REPORT ON ACCREDITATION VISIT
UNIVERSITY COLLEGE DUBLIN'S
GRADUATE ENTRY TO MEDICINE (GEM) PROGRAMME

25TH NOVEMBER 2008

CONTENTS OF REPORT

MEDICAL COUNCIL ACCREDITATION TEAM

Dr John O'Mullane (Chairman of the Team)

Professor Hans Sjöström (Extern)

Professor Tony Weetman (Extern)

Professor Tom O'Dowd (Extern)

Dr Ailis Ni Riain (Extern)

Dr Pauline Kane (Medical Council Member)

Accompanied by **Dr Anne Keane** (Head of Education and Training)

Ms Karen Willis (Senior Executive Officer Education and Training)

Note: Recommendations are numbered and in *bold italics*

A. PREFACE

1. Context of the visit

The University College Dublin has established a new 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. UCD currently delivers a direct entry medical programme of five years duration which leads to the award of the same degree. The two "streams" will merge at the start of the Graduate Entry to Medicine students' third year, and the direct entry students' fourth year, and spend the following two years gaining clinical experience. The UCD's GEM is derived from a common template devised by the Irish Universities Medical Consortium, which is in turn informed by the *Scottish Doctor* model.

UCD also delivered an Accelerated (Graduate) Entry Programme (AEP) which was accredited by the Medical Council on the grounds that it would have a limited lifespan; its students are now on the five year programme, but are a year ahead of the students who entered that programme at the same time as they did. The AEP has been discontinued.

In terms of the new GEP; normally the Medical Council provisionally accredits programmes before they start, but given the exceptional circumstances arising from the changeover to a new Medical Council, it was not possible in this case and an agreement was reached that the GEM would commence, without accreditation, in September 2008.

A Medical Council Accreditation Team representing the Medical Council therefore undertook an initial visit on 25th November 2008. Its remit was to assess the programme and to formulate a recommendation on accreditation to the Medical Council's Professional Development Committee.

2. The Team

The Medical Council Accreditation Team is listed on the title page of this Report. Special mention must be made of external assessors Professor Hans Sjöström (Denmark) and Professor Tony Weetman (UK), who have extensive experience of working with the World Federation of Medical Education (WFME) and the General Medical Council's Education Committee respectively. They brought additional expertise in quality assurance of medical education and an international perspective to the accreditation process, and the Medical Council appreciates their contribution. In addition, the Medical Council wishes to thank Professor Tom O'Dowd (previous Medical Council member and previous Chair of the Education and Training Committee) and Dr Ailis Ni Riain (previous Medical Council member and previous Vice-President).

The Medical Council also thanks the University College Dublin Team, led by Dr Jason Last, Head of Teaching and Learning, for their co-operation and hospitality. In addition, the Medical Council wishes to thank the students who met the Team on the day, whose feedback is most helpful in formulating this Report.

3. Documentation

Prior to the visit, the Team reviewed *Accreditation of New Medical Programmes – Questionnaire to be Completed by Medical School or University*, dated February 2008. This application is based on the World Federation of Medical Education's *Global Standards for Quality improvement; Basic Medical Education (*2003*)* informed by the WFME's more recent *European Specifications* (2007).

4. Schedule

The accreditation visit included a UCD presentation (by Dr Jason Last); an in-depth discussion between the Medical Council Accreditation Team and representatives of the University; and a private session with students. As a number of Medical Council visits have inspected the UCD campus and some of their major Teaching Hospitals previously, it was agreed that an inspection was not necessary on this occasion.

5. Appendices

The agenda for the visit is attached as **Appendix 1**. The UCD staff who took part in the process is set out in a list provided by UCD in **Appendix 2**.

6. The Report

The Medical Council's agreed policy is to use the World Federation of Medical Education's Standards to assess medical programmes. The section headings used in part C of this report are therefore those of the World Federation of Medical Education's *Global Standards for Quality improvement; 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 Medical Council Accreditation Team about the level of UCD's attainment. However, in many cases it would be premature at this stage to assess whether the standard met is "B" - Basic - or "Q"- Quality - and in many cases the Team reserves its judgement. In a few cases, the B / Q definition is set out for information but with no comment attached.

B. SUMMARY AND GENERAL ASSESSMENT

1) Conclusion of Council Team

On the evidence of analysis of the documentation and the accreditation visit, the Medical Council Accreditation Team (the Team) have formed the opinion that the UCD new Graduate Entry to Medicine programme is satisfactory and will produce doctors who are ready to undertake an internship.

2) Main findings of Council Team

The Team make two *main* recommendations; the priorities identified for UCD are:

a) Capacity

***The Team 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*.**

Capacity should be carefully monitored by UCD and by the Medical Council. In programmes with early patient contact, particular attention should be paid to clinical capacity and especially access to patients. Facilities must meet the capacity requirements of both the direct entry programme and the GEM students, in this and future years. This monitoring should include IT capacity issues. The GEM has a long academic year which stretches beyond the norm and the GEM has a particular emphasis on self–directed learning, with the consequent need for ready access to information. The Medical Council must be assured that there will be sufficient capacity for the planned intake. Caution should be exercised in increasing the number of non-European Union students as a response to the problem of reduced funding, if such an eventuality were to arise.

b) Staffing

The impact of under-staffing would be detrimental. In view of the critical importance of sufficient high-calibre staff, the Team recommends that ***the timely identification and assignment of suitable staff should be a priority for UCD.*** The Medical Council must be assured that the required campus and clinical site staff will be in place.

