REPORT ON MONITORING VISIT
UNIVERSITY OF LIMERICK'S GRADUATE ENTRY PROGRAMME
5TH DECEMBER 2008

CONTENTS OF REPORT

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Note: Recommendations are numbered and in *bold italics*

A. PREFACE

1. Context of the visit

The University of Limerick has established a four year programme leading to the award of a degree of BM BS (Bachelor of Medicine, Bachelor of Surgery). It is at undergraduate (basic in WFME terminology) level with an exclusively graduate entry. The programme was provisionally accredited by the Medical Council following a visit in May 2007; the programme began in September 2007; and the Medical Council revisited in November 2007.

A Team representing the Medical Council undertook a visit on 5th December 2008. Its remit was to monitor the progress of the provisionally accredited programme and to formulate a recommendation to the Medical Council's Professional Development Committee.

2. The Team

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

The Medical Council also thanks the University of Limerick Team, led by Professor Paul Finucane, Foundation Head of the University's Graduate Medical School, for their co-operation and hospitality. In addition, the Medical Council wishes to thank the students who met the Team on the day, whose feedback is most helpful in formulating this report.

3. Documentation

Prior to the visit, the Team reviewed the University of Limerick's progress report entitled 'Update on the implementation of the recommendations made in the Medical Council's final report following its visit in November 2007'.

4. Schedule

The accreditation visit began with a presentation by Professor Paul Finucane. The Medical Council Team met representatives of the University for an in-depth discussion regarding the programme. Private sessions were held with students in year one and, separately, year two of the programme

5. Appendices

The agenda for the visit is attached as **Appendix 1**. A copy of the University presentation is attached as **Appendix 2**. The University staff who took part in the process is listed in **Appendix 3**.

6. The Report

The Medical Council's agreed policy is to use the World Federation of Medical Education's Standards to assess medical programmes. The section headings used in part C of this report are therefore those of the World Federation of Medical Education's *Global Standards for Quality improvement; Basic Medical Education (*2003*)* and the WFME's more recent *European Specifications* (2007).

The observations, comments and recommendations contained in this report are grouped under either the Basic or the Quality heading, but in some cases, the B / Q definition is set out purely for information. This report concentrates on *areas where changes have been made; areas where the Medical Council made recommendations on its previous visit; and the views of students.* It does not repeat information that can be found in previous reports.

B. SUMMARY AND GENERAL ASSESSMENT

1) Conclusion of Council Team

On the evidence of analysis of the documentation and the accreditation visit, the Team had three main concerns that need to be urgently addressed.

2) Main findings of Council Team

The Team make three *main* recommendations and the priorities identified by the Team are:

(a) Relations with teaching hospitals / access to clinical placements

The Team was disappointed that it had not proven possible to implement the Medical Council's recommendation (made following its November 2007 visit) that formal contracts between the University and the clinical sites should be in place by September 2008. It accepts that the University has tried to implement this recommendation, so far without success. However, the information provided about this issue on the visit was more positive, and suggested that substantial progress would be evident shortly. Pending resolution, it is critical that any interim arrangements are satisfactory. The Medical Council must be assured that both the capacity and the commitment to deliver the major clinical placements that begin in 2009 are available to UL.

(b) Facilities

The Team noted that the schedule for the new Medical School is still at the planning permission stage. The September 2008 progress report from the University of Limerick stated that planning permission was to be obtained from Clare County Council. The Team were given a verbal update on the visit that this has now been obtained.

The interim facilities inspected were satisfactory, but it is obvious both to the University and the Team that the success of the programme depends on the provision of the new permanent purpose built facilities. The Medical Council must be assured that this will be provided and that there will be sufficient capacity for the planned intake.

(c) Staff recruitment

The Team notes that some of the senior staff who were to lead the programme have not yet been recruited. It is essential that high calibre academics, including the Director of Research, are recruited as soon as possible. The Team were given a verbal update on the day of the visit regarding these appointments. The University expects to be able to advertise the posts within a matter of days. The Medical Council must be assured that the required staff will be in place.

3) Recommendations additional to the major recommendations a) to c) above:

1) ***The topics for elective modules, methods for their selection, and the background of the supervisors should be monitored in the future.***

2) ***Review scope for inter-professional teaching and learning.***

3) ***The use of patient advocates should be pursued.***

4) ***Address problems with e-learning system SULIS and WIFI access.***

5) ***Address issue of "self containment" of students and look to enhance interaction with other students.***

6) ***Be aware of potential isolation of students on clinical placements, and ensure support system is in place.***

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

8) ***Monitor student intake plans.***

9) ***UL consider devising a logbook that ensures students cover a core curriculum of history taking and clinical examinations, while giving them a taste of the variety of general practice.***

10) ***Address issue of access to major on-line journals.***

11) ***Maintain the gathering of and use of student feedback as a high priority.***

4) <u>The Team commends UL for:</u>

1) Clinically orientated approach to anatomy.

