical Council thanks the University College Cork's Team, led by Professor George Shorten, Dean of the University's Medical School, and Professor Mary Horgan, Director of the GEM programme, for their co-operation and hospitality. The Team appreciated that a large number of academic and administrative staff took time out of their busy schedules to participate in the process. In addition, the Medical Council wishes to thank the students in UCC who met the Team, and whose feedback is most helpful in informing the views of the Team.

6. Documentation

Prior to the visit, the Team reviewed the University College Cork's completed questionnaire 'University College Cork Graduate Entry Medicine 2008-2012: Submission to the Irish Medical Council, February 2012'. This is available to Council members on request.

7. Schedule

The accreditation visit on 1st March at Brookfield Health Sciences Complex began with a presentation by Professor George Shorten and Professor Mary Horgan, Programme Director. The Medical Council Team met representatives of the University for an in-depth discussion regarding the programme. Private sessions were held with students in all years of the programme.

The relatively small number of students who met the Team at Brookfield Health Sciences Complex was somewhat disappointing, and was in contrast to the meeting with students in previous visits, which was very well attended.

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

8. The Report

This report concentrates on the main issues arising regarding the design and delivery of the programme over the period 2008-2012, and on the views of students, particularly those coming to the end of the programme. It does not repeat information that can be found in previous reports or in the UCC submission, but highlights recommendations, commendations, and any requests for additional information.

Dr A M Keane
Head of Education and Training

End of preface

C. THE TEAM'S REPORT:

SUMMARY AND MAJOR RECOMMEDNATIONS

Conclusion and main recommendation of Council Team

As stated the Team's recommendation to the Medical Council Professional Development Committee is that the programme should be approved. This approval should be for an initial period of five years from the date of approval from the Medical Council.

The Team highlights that the issue of capacity should be particularly closely monitored as part of the Medical Council's Annual Return process.

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

The Team believes that the graduates of the University College Cork Graduate Entry Programme will have the knowledge, skills and attitudes of a "fit for purpose" junior doctor, eligible to be registered in the Trainee Specialist Division of the Medical Council register.

Other major recommendations by the Medical Council Team

1. The Team does not find evidence of any imminent and severe capacity issue but it should be closely monitored by the Medical Council and should form part of UCC's Annual Return to the Medical Council.

2. UCC should resolve and clarify the situation in respect of devolution of resources, as previously flagged by the Medical Council.

3. UCC should ensure that all GEM students, in particular students from non-science backgrounds, are made aware that there is additional support provided for them in the early weeks of the programme, should they wish to avail of it.

4. Students must be encouraged to express their opinions freely and contribute to review and development of the programme. UCC should ensure that students can express opinions or concerns in a safe and confidential environment.

5. UCC should review both the content and timing of student feedback. The students' perception is that there is a deficit in formative feedback.

6. Student feedback indicated that a review of the Physiology practical was needed and this should be undertaken.

7. UCC should clearly distinguish between the "sign post system" and lectures, as the students appeared confused.

8. UCC should ensure that curriculum and its assessment are congruent.

9. Students reported variations in the quality of placements and in some consultants' interest in teaching, and the Team recommend that this be reviewed to ensure maximum consistency of approach and exposure across all sites.
10. Students on clinical placements were keen to be active participants rather than passive observers, and to have "ownership" of a particular task. The Team recognises the importance of students not undertaking responsibilities which are the role of registered medical practitioners but recommends that UCC considers the students' comments.

11. UCC should ensure awareness among students of the following:

    a. The Medical Council's *Eight Domains of Good Professional Practice*
    b. The Medical Council's *Guidelines for Medical Schools on Ethical Standards and Behaviour appropriate for Medical Students*, particularly on affiliated sites and in general practices used for teaching
    c. The revised *Children First: National Guidance for the Protection and Welfare of Children* guidelines in Ireland (particularly before students have attachments in paediatrics
    d. The World Health Organisation *Patient Safety Guidelines*

12. UCC should ensure that the teaching environment incorporates high standards in hygiene and infection control.

The Team commend UCC for:

1. The Peer Assisted Student Support Scheme (PASS) and its support leaders.

2. Responding to student feedback by reducing the weighting of the first exam at Christmas of Year One from 50% overall mark (for the year) to 30% as it is likely to reduce stress and anxiety of students, especially students from a non-scientific background.

