Comhairle na nDochtúirí Leighis
Medical Council

FINAL REPORT ON ACCREDITATION VISIT
UNIVERSITY COLLEGE DUBLIN'S
SIX YEAR PROGRAMME

2ND, 3RD AND 4TH NOVEMBER 2011

CONTENTS OF REPORT

MEDICAL COUNCIL ACCREDITATION TEAM

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Statement with regard to the Freedom of Information Acts, 1997 and 2003

The Medical Council currently makes information routinely available to the public in relation to its functions and activities and, in line with that practice, a summary of this report will be available on the Council's website, www.medicalcouncil.ie in due course.

The Freedom of Information Act is designed to allow public access to information held by public bodies which is not routinely available through other sources and access to this document may be sought in accordance with that Act. The Medical Council complies fully with the terms of the Freedom of Information Act. It should be noted that access to information under the Freedom of Information Act is subject to certain exemptions and one or more of those exemptions may apply in relation to some or all of this report.

FOLLOWING CONSIDERATION OF THE TEAM'S REPORT AND RECOMMENDATIONS, THE PROFESSIONAL DEVELOPMENT COMMITTEE'S MAIN RECOMMENDATIONS TO THE MEDICAL COUNCIL ARE THAT:

1. **The University College Dublin's Six Year Medical Programme should be approved for a period of five years under the terms of Section 88(2)(a)(i)(I) of the Medical Practitioners Act 2007. This recommendation is made on the grounds that the programme adheres to the rules, criteria, guidelines and standards approved by Council, as specified in Section 88(2)(a) and 88(2)(d) of the Medical Practitioners Act 2007.**

The Medical Council is satisfied that, while not a separate programme, and THEREFORE NOT BEING SEPARATELY ACCREDITED UNDER THE ACT, the five year programme as delivered by UCD is satisfactory.

2. **The University College Dublin should be approved for a period of five years under Section 88(2)(a)(II) of the Medical Practitioners Act 2007 as the body which may deliver that programme. This recommendation is made on the grounds of the University College Dublin's ongoing compliance with the rules, criteria, guidelines and standards approved by Council as specified in Section 88(2)(a)(i)(II) and 88(2)(e) of the Medical Practitioners Act 2007.**

A. PREFACE

1. Context of the visit

The University College Dublin has established a five/six year programme leading to the award of an MB BCh BAO. It is at undergraduate (basic in World Federation for Medical Education terminology) level for school-leavers (direct entrants). Irish and EU students generally undertake a six year programme but there are opportunities for students to undertake a five year programme, as a small number of those offered a place in Medicine via the Central Applications Office are offered an option to enter Stage 2 directly. To date, those offered places have been graduates or applicants with third level experience, and with a strong foundation in Chemistry/Biochemistry. In general, school leavers are not considered.

A monitoring visit to the GEM programme is the subject of a brief separate report: this report focuses on the six year programme.

A Medical Council Accreditation Team undertook an accreditation visit to the six year programme on 2nd - 4th November 2011. An Accreditation Team representing the Medical Council previously undertook a monitoring visit of the direct entry programme in March 2007. Its remit was to assess the programme against the rules, standards, criteria and guidelines approved by Council and to formulate a recommendation on accreditation to the Medical Council's Professional Development Committee.

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

2. The Team

The Medical Council Accreditation Team is listed on the title page of this Report. The Council particularly appreciates the contribution of external assessors Professor Alan Johnson, Professor David Kerins, Professor Hans Sjostrom and Professor Tom O'Dowd. They brought additional expertise in quality assurance of medical education to the accreditation process, and the Medical Council very much appreciates their contribution.

The Medical Council also thanks the University College Dublin Team, led by Dr Jason Last, Associate Dean of Programmes and Educational Innovation, for their co-operation and hospitality. In addition, the Medical Council wishes to thank the students who met the Team during the visit, whose feedback is most helpful in formulating this Report.

3. Documentation

Prior to the visit, the Team reviewed *Accreditation of Existing Medical Programmes – WFME Questionnaire*, dated October 2011. 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; along with a private session with students representing all stages of the course. An inspection of the facilities was undertaken at the Mater Misericordiae University Hospital, Dublin 7, Temple Street Children's University Hospital, Dublin 1 and Our Lady's Children's Hospital, Crumlin, Dublin 12.

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 in Medical Education: 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.

B. SUMMARY AND GENERAL ASSESSMENT

1) Conclusion and main recommendations of Council Team

The programme is well-designed and effectively delivered to an impressive cohort of students who are generally very positive about their UCD 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 UCD is commended are also highlighted. It is apparent that UCD have been very active in addressing the issues previously identified by Council.

The Team's main recommendations to the Medical Council's Professional Development Committee are that:

1. The University College Dublin's direct entry medical programme should be approved for a period of five years under Section 88(2)(a)(i)(I) of the Medical Practitioners Act 2007. This recommendation is made on the grounds that the programme adheres to the rules, criteria, guidelines and standards approved by Council, as specified in Section 88(2)(a) and 88(2)(d) of the Medical Practitioners Act 2007.

The Team is satisfied that, while not a separate programme, and THEREFORE NOT BEING SEPARATELY ACCREDITED UNDER THE ACT, the five year programme as delivered by UCD is satisfactory.

2. The University College Dublin should be approved for a period of five years under Section 88 (2)(i)(II) of the Medical Practitioners Act 2007 as the body which may deliver that programme. This recommendation is made on the grounds of the University College Dublin's ongoing compliance with the rules, criteria, guidelines and standards approved by Council as specified in Section 88(2)(a)(i)(II) and 88(2)(e) of the Medical Practitioners Act 2007.