2) Improvement in anatomy since first year.

3) Emphasis on the importance of communication skills "from day one".

4) Early Patient Contact Programme.

5) Generally positive experience of students, who highlighted many excellent features of the programme and those who deliver it.

6) Training in PBL tutors beforehand.

7) Students influence on decision making.

8) International interaction.

5) <u>The Team request the following information/clarification from UL:</u>

1) A brief summary, as outlined in Mission and Objectives, regarding "readiness for postgraduate training" especially in relation to specified learning objectives.

2) Sight of the plan for the placement of students in different hospitals within the different disciplines, which includes a capacity calculation.

3) A high standard by the students in academic performance, and by the University in obtaining feedback, has been noted and in due course the Team would welcome information set in this wider context.

4) Plans regarding the roles of Head of Surgery and a Head of Medicine.

5) Organogram of new governance structures.

6) A collected set of learning objectives.

7) Example of an examination in 'Knowledge of Health and Disease Domain'.

8) Information on how great a part of the total teaching hours that is given by teachers who are active in research.

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

The Team identified many positive features of the UL programme and of the University and School that are delivering it, and these are highlighted later on in the report. However, the Team's concerns on the three issues specified above are such that ***the Team recommends that the Professional Development Committee recommends to the Medical Council the conditional continuation of provisional accreditation of University of Limerick's graduate entry programme*.**

This is subject to an update in January/February on the ability of UL to recruit appropriate academic clinicians into the following disciplines:

- Obstetrics / Gynaecology
- Psychiatry
- Paediatrics
- General Practice

The Medical Council will seek an update on these issues, and the University's timescale for implementing them, once the final report has been approved by the Medical Council and sent to UL. On-going provisional approval should be contingent upon the University addressing and resolving these main issues.

7) Recommended Further Action

On-going engagement with the University of Limerick is essential. ***The Team recommend that a monitoring Team from the Medical Council visit some of the clinical sites in May 2009;*** at least two hospital and three general practice sites. The visits should assess physical facilities and teaching staff resources at the sites. During the visits, the Medical Council would expect to meet a significant number of consultant teaching staff. ***A re-visit to the UL campus should take place in late spring or early summer 2009, when the views of the current first and second year students should again be sought.***

In addition, the Council's revisit to UL campus in late spring or early summer 2009, will include -

- Review of curriculum, learning objectives, personal/professional development and assessment in the Year 3 disciplines - Obstetrics, Gynaecology, Paediatrics and Community Practice.
- Visit to the teaching Hospital - Limerick Regional.
- A meeting to assess the clinical case-mix, teaching facilities and academic teaching resources.
- A site visit to three designated affiliated hospitals to meet with the consultant teaching staff and to determine the teaching capacity.

- A review of proposals for student clinical placements in Year 3 disciplines - Obstetrics /Gynaecology, Paediatrics and Psychiatry.
- A visit to three General Practice sites.

C. EVALUATION OF THE GRADUATE ENTRY PROGRAMME, BASED ON WFME STANDARDS

1. Mission and Objectives

1.1. Statements of Mission and 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 would appreciate a brief summary of "readiness for postgraduate training" especially in relation to specified learning objectives.

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

As expected, Mission and Objectives have not changed. The University reiterated that it anticipates that the programme will produce doctors who are in tune with the needs of contemporary society. The School maintains their aims to foster doctors with distinct qualities, being "above average" in their communication, primary care and life-long learning attributes. A key aim is to avoid the development of cynicism among students, as some research suggests this may happen as students go through medical school.

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).*

*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.*

*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.*

The Team note that the School looks forward to participating fully in the development of defining outcomes for undergraduate training in relation to postgraduate training.

There did not appear to be any information on the Medical School's usage of the "Tuning Medical Education Project of MEDINE".

*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.*

2. Educational programme

2.1. Curriculum models and instructional methods

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

The students in both years were generally very positive about the combination and balance of methods used; they enjoyed the PBL model and appreciated the way that science is applied to clinical scenarios. The PBL cases seem appropriately related to learning outcomes. The students contribute substantially to the development of the learning objectives through discussion. Lectures and formative and summative assessments guide the student on the depth of learning. The School furthermore believes that this issue will become of less concern to students in due time and this was acknowledged by the second year students during the meeting. The students believe that the PBL approach is building their confidence. The Team appreciates that the Problem Based Learning cases have been modified to become more relevant to the Irish context. The students generally felt comfortable with the self directed learning approach, in which they take a large degree of responsibility for their own learning. They regard their teachers as enthusiastic and approachable and felt that where problems had arisen, the University had addressed them.