3. Encouraging opportunities for multi-disciplinary teaching.

4. Increased involvement in primary and community care as a significant feature on the curriculum.

5. The development of the "Patients as teacher programme".

6. Maintaining the quality of the Small Group Learning (SGL) sessions with the increase of student numbers.

7. Seamless integration from Year Two Graduate Entry Medicine programme to Year Four of the Direct Entry Medicine Programme.

8. Highlighting a number of areas where the curriculum has been altered to provide a better balance between life sciences and clinical practice.

9. Staff development.

10. The extensive network of teaching hospitals spread over four counties, that include 14 sites.

11. The state of the art Advanced Southern Simulation Education and Training (ASSET) Centre, which promotes learning and skills for students through the use of simulation.

12. Trying to accommodate international students and facilitating their attachments outside of their jurisdiction.

D. MAIN BODY OF TEAM'S REPORT

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

1) Entry to the programme 2008-2012

a) GEM selection / admissions process 2008-2012

UCC are satisfied with a minimum entry requirement of a 2.1 Bachelors degree with Graduate Medical School Admission Test as an evaluating tool and believe that it appears to be a good predictor of performance.

Non-EU applicants are reviewed in order of Medical College Admission Test score, relevant professional experience; academic distinctions; scholarships and volunteering experience. University transcripts are also examined; applicant's undergraduate degree cumulative Grade Point Average is also taken into consideration.

The Team recognises that there are national and institutional policies in this area, but the School is encouraged to continuously review the admission policy based on societal and professional data, to comply with the social responsibilities of the institution and the health needs of the community and society and also to look at the relationship between selection, the educational programme and the desired qualities of graduates.

b) The academic background of GEM students 2008-2012

Approximately 75% of the GEM students are from a science background. The evidence does not suggest any adverse correlation between non-scientific as opposed to scientific background. The students felt that whilst some of the non-science graduates may have taken a term or two to catch up on the science elements of the programme, the difference had soon disappeared. The evidence supports the view that an arts/social sciences or humanities background does not result in poorer outcomes. The clinicians teaching students in the primarily clinical years found no discernable difference relating to pre-entry degree subject. Students from *all* academic backgrounds found it an appropriately challenging and demanding programme.

c) GEM numbers 2008-2012

It was noted that following Council's assessment of the direct entry programme, further information on capacity had been requested from UCC and would be forthcoming. It was also noted that UCC was developing its interests in a Malaysian medical school. It is crucial that UCC monitor students numbers on both of its basic programmes to ensure that they are commensurate with the available clinical training opportunities. The capacity of clinical training sites should be carefully monitored by Council.

2) Educational Programme 2008-2012

a) Curriculum structure and content 2008-2012

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

A number of specific issues are highlighted in the following.

The Curriculum Model is largely based on the National Graduate Medical Education Programme developed by the Irish Universities and Medical Schools Consortium group. It includes knowledge and understanding of the basic, clinical, behavioural and social sciences, including primary and community care, medical ethics, clinical skills, ability for life-long learning and professional development.

The learning methodologies used to deliver the UCC programme are "sign post" seminars, small group learning, demonstrations, experimental learning and self-directed learning. These instructional methods take into account the educational backgrounds and experiences of the graduate entrants.

The Team's view is that while these methods are effective for the learning process, it is important that there is effective communication with students on the issue. UCC should clearly distinguish between the "sign post system" and lectures, as students' expectations of the length and content of "sign post" session was based on a belief that these were in fact lectures.

As noted, entrants to the Graduate Entry Programme from a non-scientific background are at an early disadvantage but soon catch up with their peers. UCC should ensure that all students are made aware that there is, commendably, additional support provided for them should they wish to avail of it.