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

2) Recommendations additional to the conclusion above:

Many of the following recommendations deal with areas where progress is already being made, and where the Team wishes to see momentum maintained.

UCD should:

1. Ensure effective communication, information exchange and IT links between the campus, major reaching hospitals and affiliated sites

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

3. Ensure awareness of the revised *Children First: National Guidance for the Protection and Welfare of Children* guidelines before students have attachments in paediatrics

4. Address the issue of widening access to libraries, particular those on clinical training sites

5. Maximise opportunities for formative and summative assessment to feedback to students on their performance in terms of achieving the defined learning outcomes, including providing feedback to students who are performing well

6. Maximise opportunities for staff on affiliates sites to be included in opportunities for staff development and UCD honorary titles

7. Ensure that teaching staff on clinical sites, including smaller affiliated hospitals and GP sites, understand the expected outcomes and are involved as far as possible in curriculum development as well as delivery

8. Ensure that all module descriptors are clear and are delivered with the greatest possible consistency across clinical sites (the Team note that the Medical Programmes assessment Review will be addressing this issue)

9. Minimise clashes between lectures and compulsory activity on rotations, and ensure that, when a conflict of schedules is unavoidable, all lectures are available on Blackboard

10. Ensure pastoral support is accessible for students on clinical placement

11. Consider offering routine debriefing sessions for students who have been close to a distressing experience while on clinical placement (e.g. on a paediatric rotation, the death of a child)

12. Expose students to a cross-section of rotations, in terms of the site and the specialties, and avoid students duplicating rotations in the same speciality, which appears to happen occasionally

13. Continue to urge the importance of education and training facilities at the new Children's Hospital

14. Ascertain that all medical schools in Ireland charge the same for student appeals on examination results.

3) *The Team commends UCD for:*

1. A student-centred programme

2. Clinical pathway appointments

3. The summer student research awards, and the opportunity for students to do intercalated M.Sc. degrees

4. The development of e-learning facilities

5. The use of patient partners and advocates in PACER (Patient and Advocate Centred Education and Research)

6. The generally high level of awareness among students of the Medical Council's *Eight Domains of Good Professional Practice* and the high profile of professionalism and good communication skills

7. The general practice, the medicine in the community and the professional completion modules

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

9. The Professional Completion module including sub-internship, which is congruent with students' on-going wish for pre-intern training no practical clinical skills

10. Encouraging that their teachers have a research basis

11. The range of electives available in both clinical and non-clinical research

12. The number of medically qualified teaching staff in the early years of the programme

13. The Sub-Internship programme and the "Clinical 1" programme at the beginning of Year 4

14. The 'White Coat Ceremony' marking the transition to the clinical years

15. The 'Breakfast with the Dean' initiative

4) ***<u>The Team request the following information/clarification from UCD:</u>***

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

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

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 Team recommends that UCD's Five Domains should be integrated into the Medical Council's '*Eight Domains of Good Professional Practice',* in keeping with the importance of medical student professionalism.

*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 Team would like clarification on the role of certain stakeholders in the formulation of the mission and objectives, for example the involvement of the Community.

*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 would welcome the final version of the transitional structures outlined in the table under 1.3 of the WFME submission from UCD.

*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.*

It may be valuable to have a more hierarchal structure for the mission with its stated objectives and the further definition of overall outcomes and modular descriptors and outcomes.

The Team believe that the module description and module learning outcomes should be more congruent and detailed.

Thus modular descriptions should be more extensive (e.g. dermatology, occupational disease) and concepts under the description should be included under outcomes (where are e.g. learning outcomes for the module description "General principles of toxicology"?)

The team furthermore could not find a consequent presentation of detailed educational objectives. Thus, not all lectures on Blackboard include objectives/outcomes and a printed handbook (Surgery A and B modules August – March 2011 only contains schedules, timetables and practical organisation).

The Team believe that UCD are undertaking such an exercise, and welcome the curriculum mapping exercise to triangulate what is taught, what is learnt and what is assessed using a more systematic hierarchy and a more congruent and detailed presentation, including also a systematic presentation on educational outcomes of different teaching activities as e.g. lectures.

The Team would also like more detail on how the School of Population and Health Sciences feeds into the key modules of the medical programme.

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

*Q: The linkage of competencies to be acquired by graduation with that to be acquired in postgraduate training **should** be specified. Measures of, and information about, competencies of the graduates **should** be used as feedback to programme development.*

The linkages between undergraduate and postgraduate training should be clear.

2. Educational programme

2.1. Curriculum models and instructional methods

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

The Team note that a substantial proportion of the instructional methods make use of traditional didactic lectures.

The School´s use of Blackboard as a complement to other instructional methods is acknowledged and the further development of this is heavily supported.

The reciprocal information and collaboration of the basic and clinical staff should be encouraged, e.g. by further use of (and awareness on the existence of) information on the internet.

The Team recommend that the students receive additional instruction on the optimal methods of self-directed learning and that greater emphasis should be placed on encouraging further development of different teaching modalities rather than traditional didactic lectures.

*Q: The curriculum and instructional methods **should** ensure that students have responsibility for their learning process and **should** prepare them for life-long, self-directed learning.*

2.2. Scientific method

*B: The medical school **must** teach the principles of scientific method and evidence-based medicine, including analytical and critical thinking, throughout the curriculum.*

The Team commend UCD on the fact that almost all of their teachers have a research basis and the students were very complimentary on the electives available in research both clinical and non-clinical. It might be considered whether an independent, research-related project should be mandatory.

*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.*

A rough estimate based on the main content of the modules shows that the curriculum is based on sufficient teaching in basic biomedical sciences.

The Team commend UCD on the number of medically qualified teaching staff in the early years of the programme.