There will be four periods for Special Study Modules or electives - a three week period in Year Two, the same in Year Three, and two periods of three weeks in Year Four. These modules are compulsory and will be assessed. ***The topics for elective modules, methods for their selection, and the background of the supervisors should be monitored in the future (R1).***

*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 would like clarification on whether it is mandatory for one of the Special Study Modules to include training in scientific thinking and research methods.

*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.*

Anatomy teaching is based on IT and models – there is no dissection. There is also heavy input from imaging. The Team commend the clinically orientated approach to anatomy.

The students were generally satisfied with Anatomy teaching, with Year 2 students citing it as an area which had significantly improved since their first year. UL is commended on

this. The Team understands that the amount of anatomy teaching at UL is now double that of the St George's Medical School "parent" programme. Year 2 students did not feel that the PBL approach to learning science had disadvantaged them as they progressed through the programme.

Year 2 students did feel, however, that they would like radiology teaching to be more interactive and 'hands-on' as it was currently didactic in format. The University feel that the emphasis in the curriculum should be on Radiological Anatomy and not Diagnostic Radiology.

The Team have concerns over the content of biomedical sciences in the curriculum – based on an examination of the involvement of different disciplines in the PPI test. The Team noted that although the learning objectives for one case presented during the meeting had a reasonable coverage of basic biomedical aspects, to be able to make a reasonable judgement of the part of all basic biomedical subjects covered in the curriculum, it would be necessary to have a collection of all learning objectives for the PBL cases. Therefore, to get an impression of the real depth of the objectives it will be necessary to analyse the questions of the final summative assessment of the "Knowledge of Health and Disease Domain".

There is no information on the possibility of getting an exemption from any part of the course.

*Q: The contributions in the curriculum of the biomedical sciences **should** be adapted to the scientific, technological, and clinical developments, as well as to the health needs of society.*

2.4 Behavioural and Social Sciences and Medical Ethics

*B: The medical school **must** identify and incorporate in the curriculum the contributions of the behavioural sciences, social sciences, medical ethics and medical jurisprudence that enable effective communication, clinical decision making and ethical practices.*

The students felt that the Medical School has emphasised the importance of communication skills "from day one". They have both simulated patients and real patients for the communication skills programme and also look at cross-cultural and sensitive situations. One third of the Objective Clinical and Anatomical Skills Examination OCASE) stations focus on this area.

It was felt by the students ***that there was more scope for inter-professional teaching and learning (R2)***, although the fact that the other health professionals were on a different part of the campus was acknowledged.

The use of patient advocates should be pursued (R3).

*Q: The contributions of the behavioural and social sciences and medical ethics **should** be adapted to scientific developments in medicine, to changing demographic and cultural contexts and to health needs of society.*

The students felt that the medical ethics component of the course was appropriate and the signing of a Code of Practice created confidence and had brought home the practical importance of ethical conduct. In first year, ethics is project based and there are ethics questions included in the examinations.

The Medical Council has previously stated that law is a specific area of expertise and recommended that it should be taught by experts in the discipline. A number of experts in the area have now lectured or advised on the programme.

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.*

The issue of facilities is discussed in section 6.1.

The Medical School reports that it has a detailed plan for the placement of students in different hospitals within the different disciplines, which includes a capacity calculation. The Team would be interested to see and analyse this plan. The Team cautions that some hospitals may already have reached capacity, but are satisfied that UL recognises that some of the peripheral hospitals should provide good opportunities for students.

All of the planned teaching hospitals have students from other Medical Schools already, so the patient student ratio should be carefully monitored. Finally, but perhaps most importantly, is the lack of formal contracts or Memoranda of Understanding. The University has not highlighted these fears for the students however, as they believe the issues are being sorted out, and they are hoping the situation will be resolved before it becomes a real problem. As this is an issue for all of the medical schools at the moment, the University state that the interim arrangements in place at UL will not be any different to other universities.

While there is participation in ambulance service, there does not appear to be any information about a first aid course.

*Q: Every student **should** have early patient contact leading to participation in patient care. The different components of clinical skills training **should** be structured according to the stage of the study programme.*

The students in both years enjoyed the Community Project; i.e. linking each student with a patient with a chronic disease. This had been renamed the Early Patient Contact Programme and had been expanded, as in addition to the above, students in the current Year 1 had been given the opportunity of linking with a pregnant woman (and in due course her baby). Students enjoyed this and felt they benefited from keeping a "Reflective Diary" of their learning experiences.

The Team believe this Early Patient Contact Programme with its community and general practice focus is working well, and UL is commended for it.

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 introduction of the Early Patient Contact Programme discussed above is the main change.

The Team could find no estimation of the workload expressed in European Credit Transfer System (ECTS).