The Team commend UCC for giving more credits to small group learning, and students share this appreciation. UCC responded appropriately to student feedback which indicated students' concerns about the pre-Christmas exams in Year One, and the allocation of marks was subsequently reduced to a weighting of 30:70. This relieved stress and anxiety among students, especially students from a non-scientific background.

Student feedback indicated that a review of the Physiology practical was needed and this should be undertaken.

The Team commend the new Public Health Module that will commence 2012/13.

Students in the years ahead of them were very helpful. Feedback to UCC was generally encouraged and acted upon. It is absolutely essential that students feel able to express their ideas and concerns freely. Any perception, however misplaced, that UCC do not welcome feedback or that a student appropriately voicing their opinions is viewed in a negative light, is unacceptable and must be avoided.

The Team commend UCC for their attention to developing professionalism and an appreciation of the primacy of patient safety in their students; in general, students appeared to have a good awareness and understanding of the Medical Council's *Guidelines for Medical Schools on Ethical Standards and Behaviour appropriate for Medical Students.*

The students were familiar with the concept of the multi-disciplinary team; the Team commends the existing possibilities for students and recommend that every opportunity be taken to reinforce multi-professionalism in teaching and learning and in the clinical setting.

GEM students' perception was that the students from both cohorts were positive about the relationships with their peers but acknowledged that their contact was with fellow students on the same rotation rather than the wider student body.

It was verified that the duration of the programme meets the 5,500 hours stipulation of EU Directive 2005/36/EC

b) Curriculum delivery (i): Teaching and learning on campus 2008-2012

The campus facilities have previously been inspected and are considered to be of high quality.

Curriculum delivery (ii): Teaching and Learning on clinical sites 2008-2012

Students reported variations in the quality of placements and in some consultants' interest in teaching, some students source their own placements in advance to ensure a better teaching experience on the clinical sites. There was a degree of variability within different placements for Year Three in contrast to Year Four; enhanced curriculum mapping would ensure consistency of approach and content by teachers, and therefore the attainment of specified outcomes.

Students on rotations are keen to be active participants rather than, as they sometimes felt, passive observers, and would like to have "ownership" of a particular task. The Team recognises the importance of students not undertaking responsibilities which are the role of registered medical practitioners but recommends that UCC considers the students' comments.

The Team encourage UCC to ensure that the clinical teaching environment incorporates high standards in hygiene and infection control.

A number of clinical facilities have previously been inspected and are considered to be of high quality: however, the Team did receive feedback from students that the IT facilities in South Tipperary General Hospital at Clonmel are not adequate and students do not have any access to the internet at this site while on placement. This needs to be addressed by UCC in conjunction with the hospital authorities.

3) Assessment 2008-2012

The students' preference was for *more* feedback, and more *prompt* feedback. They perceived a deficit in formative feedback, and they have concerns that they could be making the same errors throughout the programme without being made aware of it through feedback. They also wanted feedback about their strengths as well as their weakness. The Team recommends that UCC should review both the content and timing of feedback to students.

Students welcomed and appreciated feedback they received whilst on the clinical training site, although this was somewhat variable.

It is crucial that the curriculum and its assessments are congruent. Students identified instances where assessment had focused on a very specific element of an

area that had been a "broad" one, and this should be reviewed in order to ensure consistency.

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

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

4) Students 2008-2012

The framework for student support on campus, including counselling, appears to be generally satisfactory. The induction to the programme by the Peer Support Leaders for First Year GEM students seems to work well, and the system is commended.

As students progress through the programme it may be less necessary to have the Peer Support Leaders; however, it is important that support is still available. The role of mentorship in the later clinical years of the programme seemed problematic to the students.

Academic and pastoral support when on clinical rotations is critical; while the Team appreciates that students form natural allegiances to clinical sites, there is still an onus on UCC to ensure appropriate support is provided and that students are aware of this. The Team recommends that UCC review the role of academic mentor and/or the mechanism by which students engage with their assigned mentors with particular reference to clinical sites. It is important that mentors who are no longer available are replaced.

The students reported a generally helpful environment both with respect to student/teacher and student/student interaction, and were positive about the programme and School's academic and administrative leadership.