*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.*

Although a rough estimate on the main content of the module shows that behavioural and social sciences and medical ethics make up a rather small part of the total curriculum, central themes within the area seem to be covered as judged from the modular descriptions.

The Team were impressed by the Medicine in the Community Module and would **recommend that UCD incorporate a Population Health perspective and in particular the impact of deprivation on health.** The Paediatric course is impressive but **the Team recommend incorporating the psycho-social aspects of health into the teaching. Students need to be aware of relevant legislation and national guidelines on child protection (mentioned above).**

The Team were impressed by the Forensic and Legal Medicine module and its integrated approach with humanities, medical ethics and law, which is based on international criteria. However, increasing numbers of students puts pressure on the small group learning module, so there will be a challenge for UCD in managing this programme into the future.

*Q: The contributions of the behavioural and social sciences and medical ethics **should** be adapted to scientific developments in medicine, to changing demographics 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.*

A rough estimate on the main content of the module shows that clinical sciences and skills account for a reasonable part of the curriculum.

The Team recommend that the School consider expanding early patient contact, e.g. *via* a longitudinal follow-up of either a child or an older person in the first year. Clarification on the Community Based Activity programme involving real patients, as coordinated by UCD and referenced in the UCD submission, is requested.

UCD should review the role of practical procedural skills in the curriculum as a whole, as the Team's view is that there is scope for them to form a greater component of the programme. The Team recommend that a check-list providing evidence that the students have undertaken the relevant procedures be utilised, or at least considered.

The Team feels that from the presented material, it is difficult to get an impression on how some of the minor clinical disciplines (e.g. dermatology) are dealt with and expects that the school ascertains that they make a reasonable contribution to the curriculum.

Introduction to clinical skills seems to be well organised. The Team however feel that the definition of clinical skills that are mandatory for the beginning of internship and their assessment need to be reviewed. The Team also recommend greater access to the clinical skills laboratories.

The Team request clarification on whether safe prescribing is incorporated as part of the programme, and emphasise the importance of this.

The Team welcome the clinical placements in primary care and general practice. They provide experience in doctor-patient interaction, core clinical skills and management of common and chronic problems outside the acute setting, and within the area where many graduates are likely to spend their careers. In the final year, in the Medical Elective module – they have a 16 week placement for up to 15 students in a general practice – this is a competition and fiercely competitive. It is run on an integrated basis with the medicine for the elderly colleagues.

The Team also note the public health medicine module of 24 one-hour lectures including an introduction to public health. There is a group project also whereby students meet in groups of five and six and produce and present a joint report. There is a three week module in the final year including lectures, tutorials, and individual project work as part of this. There is a broad range of subjects including research methodology, population perspective, international health etc and the teams are picked to represent the four continents – Irish, US, Malaysian and one other.

The Team commend the obvious enthusiasm of staff at the affiliated training site at Temple Street Children's University Hospital, despite being under significant pressure for space, and physical facilities not being optimum. There is a strong emphasis on bedside teaching in particular. Students are encouraged to be part of the team, shadow the registrars, and each registrar gives each group at least one tutorial. The students are also on ward rounds and go to outpatients. The students are very involved in the Emergency Department from 5.00 pm until midnight seeing patients, taking a history and triaging the patients. The logbook portfolio is part of their assessment and forms the basis for the viva examination.

In general, the students were very positive about their time in affiliated hospitals. Video conferencing facilities have improved. The affiliated hospitals enjoy having the students and the students feel that the patient mix is quite different to what is seen elsewhere and the exposure is better. The patients are happy to be seen by the students due to lesser numbers of students. However, **the Team recommend that standardising the tutors in the different affiliated hospitals be addressed in a more robust fashion.** The time spent by students in a peripheral hospital can be very intense and while all the teaching there is delivered by consultants and clinicians, UCD do not appear to have tutors based in the peripheral hospitals.

The Team recommend that consideration be given to putting the logbook portfolio online. The Team also recommend that an even greater emphasis be placed on the '*Growing up in Ireland Study*', which lists the most common childhood illness as Respiratory illness and mental and behavioural disorders (part of psychiatry), as this would cement the course.

Reference has been made earlier to the *Children First: National Guidance for the Protection and Welfare of Children* guidelines.

*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.*

The Team note that UCD use modified Problem Based Learning to acquire fundamental skill set for intensive clinical training (clinical skills, GP visits etc), and also self-assessment, feedback and self-reflective practice.

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 discussed the issue of the six year duration of the programme, noting that exemptions from the programme enabled it to be completed by some students in five years. While noting that the trend in medical education was generally towards shorter programmes, the Team recommend the approval of the six year programme. It cannot approve a five year programme, but it considers that completion of the programme in five years is also satisfactory for students with the appropriate background.

The Team had some concerns about the linkage between the curriculum in the first year and the later stages of the programme, and support UCD's intention to review this to ensure as seamless a transition as possible among all elements of the programme.

The Team received confirmation from UCD that, even when undertaken in five years, the programme complies with EU Directive 2005/36/EC regarding 5,500 hours.

The Team commend the Sub-Internship programme and the 'Clinical 1' programme at the beginning of Year 4.

The Team welcome UCD's response to recommendation in the previous report of the Medical Council (2007) and have been updated on and assured that:

- A more robust GP network has been established
- Social science delivery has been included in core modules such as Surgical training
- Intermediate Life Support had been introduced (as part of the Professional Completion Module)
- There is student participation in stage boards
- The staff-student committees are more robust
- Electronic notes are now available
- Clinical site student facilities have been improved in some cases.

The Team believe that the Medicine and the Community module is very innovative but would recommend that UCD give consideration to involving the School of Public Health Medicine.

