Comhairle na nDochtúirí Leighis
Medical Council

ACCREDITATION VISIT 2ND MARCH 2012

UNIVERSITY COLLEGE DUBLIN'S

GRADUATE ENTRY PROGRAMME

CONTENTS

MEDICAL COUNCIL ACCREDITATION TEAM

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EXECUTIVE

DR ANNE KEANE (HEAD OF EDUCATION AND TRAINING)
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***EXTERNAL ASSESSOR**

A. DECISION OF COUNCIL

THE DECISION OF COUNCIL IS THAT:

1. The University College Dublin's four year Graduate Entry to Medicine Medical Programme (UCD GEM), which leads to the award by National University of Ireland of an MB BAO BCh degree, should be approved for a period of five years under the terms of Section 88(2)(a)(i)(I) of the Medical Practitioners Act 2007. This recommendation is made on the grounds that the programme adheres to the rules, criteria, guidelines and standards approved by Council, as specified in Section 88(2)(a) and 88(2)(d) of the Medical Practitioners Act 2007.

2. The University College 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 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 to the UCD GEM Programme and to UCD in 2017, to assess the programme's and the body's continuing adherence to and compliance with the Medical Council's criteria, guidelines and standards. In the meantime, an Annual Return will be sought from UCD in line with Council's agreed processes, and a monitoring visit may be undertaken if deemed necessary.

B. PREFACE BY HEAD OF EDUCATION AND TRAINING

1. Previous conditional accreditation of the University College Dublin Graduate Entry Programme (UCD GEP)

University College Dublin has established a four year graduate entry programme. It is at undergraduate (basic in WFME terminology) level with an exclusively graduate entry. A key feature of the programme is that there is a distinct GEM cohort for the primarily pre-clinical part of the programme; then the GEM cohort merges with students from UCD's direct entry programme for the predominantly clinical parts of the course, forming one cohort.

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

The programme was initially provisionally accredited by the Medical Council following a visit on 25th November 2008, after the programme admitted its first students in September 2008.

The Medical Council revisited on 27th & 28th of January 2011. Approval which was under the terms of the Medical Practitioners Act now deeded "with conditions" was continued following that visit.

The Medical Council next visited on 2nd to 4th November 2011 to monitor the progress of the conditionally accredited programme. The focus of the visit was on clinical training.

2. March 2012 accreditation visit

The graduation of the first cohort of UCD GEP students is due in summer 2012. The purpose of the visit was to review the four years of the GEM. An overview of the programme in its entirety and of UCD's plans for the future was obtained *via* UCD's self–assessment and the visit. The recommendation of the Team is based on the performance of the programme over the four years 2008–2012, and evidence of its longer–term sustainability.

3. Standards

From 16th March 2009 (when Part 10 of the Medical Practitioners Act 2007 was commenced), Section 88(2) of the Act applies, with the provisions regarding Education and Training in the 1978 Act being repealed.

The Medical Council agreed, at their meeting of 19th January 2010, that the World Federation for Medical Education's Global Standards will continue to be used

These WFME standards have been used for all accreditations in the period 2005-2009, so this is a consistent approach. All members of the Medical Council visiting team were

previously provided with a copy of the WFME European Specifications – these are also available on http://www3.sund.ku.dk/.

4. Processes

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

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

5. The Team

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

The Medical Council thanks the University College Dublin's Team, led by Dr Jason Last, for their co-operation and hospitality. The Team appreciated that a large number of academic and administrative staff who took time out of busy schedules to participate in the process. In addition, the Medical Council wishes to thank the students who met the Team, and whose feedback is most helpful in informing the views of the Team.

6. Documentation

Prior to the visit, the Team reviewed the University College Dublin's completed questionnaire and supporting documentation provided by the College. This is available to Council members on request.

7. Schedule

The accreditation visit on Friday 2nd March 2012 at University College Dublin began with a presentation by Dr Last. The Medical Council Team met representatives of the University and Medical School staff for an in-depth discussion regarding the programme. Private Sessions were held with students in year One, Two, Three and Four of the programme.

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

8. The Report

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

Dr A M Keane
Head of Education and Training

End of preface

C. THE TEAM'S REPORT: SUMMARY AND MAJOR RECOMMENDATIONS

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

This recommendation is based on the Team's finding that the programme is well-designed and effectively delivered to an impressive cohort of students who are generally very positive about their UCD GEM experience. There are areas where review and revision is advised but none of the issues identified warrant conditions being placed on the approval. Areas where UCD is commended are also highlighted. A number of requests for further information are included.

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

Other major recommendations by the Medical Council Team

UCD should:

1. Maximise the amount of formative feedback to students.

2. Review the amount of general practice in the curriculum to ensure it is congruent with the role of general practice in national healthcare.

