Report on Monitoring Visit 2008

Medical School **UNIVERSITY COLLEGE DUBLIN**
Date of Visit **25th April 2008**
Assessment Team **Dr Ailis Ni Riain (Vice President)** **Professor Anthony Cunningham (Chair Of Education and Training Committee)** **Dr Deirdre Madden (Chair of Ethics Committee)** **Professor Tom O'Dowd (External Assessor)** **Mr John Lamont (Registrar)** **Ms Karen Willis (Education and Training Section)**

Summary and General Assessment

1. Context of the visit

The Medical Council in 2006 accredited University College Dublin's current undergraduate programme for a three year period. In March 2007 and in April 2008, Council wished to monitor the content and delivery of the Accelerated Entry Programme. This report outlines the findings of the visiting team during the visit to UCD on 25th April 2008.

The Medical Council appreciates the assistance on the visit of external assessor Professor Tom O'Dowd.

2. The report

Student comments are incorporated into the report. It is not possible in every case for the Team to verify students' observations. However, it is important that the Team draws them to the School's attention so that the School is aware of them, and can investigate and take remedial action where necessary.

3. Overall finding of Council Team

Overall, the Team is satisfied that University College Dublin has made progress during the past two years and that the accelerated entry programme is of a satisfactory standard.

4. Accelerated Entry Programme

During previous visits, the Medical Council had concerns that the AEP was a new and unaccredited programme. The Medical Council have noted that the AEP as currently designed was a 'once-off' and that any future programme aimed at graduates would be structured in different manner.

5. Action following the Education and Training Committee Meeting

The Visiting Team will produce a report and a recommendation will be made to the existing Medical Council prior to the end of its term of office.

Accelerated Entry Programme

1. Rationale

The Head of School explained that the programme was intended to be delivered as a once-off programme. UCD have responded to the issues which have been raised by the Medical Council in previous reports, particularly concerns regarding the progress and welfare of students.

2. Structure

The AEP is a four year programme, an accelerated course spread over four rather than five years. The undergraduate programme has undergone a modularisation process as part of a University-wide initiative. New modules specific to the special entry students have been approved. The delivery of the programme has informed UCD on some of the issues that may be applied to the new Graduate Entry Programme, due to commence in September 2008.

The students study the same core curriculum as other undergraduate medical students, but in two academic years of three terms rather than three academic years of two terms. It is proposed that the special entry students will receive identical clinical training in their final two years as the undergraduate students receive.

3. Admission

The criteria for entry are a minimum of a 2.1 degree in any subject and a satisfactory score in the Graduate Australian Medical School Admission Test.

4. Demographics and student profile

The Team met seven students from the Accelerated Entry Programme, who came from a wide variety of academic and career backgrounds. There are nine males and four females in the class.

5. Meeting with UCD Staff

The Visiting Team met with seven staff members who have responsibility for delivering the Accelerated Entry Programme.

The Team explored a range of issues informed by the report of the previous visit in March 2007 and the documentation submitted by UCD in advance of the visit entitled 'UCD School of Medicine and Medical Science Accelerated Entry Programme Evaluation – 14th February 2008'. This survey has resulted, in part, from Medical Council concerns and aims to reinforce the fact that there is now an emphasis on student feedback. UCD have now created programme boards which look at all programmes and the standard of evaluation and performance. The students believe that they have effected change as a result of the survey.

The team were given a demonstration of the Blackboard programme, which has remote access, centralised seminars and hopes to have anti-plagiarism software eventually.

UCD feel that they have been very fortunate in the calibre of this group of students and that overall they are progressing very well.

6. Assessment

The process of assessment is the same for the Accelerated Entry Programme as the standard programme with a rigorous process and an examination board. The Team were also told that the mean Grade Point Average in every module that they have taken exceeds the undergraduate programme students, therefore UCD feel that the AEP students are performing very well academically. The Feedback Survey in general, reflects a good level of integration among the students, the value of the small group experience, and the enthusiasm of the teaching staff.

7. Students' views

The students were assured of confidentiality and were informed that any comments or observations made by them would not be attributable to them individually in the final report. Seven students attended on the day – all students had been e-mailed and the students that were met by the Team had responded to a general e-mail to attend.

The students have a specific liaison person for any concerns or positive comments and they felt that the Medical School were responsive to suggestions. The majority of issues were to do with modularisation of the programme. The Medical Council team asked about integration with the mainstream class in September 2008 and were told that students are not unduly concerned about this

as they have already shared some lectures and tutorials with this group and have also met them at social and sporting events.

With regard to meeting patients and clinical exposure, the accelerated entry programme students have been on home visits to patients every semester. This is the same as the students on the main programme and they have not had additional exposure, although some students would like this.

The team were informed that students from science versus non-science backgrounds were not at any particular advantage by Year Two. They work well together as a group and share information against a backdrop of complete mutual support.

Previously, the Medical Council was concerned about the lack of opportunity to do Student Selected Components (SSCs) in diverse areas and elective rotations including the humanities. The students appear to be happy to forgo SSCs or electives in order that they may graduate in four years. However, the Medical Council believe that all students benefit from elective opportunities and wish to emphasise the importance of developing electives in modern medical education in Ireland. While the Medical Council appreciates that this particular course is a 'once-off', it would recommend that UCD consider developing modules for other medical courses in the future.

With regard to professional development of the students, the students are attending the same modules that the mainstream students are taking. They study Clinical Practice on their own with ethics, communications and professionalism covered in each module. Issues of healthcare in general were covered, and then specific issues were focussed upon, such as patient autonomy, ethics, and continuing medical education. There is also a group project for which a percentage of marking was available. The Medical Council wish to compliment UCD for involving patient representatives and advocates in the educational programme. The students informed the Council that they had derived benefit from it. The Council would like to encourage UCD in these endeavours and hopefully see this developed in future years.

The students highlighted the additional financial strain inherent in undertaking the course after a primary degree and after, in some instances, pursuing a career. However, the students confirmed that they were receiving sufficient support and mentoring from the faculty and each other. They have student advisors and liaison staff, although the students find it easier to go through course co-ordinators rather than the chaplaincy.

8. Main conclusions of the Team

a. The Team share the perception of the School, and the students themselves, that the students are generally coping with the demands of the course.

b. The Medical Council believe that all students benefit from elective opportunities and wish to emphasise the importance of developing electives in modern medical education in Ireland. While the Medical Council appreciates that this particular course is a 'once-off', it would recommend that UCD consider developing modules for other medical courses in the future.

c. The Team is conscious that the current AEP cohort is a "one off" student group and that the University does not plan to continue this particular programme.

d. The message needs to go to the trainers that this is a very different programme and that Accelerated Entry Programme students have different needs from the mainstream cohort.

9. Summary and future action

The Medical Council Team was reassured by what they heard during the visit and the major recommendation is that the progress and welfare of the AEP students be closely monitored. The team were aware however, that they only met half of the student cohort.

The Medical Council asked that if they were to organise a forum for graduate entry programme and accelerated entry programme students, whether the students might like to participate in such a forum. This was met with enthusiasm by the students, some of whom had already spoken at an ASME Conference.

As stated earlier, the Visiting Team feel that the issue of financing is a serious one and the Team feel that there needs to be formal support in place. The Medical Council emphasise that while the accelerated entry programme students can do well academically, life pressures may lead to stronger pastoral needs.

The Medical Council would encourage UCD to share the 2007 and 2008 reports with the accelerated entry programme students as part of the feedback process. The Feedback from the students' survey was very helpful for the Medical Council in advance of the visit.

End of report