*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.*

In terms of corporate governance and transitional arrangements, the university has moved to a College and School-based structure. A review board will lead to sub-Committees being formed to review the different subjects and the separation between academic and administrative functions continues (although there is still a programme board).

The Team commend the establishment of the Medicine Programmes Assessment Review Group which is undertaking a consultative exercise with senior faculty and international experts to review the system of assessment for the MB BCh BAO programme with

respect to the programme outcomes, graduate attributes, and the Ottawa 2010 Criteria for a Good Assessment.

An interesting innovation in the programme is the Head of Subject who will work in collaboration with the Professor(s) of the Subject to secure adequate teaching in the subject using an integrated curriculum. It will be interesting to follow how this role will work in practice.

*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 Team recommend that UCD put governance in place to develop and more closely link the affiliated hospitals with UCD. For example, the Team recommend that UCD give consideration to issuing the minutes or summary minutes from the Programmes Board meetings, as staff in the affiliated sites feel 'out of the loop' and have no influence in future developments.

The Team commend UCD on the Medicine in the Community module, which was developed within the last three or four years, combining different disciplines in medicine namely psychiatry for old age, general practice and medicine for the elderly.

*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 Team reviewed the Stage 2, 3 and 4 examination papers provided by UCD and feel the papers were not set in an integrated manner, for example in one examination the different subjects were specified, therefore **the Team recommend that clinical vignettes be used in all examinations rather than specifying the different subjects.**

The team only find minor testing of attitudes. Even if it is difficult, the Team recommend that attention should be given to this.

Following the Medical Council recommendations on blueprinting and assessment, the Team commend UCD on the areas of very good practice and now recommend that UCD systemise this across the curriculum.

The Team formed the impression that there is also an element of exam overload, especially for the GEM students, which negatively impacts upon their direct patient contact. It is notable that a large part of the examinations process is not transparent and the opportunity for further learning is not available. **The Team recommend that the feedback framework be reviewed and that UCD guard against students being on a permanent 'exam footing.**

Finally, the Team recommend that consultants involved in medical education and training at the affiliated training sites be invited to input into the high stakes exams at UCD.

*Q: The reliability and validity of assessment methods **should** be documented and evaluated and new assessment methods developed.*

The Team does not find any information on the School´s work with evaluation of reliability and validity of the assessments methods, and encourages such work to be initiated.

3.2 Relation between assessment and learning

*B: Assessment principles, methods and practices **must** be clearly compatible with educational objectives and **must** promote learning.*

The School states that the learning outcomes define what students should be able to do when they have completed the module and that the design of the assessments reflect the learning outcomes for each module (examples such as problem-solving, clinical reasoning, communication skills etc.). The learning outcomes are however not always described in this way. The Team feels that it might be of interest to review this point in connection with the work on curricular mapping.

*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

Meeting with Year One and Year Two undergraduate and GEM students together

The Team met with a large number of Year One and Year Two direct entry and GEM students together. The students were reassured of confidentiality and told that nothing would be attributable to any one individual in the report.

The issue of feedback from examinations and timing of results appears to be less of a concern to them now.

The Team were told that there is a good balance between lectures and small group learning. The depth of knowledge is, for a large part, in practice defined by lectures. The students particularly praised the dissection room, where they spend a lot of time.

The Team recommend that the Medical Council's *Guidelines for Medical Schools on Ethical Standards and Behaviour appropriate for Medical Students*, the Medical Council's *Eight Domains of Good Professional Practice*, the WHO *Patient Safety Guidelines* and the *Children First: National Guidance for the Protection and Welfare of Children* guidelines, should be incorporated into the educational outcomes for all students.

The Team recommend that UCD place a greater focus on interdisciplinary learning.

The students praised the information technology and Blackboard facilities. **However, the Team recommend that online resource in histology needs some review. The Team also recommend that library opening hours and small group study rooms be reviewed in light of greater access.**

The students were complimentary of the 'Breakfast with the Dean' initiative.

The Team recommend that UCD give consideration to issuing the examinations schedule earlier in the year as the students that we met reported that any delay makes it difficult for them to book flights especially for those sitting the USMLE.

Students are asked for their feedback during the year and there is a module survey at the end of the course although it is near exam time and the students do not have much time. However, the students reported that feedback from the year ahead of them has been taken on board and that UCD do try to make improvements overall.

Meeting with Year three undergraduate students

The Team met with twelve Year Three direct entry students. The students were reassured of confidentiality and told that nothing would be attributable to any one individual in the report.

The students were very complimentary about the electives that are available to them, the surgical electives in particular.

Whereas some lecturers give collective feedback, more was generally wanted.

There appears to be a lot of self-directed learning with fourteen hours a week contact time and the balance being self-directed learning.

There does not appear to be much interdisciplinary learning although there is more opportunity in electives. The students would welcome more opportunities in this area

and **the Team recommend that interdisciplinary learning be further explored and developed.**

The students have not met patients as yet as there is no hospital based work. The students' perception is that there is a focus on academic/research rather than a clinical focus and so would welcome a more clinical balance.

The students reported that the lecturing in UCD is excellent and that the lecturers are very approachable. However, as there are a large number of guest lecturers, **the Team recommend that UCD give consideration to issuing guidelines for guest lecturers.**

Meeting with Students at the Temple Street Children's University Hospital site

The Team met with twelve Year Five and Year Six direct entry and GEM students. The students were reassured of confidentiality and told that nothing would be attributable to any one individual in the report.

Their overall impression of the programme is that the staff are extremely receptive to any comments or suggestions that they have to make and they listen to the feedback.

The students recommended that students from later years should be more involved in the curriculum development.