The Team commends UCC for the provisions in place for non-science students, in terms of access to introductory Lecture notes and recommended reading material from the Nursing programme (Anatomy, Pharmacology, Physiology). However, it is important to ensure that the students from a non-science background (indeed all students) are made aware of the additional support UCC provides for them should they wish to avail of it.

The academic staff highly praised the GEM students as confident, articulate and highly motivated.

5) Staffing 2008-2012

a) Staff resources for GEM 2008-2012

The Team noted that concerns had been raised following a previous visit regarding devolution of resources. The Medical Council Team at that time (November 2010) had been informed that this devolution was "work in progress"; however, it appeared to the Team on the current visit that devolution was still not complete. This issue of authority over resources has a direct impact on staffing, and UCC should resolve and clarify the situation.

Appointments have been made in the following areas of the GEM programme, Anatomy, Biochemistry, Clinical Science and Practice, Epidemiology, Pathology, Pharmacology, Physiology and a Senior Executive Assistant. In addition to the dedicated GEM staff an appropriate number of appointments have been made throughout the Medical School to meet the requirements of both Graduate and Direct Entry students.

b) Senior appointments for GEM 2008-2012

Professor Mary Horgan has been appointed as Director of the Graduate Entry Programme.

c) Contractual arrangements for clinical teaching

1. The majority of newer appointments are on fixed term contracts
2. Hourly occasional contract are also in place to facilitate any additional requirements for students

d) Staff development

The Team would like to commend the staff for their continuing support for research and staff development. The Team understands that senior staff are sometimes obliged to finance the cost of meetings and courses from their own resources and while this shows admirable dedication it is important that appropriate funding is made available by UCC.

6) Physical Resources 2008-2012

a) Campus

It was noted that an additional source of students from the new Allianze University College of Medical Sciences (AUCMS) programme in Malaysia had to be also factored in. The Team formed the view that there was no evidence of any imminent and severe capacity issue but that it should be closely monitored by the Medical Council and should form part of the Medical Council's Annual Return.

Students are very satisfied with the majority of the facilities, including the Western Gateway building, Facility for Learning Anatomy, Morphology & Embryology (FLAME), Simulation Centre Advanced Sourthern Simulation Education and Training (ASSEST) and library and IT.

b) Clinical resources

The Team questioned staff about the capacity issues that had been flagged by the Medical Council. Additional evidence of UCC's contention that capacity was sufficient to cope with the current and projected student numbers has been sought and will be provided prior to the next meeting of the Professional Development Committee. The Team were assured that there is sufficient capacity given the Western Gateway building and the exclusive use of large hospitals including Cork University Hospital and the Bon Secours.

The Team formed the view that there was no evidence of any imminent and severe capacity issue but that it should be closely monitored by the Medical Council and should form part of the Medical Council's Annual Return.

The Team find that students have sufficient access to patients and opportunity to acquire sufficient clinical knowledge and skills to assume appropriate clinical responsibility upon graduation.

c) Simulation / clinical skills laboratories

The Team was impressed by the Advanced Southern Simulation Education and Training (ASSET) centre at University College Cork, and facilities are generally appropriate.

d) IT and libraries

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

7) Evaluation and Renewal 2006-2010

Teachers and students are actively involved in programme evaluation and UCC seem to use student feedback to enhance the development of the programme. It was noted that students have to be occasionally encouraged to engage with staff for formal evaluation.

The Team would like to commend UCC on the statistical information provided which compares the performance graduate entry students with direct entry students as mentioned earlier. An overall assessment of both programmes was conducted by UCC which compares the performance of GEM and direct entry students in their first common assessment. While the evidence is only one year's data, it appears on the basis of that evidence that GEM entrants are outperforming those from the direct-entry cohort. This provides encouraging support to the validity of the GEM programme. The Team recommends that this analysis be continued.

The Team would also like to acknowledge and commend UCC for the changes made to the programme that incorporated direct feedback from students.

The Team recommends that UCC continue to monitor their GEM students after their graduation as they continue with their careers and professional development. This information will provide further evaluation and analysis of the programme for the future.