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

1) ***Seek additional input from the community, patients, professional organisations and postgraduate training bodies to the Mission and Objectives.***

2) ***Seek further clarification regarding structures/framework of the Dublin Academic Health Care (DAHC) group, the University, the College and the School.***

3) ***Consider involving patient advocates in ethics teaching.***

4) ***Guard against the potential for the students to be on permanent 'exam footing' and for teachers to be overburdened with assessment.***

5) ***Guard against GEM students becoming isolated.***

6) ***Do everything possible to disseminate relevant information about financial packages for students.***

7) ***The issue of timely notification of offer of a place be addressed by the relevant authorities, principally the Central Applications Office.***

8) ***Consider whether a socio-cultural induction for overseas students would be of benefit.***

9) ***Extend to GEM students the 'UCD New ERA' wider access initiative.***

10) ***That peer mentoring continues to be a feature of the programme as the Medical Council believes that it is a positive feature of the support available for students.***

11) ***Be aware that in the future, it may be easier to recruit staff to teach on the GEM programme rather than on the traditional direct entry programme.***

12) ***Provision of IT facilities outside the major hospitals should be pursued in advance of major clinical attachments in these smaller hospitals.***

4) *The Team commends UCD for:*

1) A student-centred programme.

2) Early clinical exposure, clinical skills, and laboratory facilities.

3) Students' impressions of the programme, which are generally very positive.

4) Student involvement in decision making.

5) The profile of communication skills in the programme.

6) A Director of Clinical Studies with a remit to maintain standards across clinical sites.

7) Opportunities for optional student selected components or electives.

8) Agreements which place the respective roles of universities and hospitals on a sound footing.

5) *The Team request the following information/ clarification from UCD:*

1) Clinical instructional methods and detailed learning objectives for Years 2 to 4.

2) An explanation and definition of the different terms used in outcomes and assessment (articulate, demonstrate, discuss, define, describe, outline, perform and so on).

3) Defined outcomes for the GEM programme in relation to the outcomes defined for the internship year.

4) The balance, now and in the future, between the various instructional methods, including lectures, small group learning activities, small group demonstrations and practical classes (including anatomical dissections).

5) Statement on compliance with the EU Directive 2005/36/EU.

6) Clear definition of the role of Biomedical Sciences.

7) Where the basic introduction to established disciplines such as anatomy, biochemistry, physiology, pharmacology and pathology occurs.

8) The current or intended use of patient advocates.

9) Information on how the teaching of behavioural sciences has been addressed in a significantly different fashion in the GEM programme than in the school leaver (direct entry) programme

10) The interaction that takes place in early student:patient contact.

11) Relationship and reporting structures in relation to UCD and Dublin Academic Health Care (DAHC).

12) Module selection - no-one in the group appeared to select psychology as an option in semester one (with some of the students unsure whether it was in place at the start of the course) and no-one in the group selected the social anthropology option).

13) The GEM's underlying rationale and its advantages for the applicant, the School and the community.

14) Representation on committees reserved for students of the GEM programme, and how great an influence they may have.

15) Any evidence whether or not the intensity of the GEM programme will permit or prevent take-up of student activities.

16) Recruitment of medical and non-medical staff, full and part-time staff to deliver the programme; any delays in terms of filled against planned posts.

17) Additional information on teacher training, development and appraisal, for existing and new teachers; and on any academically-focussed induction programme for new academic staff.

18) UCD policy for addressing the issue of under-performing teachers and monitoring of quality of teaching for those in the new clinical teacher pathway.

19) Information on teacher-student ratio.

20) Rules to ensure a safe learning environment.

21) Any plans to extend library opening hours.

22) (In due course) information on the take-up of summer research opportunities.

23) The research strategy.

24) The use of international expertise in programme development and/or evaluation.

25) Exchange opportunities for staff.

26) Outcome of review of mechanisms for evaluation of modules and programmes.

27) How the School intends to address issues arising from a site visit by an internal and external review group on 14th-17th October 2008.

28) Any plans to evaluate students' performance in relation to student background, conditions and entrance criteria.

29) Further information regarding the quality working group referred to in the documentation.

30) Any plans to involve community representatives, professional organisations and postgraduate training bodies in programme development and/or evaluation.

31) Processes for ongoing monitoring and/or reform under (under heading of continuous renewal).

6) The Team's recommendation to the Medical Council Professional Development Committee

The Visiting Team recommends that the Professional Development Committee recommends to the Medical Council the provisional accreditation of University College Dublin's graduate entry to medicine programme (GEM). This is contingent upon an assurance that the University will address the issues raised in this Report.