The students would like to have more access to the skills laboratories. The School is encouraged to strengthen the formal control of the skills in basic procedures such a catheterisation and cannulation.

There was generally a wish to get more time for clinical experience and a criticism that there were too many students per team.

However, the facilities in Temple Street Children's University Hospital are poor as they have no lockers, the acoustics in the lecture hall are very poor, they have no computers, no teleconference facilities and the students reported missing lectures as a result.

The students reported liking the portfolio and feel that it stresses the clinical significance of what is required on the wards. The comments box is particularly helpful and the portfolio has to be signed each week.

They do not receive feedback on their examinations and they do not get breakdown on components.

The students are now beginning to realise the importance of what they have learnt so far with regard to Medical Ethics teaching. However, they do not seem to be clear about what to do if a senior colleague needed to be complained about, for example. **The Team recommend that UCD give consideration to clarifying student support at affiliated sites, if something upsetting should happen, and the Team urge that there should be more of a structure, especially in the area of psychiatry.**

The students praised the sub-Internship programme and believe that this will help them when they qualify as doctors. The students also commended the rotations in the specialties of Paediatrics, Obstetrics and Gynaecology, Psychiatry and General Practice. However, they would like to be seen more as members of the team in some sites. Some students felt more involved in their GP attachments, and less so in the hospital attachments.

The students feel that the last two years of the programme are very exam orientated. It puts them under a lot of pressure to study and they get less clinical time.

Meeting with Year Four and Year Five Students at Mater Misericordiae University Hospital Site

The Team met with nine Year Four and Year Five direct entry and GEM students. The students were reassured of confidentiality and told that nothing would be attributable to any one individual in the report.

The students that we met on the day feel that feedback after examinations is still a big problem. The class representative was informed that UCD are not willing to give feedback to anyone other than those students who have failed. For some examinations, they simply get pass-fail results although for borderline cases they may get a mark. This affects some students for the intern year ranking places and for North American students it may affect their job applications.

The students' perception is that there is no standardisation in teaching between the Mater Misericordiae University Hospital and St Vincent's University Hospital and that there is no core or common curriculum between the two sites. It also seems that the lecturers or tutors are not given any guidance on what they should be teaching and the Team recommend that this is reviewed.

The students that we met felt that the surgery rotation in Tullamore was a problem as one of the consultants said he did not want to teach UCD students who only spend one week there, while other students stay there for considerably longer. The Team recommend that this matter be reviewed with a view to ensuring consistency of training across the affiliated clinical training sites.

The mentoring system was not especially well-known to the students, and it is recommended that this be made more evident and available during the clinical years.

The General Practice rotations were generally well-liked and students felt they were part of the team and received opportunities that they would not otherwise have had. However, the experience did seem variable and there were reports of using their own initiative to either see patients or go to the library themselves. Paediatrics and Obstetrics and Gynaecology were reported as being the best components of the programme.

Overall, the students believe that UCD has a very good ethos in the college and the well-being of the students is emphasised. The Medical School has a good sense of community with lecturers being very approachable. The students also believe that the electives overseas reveal that they are either average or above average with North American students.

Meeting with students from Wexford General Hospital

The Team met with ten students from the 'Res Year'. The students were reassured of confidentiality and told that nothing would be attributable to any one individual in the report.

The students say there are a lot of opportunities to examine case histories but there is no tutor based in Wexford General Hospital, so they feel they are missing out on some of the teaching. They say that while they do get very good patient access in the peripheral hospitals, they do not feel there is the same culture of teaching there and they feel more like observers. Their perception is also that the clinical staff do not know what level they are at and what stage they are in. They reported that they have had no formal tutorials or lectures in paediatrics. It may happen that the students have the same speciality in the central and affiliated hospital. The Team recommend that all rotations within specialties are reviewed to ensure as little duplication as possible.

On the subject of examinations, in Wexford the students are in bed and breakfast accommodation, so it is more difficult to study for the examinations so this is a challenge for them. The hospital internet access (HSE firewall) restricts access to e-mails from UCD so they get no updates. Internet access in the accommodation depends on which one they are in. This is particularly a problem as access to study and library facilities is very poor in Wexford as the library only opens for three hours a day and it closes during lunch so the students can never get there and there is no swipe card access.

The issue of student support seems to be a concern in Wexford. They were not assigned to anyone for Paediatrics, for example, so they would not know who to turn to, and similar was reported in surgery. The Team recommend that this issue be reviewed so that students have a degree of support in affiliated training sites.

In terms of child protection, they have received no formal training or instruction and were not familiar with the *Children First: National Guidance for the Protection and Welfare of Children* guidelines.

The students believe they can give their feedback to the Medical School and the class representatives have been able to get changes made following their recommendations to the School. Feedback on their performance is informal and depends on the consultant.

4.1 Admission policy and selection

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

This policy is clear and is common to all undergraduate medical programmes in Ireland. However, the Team noted that most Irish students are expected to go into the six year programme and only those students exempt on the basis of prior learning can go into the five year programme (along with Malaysian students). **The Team recommend that in UCD's review, the impact of the HPAT examination and breadth of access to the programme should be considered. The Team also recommend that the Review involve external stakeholder input, including a public consultation process.**

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

4.2 Student intake

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

The Team noted the potential of that increasing student numbers negatively impacting upon small group learning and recommend that UCD monitor capacity to ensure that intake does not outstrip the resources available.