8) Mission accomplished 2012?

a) Achievement of the planned / anticipated outcomes of the GEM

The programme appears to be designed and delivered to produce medical graduates with an appropriate level of knowledge, skills and attitudes in the (nearly) four years of the programme undertaken so far. This is a key finding which is central to the Team's recommendation for approval of the GEM programme.

b) Any discernable difference between the school-leaver and GEM cohorts

No adverse correlation is evident. Anecdotal evidence from staff was that the GEM students were particularly highly motivated. While the final examination results are not available, the evidence thus far is that the GEM students are performing at (at

least) the same level as those who have undertaken the Medical Council accredited five year direct entry programme.

c) Are graduates prepared to be doctors?

The Team is satisfied that the GEM programme reaches the standard necessary to produce competent graduates.

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

d) Transition to the intern year

Students have gained experience in history taking, physical examinations, ward-rounds, management of patients and reporting to NCHDs.

The final year of the programme is a sub-internship year where students shadow their more senior colleagues. Students feel that they had gained substantial practical information and clinical experience which they feel will be of significant benefit to them and are looking forward to commencing their intern year.

End of main body of report

Comhairle na nDochtúirí Leighis
Medical Council

APPENDIX 1

AGENDA

ACCREDITATION VISIT TO UNIVERSITY COLLEGE CORK GRADUATE MEDICAL PROGRAMME

THURSDAY, 1ST MARCH 2012

VISITING TEAM

Ms Katharine Bulbulia, Chair
Ms Marie Kehoe,
Professor Anthony Weetman*
Professor Alan Johnson*
Dr Ailis Ni Riain*

**External Assessor*

EXECUTIVE

Dr Anne Keane, Head of Education & Training
Mr Emmet Murray, Executive Officer
Ms Aoife Fitzsimons, Executive Officer

Venue

UNIVERSITY COLLEGE CORK

BROOKFIELD HEALTH SCIENCES CAMPUS

THURSDAY 1ST MARCH 2012

taxi to collect Team at Kent Station

10.15 am – 10.45 am	Private meeting of Team (tea & coffee)
10.45 am – 11.45 am	Visiting Team to meet with members of **Medical School Faculty** to include a presentation by UCC* (15 min max) This will be followed by a **Question and answer session**
11.45 am - 12.30 pm	Year One & Year Two GEM students
12.30 pm – 1.15 pm	Year Three GEM students (light working lunch)
1.15 pm – 2.00 pm	Year Four GEM students
2.00 pm – 2.30 pm	Private meeting of Team (tea & coffee)
2.30 pm – 2.45 pm	Final meeting with Medical Council Team and **Medical School Faculty**
2.45 pm	**Team Departs**

**Presentation by UCC of main findings/lessons of the 4 years of the programme. This should include addressing capacity issues in light of projected student numbers (on both of UCC's basic medical programmes), and an explanation of UCC's plans to manage this.*

Taxi organized to take to team to Kent Station Cork City

A prompt departure will enable the Team to catch the 3.30 pm train back to Dublin, arriving at Heuston station for 6.20 pm.

APPENDIX 2

UNIVERSITY COLLEGE CORK TEAM

Prof George Shorten (Dean, School of Medicine)
Prof Mary Horgan (Director of Graduate Entry Programme)
Dr Siun O'Flynn (Director of Medical Education)
Dr Niall Hyland
Dr Deirdre Bennett
Dr Beth Brint
Dr Ger O'Keeffe
Dr Ruaidhri Carmody
Dr Gemma Browne
Ms Connie Mulcahy
Dr Colm O'Tuathaigh
Dr Bridget Maher
Prof Jonathan Hourihane
Prof Ken O'Halloran
Dr Fionnuala ni Chiardha
Dr Mairead O'Riordan
Dr Paula O'Leary
Dr Anne Harris
Dr Margaret O'Rourke
Dr Frank van Pelt
Dr Denis O'Mahony
Dr Aisling Campbell
Dr Colin Bradley
Dr Aislinn Joy
Prof Mike Prentice
Ms Eileen Duggan