3. Ensure that transition from the predominantly pre-clinical to the clinical part of the programme is as seamless as possible

4. Ensure that students on clinical placements are given the opportunity to be active participants in the clinical team.

5. Foster consistency in the quality of placements and clinical teaching across sites.

6. Ensure that students in primarily clinical years still have effective pastoral support.

7. Promote opportunities for multi-disciplinary teaching

8. Promote awareness among students of:

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

9. Ensure that the teaching environment incorporates high standards in hygiene and infection control.

The Team commend UCD for:

1. Demonstrating a commitment to quality enhancement by establishing the Programmes Assessment Review Group; the Team recommends that a summary of the findings be presented to the Medical Council in due course

2. Their willingness to respond to student feedback and make changes in light of it (e.g. in the time students spend in Cappagh Hospital)

3. The 'Molecules in Medicine' module designed for students with a non–science background, which was appreciated by the students

4. Inculcating in students an understanding of the importance of professionalism, which was reflected back to the Team by students

5. Developing in students an awareness and understanding of the role of communication skills

6. Introducing new six week rotations in Obstetrics & Gynaecology, Psychiatry, General Practice and Paediatrics

7. The Professional Completion module

8. The extent to which final year students feel prepared, enthusiastic and eager to commence their impending internship

9. Plans to track GEM graduates' performance in the interests of quality assurance of the programme.

D. MAIN BODY OF REPORT

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

1) Entry to the programme 2008-2012

a) GEM selection/admissions process 2008-2012

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

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

b) The academic background of GEM students 2008-2012

A considerable majority of the GEM students are from a science background. In relation to the "non-science" minority, there does not appear to be any adverse correlation with performance. The students' perspective was that there was a period of adjustment for non-science graduates to get "up to speed", but that they did so quite rapidly (and the 'Molecules in Medicine' module assisted here). The evidence supports the view that an arts/social sciences/ humanities background does not result in poorer performance or outcomes.

The clinicians teaching students in the primarily clinical years found no discernable difference relating to pre-entry degree subject.

Students from *all* academic backgrounds found it an appropriately challenging and demanding programme.

c) GEM numbers 2008-2012

In 2008 numbers entering UCD GEM stood at 36 students. This increased in the four years since, and intake in 2011 was 99 students entering Year One. Capacity should be regularly reviewed, with particular attention being paid to clinical capacity and access to patients. Facilities must meet the capacity requirements of both the direct entry programme and the GEM students in the coming years. However, the Team did not identify any significant problems in the short or medium term.

2) Educational Programme 2008-2012

a) Curriculum structure and content 2008-2012

The Curriculum Model is largely based on the National Graduate Medical Education Programme developed by the lrish Universities and Medical Schools Consortium (IUMC) group. It includes knowledge and understanding of the basic, clinical, behavioural and

social sciences, including primary and community care, medical ethics, clinical skills, ability for life-long learning and professional development.

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

A number of specific issues are highlighted in the following.

The Team found that only 4 weeks of 160 weeks were clearly identifiable as general practice, though it acknowledges that general practice may be amalgamated in other disciplines. However the Team recommends that the role of general practice should be reviewed to ensure it is congruent with the role of general practice in national healthcare.

Ethics and patient safety are part of the UCD GEM Profile, and appear to have an appropriately high profile in the curriculum. Students felt that they had received effective education and training in communication and in ethics. Their clinical exposure underlined to them the importance of communication as an intrinsic skill for them in their careers. They understood the benefit of interfacing with real patients as part of improving their skills. They appeared aware that one of the causes in adverse incidents in the system can commonly be lack of communication or poor inter-personal skills. The Team are impressed by this.

The Team wish to commend the students, and UCD, on students' grasp of the importance of professionalism, and on their awareness of the Medical Council's *Guidelines for Medical Schools on Ethical Standards and Behaviour appropriate for Medical Students*.

The students were familiar with the concept of the multi-disciplinary team, but would welcome more practical exposure and multi-disciplinary student interaction.

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

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

The campus facilities have previously been inspected and are generally of high quality. The students would welcome an extension of library opening hours.

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

UCD should be aware that there was some concern among students about the transition from the primarily pre-clinical to the primarily clinical part of the programme, and they perceived a degree of "disconnection". Students are keen to receive notice of their forthcoming rotations at the earliest possible stage. It is vital that teachers on clinical sites are aware of the relevant objectives.

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

Students on rotations are keen to be actively involved, and made reference to sometimes feeling more like passive observers, contrasting this with the North American model of sub-internship. The Team recognises the importance of students only undertaking appropriate responsibilities but recommends that UCD consider these comments.

Students reported variations in the quality of placements and in some consultants' interest in teaching. The Team accepts that this diversity is to some extent inevitable at pre-and post-qualification stage; but UCD should do everything that it can to encourage high standards and incentivise teaching.

Reference has been made to role of primary care: appropriate experience in general practice and the community should be maximized.