*Q: The size and nature of the intake **should** be reviewed in consultation with relevant stakeholders and regulated periodically to meet the needs of the community and society.*

4.3 Student support and counselling

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

The Team noted that remedial facilities are in place and that it is done on a module by module basis. As students go through a module, those in difficulty can be easily identified by tutors and senior educators. They are also encouraged by staff to use the support and counselling services available. Students that have non-academic difficulties are referred to Student Advisers. In addition, they also have a mentor assigned to them. UCD try to identify any problems as early as possible although sometimes it is after the examinations. The overall governance of this is through the programme board. However, **the Team were concerned that the students at some of the peripheral training sites felt relatively unsupported in comparison to their peers at major hospital sites. While appreciating that smaller sites may not be able to replicate the range and depth of support services available on major hospital sites, the Team recommend that the pastoral care be reviewed at smaller sites in particular.**

*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 Team noted that the class representative programme appears to be more successful in the early years of the programme than in the later years of the programme, so **the Team recommend that UCD review the class representative programme process so that it functions effectively across all years.**

*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 note that there is a large diverse faculty and a staff plan (linked with the School budget) which factors in staff departures and retirements, which is regularly assessed). The Team heard that all academic staff recruitment requests in the last five years have been approved. **However, the Team noted with concern there are a large number of vacant posts in the Medical School and look forward to receiving an update from the School in due course.**

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

5.2. Staff policy and development

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

The Team welcome the Clinical Pathways programme. However, **the Team recommend that it be applied to all clinical sites and all staff, as it was apparent across the affiliated training sites, that some clinical staff felt they were not eligible, due to what is perceived to be UCD's major focus on research activities**. **The Team recommend that there should be a retention and development programme for the existing members of staff. The Team recommend that a Train the Trainer programme be extended to the junior staff especially on the affiliated sites.**

The Team welcome UCD's emphasis on tutors playing a key role in the education of the students and there is a programme of educational up-skilling, involving orientation to School, programme, modules and students. The Team recommend that the skills workshops delivered by key senior faculty on bedside teaching, teaching "on the run" and giving feedback to promote learning be further developed and rolled out.

The Medical Council recommends that UCD does not cut resources in relation to paediatrics.

*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 Team noted that the facilities at Temple Street Children's Hospital were particularly unsatisfactory. The IT facilities were poor and it is not possible to download PDFs on the computers in the library. There are only five terminals. There is no funding to repair the projector in the Lecture Room (although there is a mobile projector). The acoustics in the Lecture Room are very poor. Finance was to be allocated to update the Lecture Room. One-third of the money has been allocated by UCD, one-third by RCSI. One-third was to be allocated by the hospital but does not yet appear to have been forthcoming.

The area for socialising and eating is totally unsatisfactory, dark, uncomfortably warm, and with no natural light or ventilation. As a result it is avoided by students where possible, thereby defeating its purpose.

The Team recognise that there are constraints and that UCD may not by itself be able to remedy this situation; but the Team urges that it be addressed and that UCD are supported in their efforts to improve it.

The facilities in the Mater Misericordiae University Hospital were somewhat better. The Librarian there is employed by the Mater and does not have a link with UCD. **The Team recommend that she be given an honorary academic appointment.**

There is a safety statement of the university and it should be ascertained that it works in the relevant disciplines with respect to protection from harmful substances, specimens and organisms and the use of laboratory safety regulations.

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

6.2. Clinical training resources

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

The Team note the increased student numbers since the 2007 visit and the Team note UCD's difficulty in recruiting clinical tutors if they are not on training programmes. The Team note that UCD are trying to appoint more senior people at the end of their training who are awaiting consultant appointment and recognise that the embargo has provided many challenges as UCD face expansion of the number of students also.

The Team recognise that many of the affiliated training sites are under-resourced at both NCHD level and consultant level and that many hospitals have to suppress some posts in order to create others. The attachments outside of Dublin have helped ease some of the pressure and **the Team recommend that these attachments be utilised as much as possible.**

It is commended that individual clinical courses specify which clinical cases and procedures the student should have seen, but a review and an evaluation of the overall patient mix is also encouraged.

*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.*

A HSE "firewall" appeared to hamper students' access to e-mails at some of the affiliated training sites and this should be pursued by UCD with a view to resolution.

The Team also recommend that all lectures be uploaded on Blackboard.

*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.*

As stated above, the Team commend UCD on the fact that almost all of their teachers have a research basis and the Team commend UCD on the research undertaken by students during the summer, which is actively engaged and encouraged by UCD and is now worth five or ten credits. **The Team strongly recommend that UCD continue to strive for publication in peer reviewed journals (by staff and/or students).**

*Q: The interaction between research and education activities **should** be reflected in the curriculum and influence current teaching and **should** encourage and prepare students to engagement in medical research and development.*

6.5. Educational expertise

*B: The medical school **must** have a policy on the use of educational expertise in planning medical education and in development of teaching methods.*

The Team recommend that the dialogue between all three existing children's hospitals continue, in light of the discussions around the new paediatric hospital and the clinical and teaching facilities required, as this is a huge opportunity for all the Medical Schools to share their educational expertise.

*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.*

The range and extent of educational exchanges for students is very much commended by the Team. **The Team recommend that consideration of extending such a programme to staff should be considered.**

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

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 look forward to receiving the report of the evaluation board in due course.

*Q: Programme evaluation **should** address the context of the educational process, the specific components of the curriculum and the general outcomes.*

7.2. Teacher and Student Feedback

*B: Both teacher and student feedback **must** be systematically sought, analysed, and responded to.*

The provision of formalised feedback at affiliated training sites was reported by students as variable. The team was presented with a compilation of student feedback on paediatrics dated September/October 2010, which included best and worst features of detailed educational activities. Teaching staff at affiliated training also expressed a wish for more formalised feedback from UCD about students' views regarding teaching on the site. **The Team recommend that the feedback mechanism at affiliated training sites be reviewed.**

The Team were also informed by the students that they did not receive adequate feedback about their own individual performance or their performance in relation to the cohort as a whole. Feedback appears to be linked solely with poor performance and feedback on performance is particularly poor in the affiliated hospitals.