In line with Medical Council policy and procedure, full accreditation is not possible until the first cohort of students has successfully completed the programme.

7) Recommended Further action

On-going engagement with UCD will be a key part of the quality assurance process. ***The Team recommend a monitoring re-visit in September 2009 (at a time when the Team can meet the students).*** At this visit, the Team will assess progress, have discussions with the first cohort of students as they finish their first year, hold discussions with teachers (including clinical teachers), and visit clinical training sites.

C. EVALUATION OF THE PROPOSED PROGRAMME, BASED ON WFME STANDARDS

1. Mission and Objectives

1.1. Statements of Mission & Objectives

*B: The Medical School **must** define its Mission and Objectives and make them known to its constituency. The Mission Statements and Objectives **must** describe the educational process resulting in a medical doctor competent at a basic level, with an appropriate foundation for further training in any branch of medicine and in keeping with the roles of doctors in the health care system.*

The objectives of the UCD medical degree programme follow international standards, such as those of the Institute of International Medical Education and the World Federation for Medical Education. The Team finds them to be appropriate.

The objectives are defined within five domains and the Medical School include in their questionnaire objectives relating to social considerations, research considerations, community involvement and readiness for postgraduate training.

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

1.2. Participation in Formulation of Mission and Objectives

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

The mission and objectives have been defined by the principal stakeholders – the University, the Head of School, the Dean, the academic pre-clinical and clinical teaching staff and the students.

The Team recommends additional input from the community (including patients), professional organisations and postgraduate training bodies (Recommendation – R1).

*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.*

The Team feel that the programme has been constructed based upon educational needs without regard to how the programme will be resourced in the longer term. The questionnaire includes a diagrammatic representation of the Dean, GEM Degree Programme Board, Stage Co-ordinators and Module Coordinators, which appears to be clear.

However, the Team wish to raise an issue here that is apparent in various parts of the documentation and at various stages of the day. ***The Team feels that the lines of accountability and general governance – which involves the Dublin Academic Health Care group as well as the University, the College and the School – are somewhat unclear.*** UCD was of assistance in providing additional information but the Team still felt that the overall picture was not fully comprehensible. Rather than pursue it in the context of a tight schedule, ***the Team recommends that further clarification would be sought from Dr Jason Last, subsequent to the visit (R 2).***

*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.*

Broad competencies are grouped around scientific foundations of medicine, clinical skills, professionalism, communication skills, population health and health systems, management of information and critical thinking and research. These appeared appropriate.

UCD has undergone a major modularisation process in recent years. Each module has a specific list of defined learning outcomes that are provided at the start.

On the assessment day, the Team were provided with "Module descriptors" for all the mandatory modules of Year 1, but no information was received for Years 2 to 4 and the Team requests these, in order to be able to evaluate possible deficits in the outcomes. It is important that the entire curriculum is planned in advance so that its overall content can be assessed and elements of a spiral curriculum can be planned into it.

The outcomes of Year 1 in the module descriptor appear to be formulated at a suitable level/depth to be helpful for students and teachers. However, the Team would appreciate an explanation/definition of the different terms used (articulate, demonstrate, discuss…).

*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.*

It is stated that the final year is designed to ensure a smooth transition to the first year of post-graduate training. The Team appreciates that there is a lot of work being undertaken to define competencies of the internship year, and would appreciate any additional information regarding the defined outcomes for the GEM programme in relation to the outcomes defined for the internship year. This set of outcomes needs to be determined sufficiently in advance to reassure the Council that the planned course is suitable.

The School has obviously taken European developments into account when defining competencies

2. Educational programme

2.1. Curriculum models and instructional methods

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

Recent radical changes in the medical undergraduate programme are reflected in the GEM (as well as in the direct entry programme), with horizontal and vertical integration being combined with the maintenance of discipline-based units, and the final two years being mainly spent in the clinical environment.

The Team notes that there has also been a curriculum content review of the direct entry programme, the development of learning objectives and assessment strategies and a reduction of workload, and that this has been valuable both intrinsically and in terms of informing the development of the GEM.

The Team wished to explore the balance of instructional methods in the curriculum and how it differed from the five year programme. As expected, UCD uses a variety of methods and these vary from module to module. The Team would welcome any additional information that could be supplied regarding balance, now and in the future, between the various methods, including lectures, small group learning activities, small group demonstrations and practical classes (including anatomical dissections). The Team's impression is that, in terms of whole group work/small group work, the balance currently stands at 20 hours/16 hours per week respectively, but it would welcome confirmation or correction of this.

For the clinical teaching, there is, or will be, access to clinical skills laboratories, primary care, community and hospital settings. However, the Team would like further information on the clinical instructional methods together with further information on detailed learning objectives for Years 2 to 4, and it would then be possible for the Team to evaluate the grade of vertical integration and spiral curriculum.

At this stage, the Medical School's programme plans seem appropriate, but both UCD and the Medical Council should monitor their practical implementation as the programme rolls out.

The Team could find no statement on compliance with the EU Directive 2005/36/EU.