3) Assessment 2008-2012

The students' preference is for *more* feedback, and more *prompt* feedback, on their strengths as well as their weakness. UCD should facilitate this. Some students were under the impression that the amount of feedback was limited by UCD's concerns that feedback might enable students to "break the (question) bank".

UCD should ensure that the clinical management of patients has a suitably high profile in assessments. Any incentive (or even a perceived incentive) for students to prioritise studies over clinical exposure in the interests of better examination performance, must be avoided.

Students reported some inconsistencies in the recording of attendance; and while they believed there was a requirement to attend 80% of clinical teaching sessions, they suggested that attendance was checked at St Vincent's but not at the Mater, and felt that this was illogical and sent a "mixed message". This should be clarified,

The Team did not identify any issues with the attrition rate.

The Team request access to an analysis of the final year examination results when these are available.

4) Students 2008-2012

In terms of academic and pastoral support, students reported a helpful environment both with respect to student/teacher and student/student interaction, and were positive about the programme and School's academic and administrative leadership.

The Team notes the importance of ensuring that students are still supported when they are on clinical sites: while the Team appreciates that students form natural allegiances to clinical sites, there is still an onus on UCD to ensure appropriate support is provided and that students are aware of this.

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

5) Staffing 2008-2012

The School has no GEM specific posts but of course there are many individuals with GEM responsibilities. Over the four years UCD have recruited 13 Associate / Professors, 6 Senior Lectures, 12 Lecturers and increased tutors and demonstrators.

6) Physical Resources 2006-2010

The Team's view is that the educational resources are reasonably distributed in relation to the educational needs.

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

7) Evaluation and Renewal 2008-2012

Teachers and students are actively involved in programme evaluation and as noted student feedback is used to enhance the development of the programme. Unsurprisingly, the more senior students sometimes felt that their feedback had benefitted the students in earlier years rather than themselves directly, but were satisfied that they had contributed towards the development of the programme.

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

8. Mission accomplished 2012?

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

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

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

No adverse correlation in performance is evident. While the final examination results are not yet available, the evidence thus far is that the GEM students as a group perform at the same level as those who have undertaken the direct entry programme.

On a personal level too, GEM and direct entry students did not identify any barriers once the two student streams merged, and reported very positive relations.

c) Are graduates prepared to be doctors?

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

End of main report

Appendix 1

Comhairle na nDochtúirí Leighis
Medical Council

AGENDA

ACCREDITATION VISIT TO
UNIVERSITY COLLEGE DUBLIN
GRADUATE MEDICAL PROGRAMME

FRIDAY 2ND MARCH 2012

VISITING TEAM

Professor Alan Johnson, Chair*
Professor Anthony Weetman*
Regina Connolly,
Ms Marie Kehoe,

**External Assessor*

EXECUTIVE

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

Venue

UNIVERSITY COLLEGE DUBLIN

HEALTH SCIENCES CENTRE

BELFIELD CAMPUS

AGENDA

ACCREDITATION VISIT TO
UNIVERSITY COLLEGE DUBLIN
GRADUATE MEDICAL PROGRAMME

FRIDAY 2ND MARCH 2012

9.00 am – 9.30 am	Private meeting of Team (tea & coffee)
9.30 am – 10.30 am	Visiting Team to meet with members of **Medical School Faculty,** to include a Presentation by UCD, *(15 min max)** This will be followed by a **Question and answer session**
10.30 am – 11.15 am	Year Three GEM students
11.15 am – 12.00 pm	Year Four GEM students
12.00 pm – 12.45 pm	Year One & Year Two GEM students
12.45 pm – 1.45 pm	Private meeting of Team (light lunch)
1.45 pm – 2.00 pm	Final meeting with Medical Council Team and **Medical School Faculty**
2.00 pm	**Team Departs**

**Presentation by UCD of the main findings/lessons of the 4 years of the programme*

Appendix 2

Dr Jason Last	Associate Dean, Director of Educational Innovation
Dr Jennifer Thompson	Stage One & Two Coordinator GEM Programme
Mr Paul Harkin	Director of Strategic Development
Prof Patrick Murray	Professor of Clinical Pharmacology
Dr Suzanne Donnelly	School Director of Clinical Studies, Senior Lecturer
Dr Marcus Butler	Professional Completion Module Lead; Lecturer
Prof Ronan O'Connell	Head of Section, Surgery & Surgery Specialties, Professor of Surgery SVUH
Dr Michael Steele	General Practice, Lecturer
Dr Anne-Barbara Mongey	Medicine Elective, Clinical Skills Coordinator, Lecturer
Prof Paul McLaughlin	Head of Physiology, Head of Section, Biomedical Sciences
Dr Geoff Chadwick	Director of Clinical Skills
Dr Shay Giles	Anatomy, Senior Lecturer
Dr Paula Byrne	Pathology, Senior Lecturer
Ms Carl Lusby	Student Advisor
Ms Nadia Dalton	Programme Office Director