The Team commend the introduction of the Tutor of the Year award.

The Team recommend that UCD endeavour to formally recognise the contribution of other staff particularly in the affiliated training sites.

*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.*

*Q: Student performance **should** be analysed in relation to student background, conditions and entrance qualifications, and **should** be used to provide feedback to the committees responsible for student selection, curriculum planning and student counselling.*

7.4 Involvement of Stakeholders

*B: Programme evaluation **must** involve the governance and administration of the medical school, the academic staff and the students.*

*Q: A wider range of stakeholders **should** have access to results of course and programme evaluation, and their views on the relevance and development of the curriculum **should** be considered.*

It is recommended that a wider range of stakeholders have access to results of course and programme evaluation, and that their views on the relevance and development of the curriculum are 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.*

As mentioned under 1.3 above, the Team would welcome the final version of the transitional structures outlined in the table under 1.3 of the WFME submission from UCD.

*Q: The governance structures **should** set out the committee structure, and reflect representation from academic staff, students and other stakeholders.*

8.2. Academic leadership

*B: The responsibilities of the academic leadership of the medical school for the medical educational programme **must** be clearly stated.*

*Q: The academic leadership **should** be evaluated at defined intervals with respect to achievement of the mission and objectives of the school.*

8.3 Educational budget and resource allocation

*B: The medical school **must** have a clear line of responsibility and authority for the curriculum and its resourcing, including a dedicated educational budget.*

*Q: There **should** be sufficient autonomy to direct resources, including remuneration of teaching staff, in an appropriate manner in order to achieve the overall objectives of the school.*

8.4 Administrative staff and management

*B: The administrative staff of the medical school **must** be appropriate to support the implementation of the school's educational programme and other activities, and to ensure good management and deployment of its resources.*

*Q: The management **should** include a programme of quality assurance and the management should submit itself to regular review.*

8.5. Interaction with health sector

*B: The medical school **must** have a constructive interaction with health and health-related sectors of society and government*.

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

9. Continuous Renewal

*B: The medical school **must** as a dynamic institution initiate procedures for regular reviewing and updating of its structure and functions and **must** rectify documented deficiencies.*

*Q: The process of renewal **should** be based on prospective studies and analyses and **should** lead to the revisions of the policies and practices of the medical school in accordance with past experience, present activities and future perspectives.*

The Team welcomes the number of projects being developed by UCD including the review of the current six year programme with relevant exemptions structure, programme mapping, Assessment Working Group, Orientation, Clinical tutor induction, and PACE (Patient and Advocate Centre Education).

The Team recommends that contributions and feedback from students, colleagues and the Medical Council be incorporated into the various reviews and looks forward to seeing the outcomes of such projects.

End of report

Comhairle na nDochtúirí Leighis
Medical Council

APPENDIX 1

Comhairle na nDochtúirí Leighis
Medical Council

AGENDA

ACCREDITATION VISIT TO
UNIVERSITY COLLEGE DUBLIN
MEDICAL SCHOOL

DATE: WEDNESDAY 2ND TO
FRIDAY 4TH NOVEMBER 2011

VISITING TEAM

Ms Katharine Bulbulia (Medical Council Member & Chair)
Dr John McAdoo (Medical Council Member)
Professor Alan Johnson (External Assessor)
Professor David Kerins (External Assessor)
Professor Hans Sjostrom (External Assessor)
Professor Tom O'Dowd (External Assessor)

Accompanied by
Dr Anne Keane (Head of Education & Training, Medical Council)
Ms Karen Willis (Senior Executive Officer, Medical Council)
Ms Elizabeth Molloy (Executive Officer, Medical Council)

VENUES:

UNIVERSITY COLLEGE DUBLIN
(HEALTH SCIENCES CENTRE)
MATER MISERICORDIAE UNIVERSITY HOSPITAL
TEMPLE STREET CHILDREN'S UNIVERSITY HOSPITAL
OUR LADY'S CHILDREN'S HOSPITAL CRUMLIN

Comhairle na nDochtúirí Leighis
Medical Council

AGENDA

UNIVERSITY COLLEGE DUBLIN
HEALTH SCIENCES BUILDING BELFIELD

DAY ONE – Wednesday 2nd November 2011

1.00 pm - 2.00 pm	**Private meeting of Team (light working lunch)**
2.00 pm – 3.45 pm	**Visiting Team to meet with members of University College Dublin faculty for Plenary Session**
	The Plenary Session will include a formal presentation to the Council Team (20 minutes approximately). This will be followed by a Question and answer session
3.45 pm – 4.20 pm	**Year Three undergraduate**
4.20 pm – 5.00 pm	**Year One undergraduate and GEM students**
5.00 pm – 5.40 pm	**Year Two undergraduate and GEM students**
5.40 pm	**Team Departs**