*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.*

UCD emphasises that scientific method and evidence-based education will be the basis of the GEM programme, and that it will aim to apply the scientific method to clinical practice.

There are physiology practicals where students gain experience in ECGs, pulmonary function tests etc. and all data is analysed and discussed. It is recognised that there is a research basis to medicine and there are research opportunities for the students during their summer holidays (see 6.4). They may choose whichever research area they wish.

During the programme the students will be required to review scientific papers, and in the later part required to attend and participate in weekly journal clubs. The students are encouraged to attend scientific meetings and to undertake elective research, including School-funded summer research scholarships. The School is said to plan to award credit to elective research activities.

About three-quarters of the teachers are said to be active researchers, and the Team expects that this will enrich and inform research-related teaching and learning.

*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.*

UCD intend Biomedical Sciences to be part of every year of the GEM curriculum but there will be a greater emphasis on it in the first two years of the programme. UCD provided a table that summarised the content of the core modules, highlighting the predominantly biomedical science components. The Team request a clear definition of the scope of Biomedical Sciences as understood by UCD for these graduate entry students.

Interestingly, basic molecular mechanisms are all directed towards a known disease. While commending the integration of biomedical science components, the Team would like clarification on where the basic introduction to established disciplines such as anatomy, biochemistry, physiology, pharmacology and pathology occurs. The Team feel it is important that the basic principles and language of these disciplines are introduced systematically.

The detailed information in the table (mentioned above) covers up to Stage Two, Semester Two. While appreciating that after that the programme becomes predominantly clinically focussed, in due course the Team would like additional information relating to biomedical sciences in Stage Two, Semester Three and in Stages Three and Four (when GEM students and students on the direct entry programme join a common pathway).

From the interview with the students, the Team were assured that other than the challenging workload common to all students, there were no problems that were specific to students with a non-science background. The students believe that for those with a non-science background, the GAMSAT examination provides sufficient background to cope with the GEM and they are satisfied that they can keep up with those students from a science background.

*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 note that modules in Stages One, Two and Three set out the contributions of medical ethics and medical jurisprudence to the GEM. The Team were provided with a written synopsis of Teaching Medical Ethics. The Team stresses the importance of relating ethical and practical, clinical scenarios, and was interested to hear of examples of this, e.g. reviewing the Lourdes Hospital Inquiry Report.

However, the Team felt that the teaching of behavioural sciences has not been addressed in a significantly different fashion in the GEM programme than it has in the school leaver (direct entry) programme and the Medical Council have previously identified this as an issue to be monitored at UCD. The Team require information as to how this issue has been addressed.

The Team notes that the School of Public Health and Population Science makes a significant contribution, particularly in modules delivered in Stage One and Stage Four.

The Team recommends that UCD explore the possibility of involving patient advocates in ethics teaching (R 3).

*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.*

UCD gave an overview of clinical contact and content in Stages One and Two of the GEM, and in Stages Three and Four of the combined GEM and direct entry programme.

A summary of the relevant hospital sites was provided by UCD. The Team welcomes the emphasis on there being a network, with a Director of Clinical Studies with a remit to maintain standards across the sites.

As stated earlier, further information on detailed learning outcomes and instructional methods in the clinical phase is requested, in sufficient time to allow the Medical Council to fully assess the overall programme.

The contents of the modules appear so far, on the evidence available, to be appropriate. It is noted that the module "Patient-Centred Practice" includes certification in Basic First Aid. More information about the interaction that takes place in early student:patient contact is requested.

The inclusion of a new module in their final year 'Professional Completion Module' appears to be innovative. This module will aim to prepare the student for practice and equip them with practical skills for internship and the Team look forward to learning more about it in due course.

*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.*

The Team noted the information in this section, which includes a helpful breakdown of the differences between the GEM and the existing direct entry programme, in entry, structure and content. It is noted that in the first two years of the programme, 110 of the total of 150 available credits are "GEM only", with the remainder shared between the two programmes.

The Team explored the issue of exemption from the GEM programme, as there could potentially be logistical difficulties in exempting from parts of a horizontally and vertically integrated programme. UCD confirmed that there is credit given for prior learning where there is evidence that the intended learning objective has already been met, and the students confirmed that this exemption has happened in practice. No exemptions are given in the case of clinical skills.

The role of student selected components and electives was explored. An illustrative diagram clearly showed the constituent elements of the programme, including the balance of core and optional elements. UCD highlighted this broadening of choice as a key way in which the GEM differed from the previous Accelerated Entry Programme, which the Medical Council had criticised for its lack of optional elements.

The programme will carry 270 European Credit Transfer Credits system. 90 out of these transfer credits (1/3) are included in specified clinical courses.

The evaluation of the degree of vertical evaluation must await further details on the learning objectives of the clinical teaching.

*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.*

The Team notes the role of the Programme Board and other academic structures. The Team draws UCD's attention to the Team's comments made in 1.3 above.

*Q: The curriculum committee **should** be provided with resources for planning and implementing methods of teaching and learning, student assessment, course evaluation, and for innovations in the curriculum. There **should** be representation on the curriculum committee of staff, students and other stakeholders.*

2.8 Linkage with medical practice and the health care system

*B: Operational linkage **must** be assured between the educational programme and the subsequent stage of training or practice that the student will enter after graduation.*

The Medical School propose to operate a 'sub-internship' system, whereby students will shadow an intern in order to gain experience prior to commencing internship.

The Team explored any potential impact on the programme of the formation of the Dublin Academic Health Care (DAHC), an academic medical centre incorporating the

Mater Misericordiae University Hospital, St. Vincent's Healthcare Group, and University College Dublin.

Dublin Academic Health Care is an independent entity with its own board; it became operational in September 2007 and its primary aim is to pool the expertise and resources of the three organisations to improve integration of patient care, enhance medical training and advance collaboration between biomedical researchers and clinicians. All current and future consultant medical staff receive a faculty appointment at UCD.

This arrangement is expected to strengthen the operational links between the University and medical practice and health care system and the overall direct impact on the GEM programme is likely to be small. However, the Team found that the relationship and reporting structures in relation to UCD and DAHC were not entirely clear, and the Team request clarification of this.

*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.*

The GEM assessment strategy is to move way from formal end-of-year examinations towards continuous assessment. Examples of the different methods have been given by UCD.

Many assessments are distributed throughout the semester. While this has advantages over the traditional model, there is potential for the students to be on permanent 'exam footing' and for teachers to be overburdened with assessment. These are potential rather than actual concerns, ***but the Team recommends that UCD and the Medical Council monitor it (R 4).***

It is equally important that both UCD and the Medical Council monitor the balance of formative and summative assessment.

There are a number of external examiners in place to monitor the assessment methods of the Medical School. The role of the external examiners is to view sample assessments and they are part of the assessment process. An interim policy "Extern examination at UCD – Policy Statement and Principles" was distributed during the meeting.

Students have received sample examination questions from the accelerated entry programme run previously, and therefore they appear to be satisfied that they have sufficient information from which to prepare for examinations.

*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.*

UCD states that the design of assessment will reflect the learning outcomes defined in the module.

The Team feel that full evaluation of this issue requires access to examples of examinations.

*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

Overview

There are 38 students on the GEM Programme and the Medical Council met with approximately half of these students.

Some of the students have come straight onto the GEM from their primary degree course while others students made the decision after they had worked for some years.

The feedback from the students was generally very positive, and they were on the whole enthusiastic about their teaching and learning experience thus far. The Team note that an "information gap" had been identified by some students at the induction stage, but it appeared that measures had been taken to overcome it by arranging a "late-orientation" session.

The students agreed that the course is more intense than their previous undergraduate degree course, but they had anticipated this. In general they feel they are coping well, formed a cohesive and collaborative group and are able to keep pace with the volume and content of the programme. They feel that there is a lot of mutual peer support and less of a 'competitive' element than at primary degree level.

The graduate entry students did feel quite distinct from the direct entry students. This is probably inevitable to some extent given their distinct profiles and the structures of the programmes. ***The Team recommend that UCD should guard against GEM students becoming isolated (R 5)*** and feels that GEM students could have a positive influence on the direct entry students.

As a group, the GEM students feel there is an appropriate balance between self-directed learning and other learning. They feel they know the level of learning required of them and they are satisfied that they receive a list of learning objectives for each class. While acknowledging some variability, they are largely satisfied with the teaching. They were satisfied with assessment, and welcomed both summative and formative feedback.

There was significant discussion with the students regarding their financial situation. There was some uncertainty as to the financial assistance that was available to them. The Team recognises that the students cannot be protected from financial pressure; but ***urges UCD to do everything that it can to disseminate relevant information about financial packages (R 6).***

Students made reference – largely positive ones – to a number of individual modules. However, the psychology option in semester one seemed to cause some difficulty. No-one in the group appeared to select it as an option, with some of the students unsure whether it was in place at the start of the course. None of the students present selected the social anthropology option either. The Team would welcome clarification on this.

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 GEMs in Ireland.

The students were concerned that they received an offer of a place at very short notice, and felt that this placed additional pressure on them in terms of working out notice at previous jobs and organising accommodation in Dublin. As regards finances, too, the

students are under significant time pressure to organise their loans well in advance of accepting a place on the course.

The students felt that the timing of the Graduate Medical School Admissions Test (GAMSAT) is a critical issue. They pointed out that it is currently held in Ireland in March, whereas it is possible to sit it in September in the UK. The date of the GAMSAT may not be the key issue in the delay in notification, despite the students' perception. However, the Team does share the students' concern about the delay and ***the Team urges that the issue of timely notification of offer of a place be addressed by the relevant authorities, principally the Central Applications Office (R 7).***

The international students believe that they are integrating well into Irish society in general; however ***the Team believe that a socio-cultural induction for overseas students would be of benefit (R 8).***

*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.*

While appreciating that graduate entry is a national initiative, the Team would welcome UCD's perspective on its underlying rationale and its advantages for the applicant, the School and the community.