Comhairle na nDochtúirí Leighis
Medical Council

AGENDA

UNIVERSITY COLLEGE DUBLIN
MEDICAL SCHOOL VISIT
MATER MISERICORDIAE UNIVERSITY HOSPITAL & TEMPLE STREET

DAY TWO – THURSDAY 3rd NOVEMBER 2011

8.30 am – 9.00 am	**Private meeting of Team at Mater Misericordiae University Hospital**
9.00 am – 10.30 am	**Visiting Team to visit and to meet with clinicians involved in education and training at Mater Misericordiae University Hospital and representatives from St Vincent's University Hospital**
10.30 am – 10.45 am	**Tea and Coffee break (in private)**
10.45 am – 12.00 pm	**Medical Council to sub-divide and meet with students and carry out site inspection (to include 4th and 5th year students)**
12.00 pm – 1.00 pm	**Plenary session for Medical Council Team in private (Light working lunch)**
1.15 pm	**Prompt departure to Temple Street Children's University Hospital**
2.00 pm – 2.30 pm	**Private meeting of Team**
2.30 pm – 3.45 pm	**Medical Council to sub-divide and meet with students and carry out site inspection (to include 4th and 5th year students)**
3.45 pm – 5.00 pm	**Visiting Team to visit and to meet with management and the clinicians involved in education and training at Temple Street Children's University Hospital**
5.00 pm	**Team Departs**

Comhairle na nDochtúirí Leighis
Medical Council

AGENDA

UNIVERSITY COLLEGE DUBLIN
MEDICAL SCHOOL VISIT
OUR LADY'S CHILDREN'S HOSPITAL, CRUMLIN

DAY THREE – FRIDAY 4TH NOVEMBER 2011

9.00 am – 9.30 am	**Private meeting of Team at Our Lady's Children's Hospital, Crumlin**
9.30 am – 10.30 am	**Meeting with clinicians involved in education and training from Our Lady's Children's Hospital, Crumlin**
10.30 am – 10.45 am	**Tea and Coffee break for Medical Council Team (in private)**
10.45 am – 12.00 pm	**Teleconference with students based at Wexford General Hospital**
12.00 pm – 1.00 pm	**Clinical training Site inspection, including student facilities and library facilities**
1.00 pm - 1.45 pm	**Private meeting of Team with light working lunch**
1.45 pm – 2.45 pm	**Teleconference with clinicians involved in education and training at Wexford General Hospital**
2.45 pm – 3.45 pm	**Private meeting of Team**
3.45 pm – 5.00 pm	**Final meeting with Medical Council Team and Medical School representatives**
5.00 pm	**Team Departs**

Please note that on Day Three the Inspector of Anatomy appointed by the Medical Council will also be undertaking a visit - this is to take place during the morning session and is being arranged separately with the Medical School.

Comhairle na nDochtúirí Leighis
Medical Council

APPENDIX 2

Attendees Medical Council Visit – 2nd – 4th November 2011

Dr Jason Last	Associate Dean, Director of Educational Innovation
Dr Suzanne Donnelly	School Director of Clinical Studies
Mr Lorcan Birthistle	CEO, OLCHC
Dr. Stuart Bund	Physiology
Prof Gerry Bury	Professor of General Practice Medicine & Head of Section, Community, Forensic & Legal Medicine
Professor Karina Butler	Consultant in Paediatrics & Paediatric Infectious Diseases Specialist & UCD Clinical Associate Professor in Paediatrics
Ms Barbara Cantwell	Administrative Manager / Student Coordinator SVUH
Dr. Crea Carberry	General Practice
Dr. Geoff Chadwick	Clinical Skills
Dr. Koon Meng Chan	Microbiology
Ms Bridget Coughlan	School Administrator
Ms Iris Cranley	Head of Medical Administration, Temple Street Hospital
Dr. Paul Crossey	Physiology
Prof Denis Cusack	Legal Medicine
Ms Nadia Dalton	Programme Office Director
Prof Leslie Daly	Public Health Medicine
Dr Jane Dolan	Pathology
Ms Sinead Dunwoody	Administrative Manager / Student Coordinator MMUH
Dr. Pat Felle	Head of Healthcare Informatics
Ms Jacqueline Ferguson	Paediatrics Administrator
Dr. Patricia Fitzpatrick	Public Health Medicine
Mr John Gillick	Paediatric Surgeon
Dr. Allys Guerandel	Psychiatry
Dr. Clare Hannon	Medicine Special Lecturer
Mr Paul Harkin	Director of Strategic Development
Dr Owen Hensey	Consultant Paediatrician
Dr Katherine Howell	Physiology
Prof Michael Keane	Head of Section, Medicine & Medical Specialties, Professor of
Medicine &	Therapeutics, SVUH
Dr Louise Kyne	Consultant Paediatrician
Ms Carl Lusby	Student Advisor
Ms Carol Lynch	Project Manager, Strategic Programmes
Dr Amanda McCann	Pathology, Senior Lecturer
Dr. Cliona McGovern	Legal Medicine
Prof Paul McLoughlin	Head of Physiology, Head of Section, Biomedical Sciences
Dr. Paul McMullan	Rheumatology DNA
Dr. Jonathan McNulty	Radiography
Dr. Anne-Barbara Mongey	Medicine elective
Dr Sinead Murphy	Director of Paediatric Education
Ms Sarah Murtagh	Administrator
Dr. Kathy O'Boyle	Pharmacology
Prof Ronan O Connell	Head of Section, Surgery and Surgical Specialties, Professor of Surgery, SVUH
Dr Aengus O'Marcaigh	Consultant Paediatric Haematologist
Dr. Yvonne O'Meara	Medicine
Prof Ronan O'Sullivan	Head of Paediatrics
Dr Ikechukwu Okafor	Emergency Department Consultant
Dr Chris Pitan	Special Lecturer in Paediatrics
Dr Stephanie Ryan	Consultant Paediatric Radiologist and Chairperson of the

Medical Board	
Dr. Denise Sadlier	Medicine
Dr. Michael Steele	General Practice
Mr. Maurice Stokes	Surgery
Dr Clodagh Sweeney	Special Lecturer in Paediatrics
Dr Jennifer Thompson	Stage One and Two Coordinator GEM Programme
Dr. Sean Walsh	Chair of Medical Board, OLCHC