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.*

A table showing intake up to 2012/13 was provided. The initial intake is defined at 40, 20 HEA funded and 20 non-European Union students. Projected numbers for 2012/13 are 57 and 20 respectively. Numbers for the direct entry programme are also provided.

As in every visit to a medical school, the Team considered capacity issues, including those related to clinical placements. The intake of European Union and non-European Union students should be carefully monitored by UCD and by the Medical Council. In programmes with early patient contact, particular attention should be paid to clinical capacity and especially access to patients (Main finding a). The Team were particularly concerned about the issue of clinical capacity and wish to see a plan of how they will address this.

Information on teacher-student ratio would be helpful.

*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.*

The size of the student intake is not specified in relation to the needs of the community, but it is appreciated that it is not the role of UCD to analyse the future workforce needs of the Irish health system. The Team believes that the relevant authorities should undertake this, in terms of both supply and demand.

4.3 Student support and counselling

*B: A programme of student support, including counselling, **must** be offered by the medical school.*

UCD describes its well-developed University-wide structures and services, both academic and pastoral. It is noted that there is a Mature Student Advisor who may be particularly familiar with the issues faced by GEM students.

The Team notes the 'UCD New ERA' wider access initiative (which aims to increase access and participation in higher education among those who, for a variety of socio-economic reasons, remain under-represented at third level) ***and recommends that this is extended to GEM students (R 9).***

A system of mentoring where the same academic lecturer guides a group of undergraduates from entry to exit of their degree was successfully trialled, and it is anticipated that experience from this will be used in the peer mentoring system. ***The Team recommends that peer mentoring continues to be a feature of the system as the Medical Council believes that it is a positive feature of the support available for students (R 10).***

The students themselves were satisfied that there is an adequate support and counselling in place and felt that informally, too, academic and administrative staff were generally helpful and responsive to their needs and their questions. Some staff have offered extra tutorials where necessary. All the students appear satisfied that they know who to contact in the event of personal, academic or financial difficulties.

The Team were informed that there is an 'extenuating circumstances' policy in place, whereby students will be allowed to re-sit an examination in the event of extenuating circumstances at assessment time. It was also stated by the students that there would be help available for students who for some reason not had been available to attend teaching for 1-2 weeks.

*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.*

The students have elected a class representative and the students that attended the meeting with the Medical Council Team stated they were generally representative of the larger group. There is student membership on programme boards and students will be invited to stage boards. It is unclear to the Team, however, which representation is reserved for students of the GEM programme, and how great an influence they may have.

UCD states that it encourages and facilitates student activities and organisations, and a wide range of these are obviously available. The Team wonders whether the intensity of the GEM programme will inhibit take up of these opportunities.

*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.*

The Team welcome the information that there is a human resource plan specific to the GEM programme. The questionnaire reports a multi-phase plan to recruit biomedical and clinical educators as the programme progresses and also graduate tutors and demonstrators. The post of Director of Clinical Studies is a significant one.

The recruitment policy takes into account the University policy, existing School teaching, administrative and research workloads and the necessity to progressively increase the Clinical Training Network.

As it will influence the teaching, further information on recruitment policy with regard to medical and non-medical staff, full and part-time staff, academic level and research merits, is requested.

There is a new track-clinical-pathway to recognise those clinicians engaged in a career in medicine within the main teaching hospitals. This allows the clinical staff to become a Clinical Lecturer, a Senior Clinical Lecturer, an Associated Clinical Professor or a Clinical Professor.

Small group and case based teaching is resource intensive and the Team is pleased to learn that UCD plans to increase the number of graduate tutors and demonstrators.

The Team met the Director of the Graduate Entry Programme, Dr Jason Last (who is also Director of Teaching and Learning). Recruitment of other staff is in progress although perhaps not as quickly as had been anticipated - clarification is requested here, in terms of filled against planned posts ***(Main finding b)***. ***The Team wish to know when all the staff required for the GEM will be in post.***

However the Medical School have assured the Team that the programme, including the necessary recruitment, is deliverable within the current financial constraints.

*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.*

It was acknowledged by UCD - and the Team agrees – that teaching GEM students may be more challenging than teaching direct entry students, due to the GEM students' greater maturity and academic or career achievements to date. This, and the widespread use of self–directed learning on the programme, makes effective staff development particularly important.

The Team notes the University-wide benchmarks and promotion criteria, which seek to balance attainment across teaching, research, community and wider contributions.

The Team request additional information on teacher training, development and appraisal, for existing and new teachers; and on any academically-focussed induction programme for new academic staff. Information on any areas specific or particularly relevant to the Medical School would be especially welcome. The Team would also be interested in the UCD policy for addressing the issue of under-performing teachers. The Team also require information about the monitoring of quality of teaching for those in the new clinical teacher pathways and wish to have specific information about the structures in place for monitoring this.

The Team recommends that UCD give consideration to and guards against the fact that in the future, it may be easier to recruit staff to teach on the GEM programme rather than on the traditional direct entry programme (R 11) due to the differences mentioned in the first paragraph of this section.

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

6. Educational Resources

6.1. Physical facilities

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

The School of Medicine and Medical Science is now sited at the Health Science Centre in UCD's Belfield Campus. The Centre has been designed and developed over the last decade and completed last year. Members of Medical Council Evaluation Teams have previously visited the facilities at the Health Sciences Centre and many of the teaching hospitals associated with University College Dublin, therefore it was agreed the facilities did not require inspection on this occasion. However, it was emphasised that all facilities must meet the capacity requirements of both the direct entry programme and the GEM students, in this and future years.

There do not appear to be specifications on appropriate rules to ensure a safe learning environment; the Team assumes that UCD and its teaching hospitals have this, but would welcome clarification.

*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.*

(See also section 2.5).

UCD provides information about the resources on campus, in the Clinical Training Network, and in Primary Care. The Team highlights the importance of sufficient overall capacity, and exposure to an appropriate range of environments, to the quality of educational experience, and recommends that UCD will keep this under review.

*Q: The facilities for clinical training **should** be developed to ensure clinical training which is adequate to the needs of the population in the geographically relevant area.*

6.3 Information Technology

*B: The medical school **must** have a policy which addresses the evaluation and effective use of information and communication technology in the educational programme.*

Computer aided learning has become an increasingly important part of the direct entry programme and the available facilities on campus and in teaching sites are described in the documentation supplied. On-line teaching material is supplied through the virtual learning environment of Blackboard.

The students were generally satisfied with the information technology facilities. The students have access to scientific journals on-line and they have adequate access to the internet in a wireless environment. UCD acknowledges that student access to computing facilities outside the major hospitals is less well developed than in the DAHC hospitals; ***the Team urges that this issue be pursued in advance of major clinical attachments in these smaller hospitals (R 12).***

The students felt that they would like to see the health sciences library open on a Sunday and open after 5.00 pm on a Saturday. The Team wish to know whether this is being considered.

The Team were generally satisfied with UCD's facilities but again urges that IT capacity issues be carefully monitored, as the University is delivering two medical programmes; the GEM has a long academic year which stretches beyond the norm and the GEM has a particular emphasis on self–directed learning, with the consequent need for ready access to information.

*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.*

In comparing the opportunities in the GEM with those in the direct entry programme, the Team acknowledges that there is inevitably more pressure in a four year than in a five year programme, and of course some of the GEM students will already have significant research experience.

There are opportunities for students to undertake research during the summer months. The Team understand that almost half of the students will be taking a science-related job during the summer months. However, for some of the students, the chance for research experience will be competing with the opportunity to earn the following year's fees. It would be helpful if UCD provided more information on the take-up of summer research opportunities as the programme rolls out and how it will address the issue of graduates from a non-science background who choose not to undertake research during the summer break, in order to ensure there is an understanding of the principles of research by these students.

Additional information about the research strategy would be appreciated by the Team.

*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.*

It is noted that as well as the expertise within the Medical School itself, the development of the programme has involved experts within the Irish University Medical Consortium. If there is any additional information on the use of international expertise, the Team would welcome it.

*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.*

UCD provides information about the European Credit Transfer System and links with universities in the USA. The modules studied and the grades accrued will be combined with modules studied at UCD. This could be an area to be explored in future reviews by the Medical Council.

*Q: Regional and international exchange of academic staff and students **should** be facilitated by the provision of appropriate resources.*

If there is any additional information on exchange opportunities for staff, the Team would welcome it.

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 appreciated being provided with a copy of the recent Internal Quality Review Self Assessment Report. It will provide useful background information to assess progress as the GEM programme rolls out, although the Team will bear in mind UCD's caveat that the Report is based on a relatively low response rate from staff and students and that it is not directed at the GEM programme.

Mechanisms for evaluation of modules and programme are described by UCD. The Team notes that at the time of writing of the documentation, UCD was reviewing its mechanisms and an update would be appreciated by the Team. The Team would also like information as to how the School intends to address issues arising from a site visit by an internal and external review group on 14th-17th October 2008.

*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.*

UCD states that student feedback will be systematically captured in relation to each module, semester, stage and programme. The Team appreciated being provided with a copy of the recent GEM Feedback Report, which covered many of the same issues that the Team discussed with the students and provided an interesting comparison.

Teacher feedback will occur through Heads of Subject, Stage Boards, Programme Boards and School Meetings, and there will be opportunities for non-academic staff to contribute as well. The Team advises that when changes are made in response to feedback from students, the students be informed that changes will be taking place, as this is an incentive for them to contribute to quality enhancement.

*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.*

UCD explained how this will be monitored. Student performance will be analysed with respect to grade and grade point. It is also planned to assess students in relation to key objectives, to use external scrutiny, logging of practical capabilities and reflection on learning activities to obtain further information on student performance.

However, the Team could find no plans to evaluate students' performance in relation to student background, conditions and entrance criteria, and would welcome any clarification.

*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.*

In addition to evaluation by teachers and students (referred to earlier), the School participates in the University's structured comprehensive evaluation.

Further information regarding the quality working group referred to in this section of UCD's documentation would be helpful.

The involvement of a wider range of stakeholders such as community representatives, professional organisations and postgraduate training bodies appears to be limited, and any further information regarding current position or future intentions would be helpful.

*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.*

Information was provided but the comments made under section 1.3 above are relevant here and further clarification will be sought from Dr Last.

*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.*

Information was provided but the comments made under section 1.3 above are relevant here and further clarification will be sought from Dr Last.

*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.*

UCD describes a resource allocation model in which the fees associated with each student can be linked to the modules undertaken by that student. The role of the Head of School is specified and he has sole responsibility for the School and programme budget and the associated resourcing of the academic programme.

New initiatives within the School requiring resources must be negotiated through the College of Life Science.

No budget plan was presented, but the Head of School assured the Team that the programme is deliverable within the boundaries of the budget. The Team recommends that caution be exercised in increasing the number of non-European Union students as a response to the problem of reduced funding, if such an eventuality were to arise.

*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.*

The Team notes UCD's comments and the relevant job descriptions and responsibilities. These appear satisfactory, but clarification will be sought from Dr Last.

*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*.

UCD describes this interaction, including Dublin Academic Health Care (DAHC), Irish Universities Medical Consortium, and Council of Deans of Faculties with Medical Schools in Ireland (CDFMSI). The Team notes the UCD/RCSI/Penang Medical College relationship. The Team urges the Medical Council to consider the regulatory and quality assurance processes that are appropriate when part of a programme is delivered in a non-European Union state.

*Q: The collaboration with partners of the health sector **should** be formalised.*

Notwithstanding its uncertainty about the management/governance framework, including that arising from the Dublin Academic Health Care initiative, the Team feels that the collaboration is a progressive step. The Team strongly supports agreements which place the respective roles of universities and hospitals on a sound footing.

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.*

UCD describes the restructuring that has taken place over the past number of years, both at School and University level. There is therefore evidence that this has been done, and the Team would welcome additional information on processes for ongoing monitoring of these sort of issues, and reform where necessary.

*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

SECTION D

APPENDICES

APPENDIX 1. AGENDA FOR VISIT

ASSESSMENT OF GRADUATE ENTRY PROGRAMME

DATE: TUESDAY 25TH NOVEMBER 2008

VENUE: UCD, School of Medicine & Medical Science
HSC Programme Office, Ground Floor, Health Science Centre

8.45 am	Start
8.45 - 9.30 am	Private meeting of Team
9.30 – 10.00 am	Presentation by UCD and overview of new programme
10.00 – 11.15 am	Meeting between Medical Council Team and UCD representatives; including academic staff, senior administrative staff and staff from main teaching hospitals
11.15 - 11.30 am	Tea/Coffee
11.30 - 12.45 pm	Meeting with students
12.45 - 1.15 pm	Lunch
1.15 - 1.45 pm	Clarification session between Medical Council and UCD representatives. To include any issues arising from meetings between Medical Council Team and students
1.45 - 2.30 pm	Private meeting of Team and departure of Team

APPENDIX 2 - UNIVERSITY COLLEGE DUBLIN TEAM

Presentation by UCD and overview of new Programme

Attendees:

Prof Bill Powderly	Head of School of Medicine & Medical Science, Dean
Dr. Jason Last	Head of Teaching & Learning
Dr. Jennifer Thompson	Stage One Coordinator GEM Programme
Dr. Suzanne Donnelly	Director of Clinical Studies
Mr. Paul Harkin	Director of Strategic Development
Ms. Kate Matthews	Director of Quality
Prof Paul McLoughlin	Head of Section, Biomedical Sciences
Ms. Nadia Dalton	Programme Office Director
Ms. Susan Muldoon	Administrator GEM Programme

Meeting between Medical Council Team and UCD representatives
Attendees:

Dr. Jason Last	Head of Teaching & Learning
Dr. Jennifer Thompson	Stage One Coordinator GEM Programme
Dr. Suzanne Donnelly	Director of Clinical Studies
Prof. Patrick Murray	Clinical Pharmacology
Ms. Susan Muldoon	Administrator GEM Programme
Dr. Peter Holloway	Pathology
Ms. Carl Lusby	Student Advisor
Dr. Shay Giles	Anatomy
Dr. Amanda McCann	Pathology
Dr. Jane Dolan	Pathology
Dr. Stuart Bund	Physiology
Dr. Jackie Quinn	Microbiology
Prof. Michael Keane	Head of Section, Medicine & Medical Speciality
Dr. Michael Steele	General Practice
Ms. Sinead Dunwoody	Administration Manager
Dr. Raj Ettarh	Anatomy
Mr. Paul Harkin	Director of Strategic Development
Ms. Kate Matthews	Director of Quality

Clarification session between Medical council and UCD representatives
Attendees:

Dr. Jason Last	Head of Teaching & Learning
Dr. Jennifer Thompson	Stage One Coordinator GEM Programme
Mr. Paul Harkin	Director of Strategic Development
Ms. Kate Matthews	Director of Quality
Dr. Suzanne Donnelly	Director of Clinical Studies
Ms. Nadia Dalton	Programme Office Director
Ms. Susan Muldoon	Administrator GEM Programme