The Medical School reported that they would consider arranging a mid-term break during both semesters, provided that the majority of students are willing to accept a one-week longer semester.

*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.*

*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 issue of Memoranda/contracts is explored elsewhere and forms one of the major recommendations.

The Team note with interest that the University is currently working on the provision of a course leading to an MSc in General Practice, in conjunction with the Irish College of General Practitioners.

*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 Medical School's experience so far is in line with international studies, which show that any difference between non-science and science backgrounds is eroded as the course goes on, and that differences had disappeared by the time of the first major clinical exposure. The non-science students did not feel disadvantaged in comparison to their peers.

Students continue to be marked on a pass or fail grade for the first two years of the programme and a more detailed grading in Years Three and Four. The University has maintained its stance that to do otherwise would be to undermine the foundations of PBL.

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

The Team note the modifications made to assessment, primarily:

- The introduction of examinations at Christmas as well as in the summer
- The pass levels being raised to 60% in Knowledge of Health and Illness; 66% in Clinical and Anatomical Skills; and 60% in Professional Competencies.

The Team commends the way that UL have responded to the views of students and externs.

Two extern examiners have been appointed (from Keele and Lancaster Universities in the UK) who were recruited according to the Medical Council's recommendations with experiences in a non-PBL curriculum, and from outside St George's.

The Team notes the impressive pass rate of first year students, with all 32 progressing to year 2.

The Team did not get the impression from students that there were any problems with examination overload.

3.2 Relation between assessment and learning

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

To evaluate whether the assessment is compatible with the educational objectives, it will be necessary to have access to the assessments and the objectives (i.e. a copy of a recent examination).

*Q: The number and nature of examinations **should** be adjusted by integrating assessments of various curricular elements to encourage integrated learning. The need to learn excessive amounts of information **should** be reduced and curriculum overload prevented.*

4. Students

Overview: Year One Students

The Team met a total of 16 Students from Year One. There were a number of Canadian students, who came to the Medical School via the 'Atlantic Bridge' Programme.

The Canadian students, in particular, feel they have settled into the programme well and viewed their Irish counterparts as being very helpful. They stated that they were not lonely and were made to feel very welcome. They feel they work well together as a group and are very comfortable being part of a team. The first years feel that their relationship with the second years is good.

The students informed the Team that they were generally satisfied with the course so far, which they found intensive but generally manageable. They believe that their Early Patient Contact experience is excellent.

The students said that there is a real emphasis on communication skills. They are very aware of ethics and received weekly lectures in this. They would, however, welcome more inter-professional learning.

The students were aware that there is counselling available. In addition, each student has a PBL tutor who also acts as a mentor. The students also praised the peer mentoring system whereby Year 2 students act as the mentors for Year 1 students (a ratio of 3:1).

Communication channels with the Medical School staff were said to be open and they feel their voices are heard. They feel able to influence decision-making within the Faculty, for both this year's cohort and any future cohorts.

On the question of finances, some of the students do struggle and the vast majority of them take out loans. The University has introduced seven scholarships and this is sufficient to cover course fees, and some accommodation fees. This has been well received by the recipients of the scholarships. The students, especially those from Canada, acknowledged the financial pressures of undertaking the programme, but felt that it was an investment for the future.

In relation to IT, every student has an account on 'SULIS'. However, some of the students stated that ***'SULIS' is a complicated system to use and that it can take a while to get used to and the Team recommends that this be addressed (R4)***. There is an announcement system, online journals and case work available for e-learning purposes, along with access to interactive quizzes and some of the St George's University e-learning material. ***There also appears to be difficulty with WIFI access for students, with coverage being intermittent and the Team recommends that this also be addressed (R4)***.

The Team noted that the students would unanimously recommend the course to prospective medical students.

Overview: Year Two Students

A total of 15 Students from Year Two attended to meet the Medical Council, some of whom had also attended to meet the previous Team in November 2007.

The students seemed satisfied that their understanding of the depth of knowledge required is clearer than last year. They appreciated that the course has been revised since first year, in response to some of their suggestions. They stated that they found the 'spiral' learning to be very interesting, whereby topics which were studied last year

are being revisited in more detail this year. They were also very enthusiastic about the Early Patient Contact Programme.

They feel that they are well supported in the course. Teamwork is actively encouraged and constructive criticism is expected.

In common with the first year students, they are very aware of the importance of ethics and communication skills.

In general, they felt that there was sufficient time for sports and other activities, although good time-management skills are required.

There appears to be significant financial concerns among some students regarding the third year where additional travel and accommodation expenses may be accrued during clinical placements. However, they are in regular communication with the Medical School staff regarding this and other issues.

The students did have IT concerns. They felt that WIFI coverage was poor in parts of the campus and very poor in the library. They were also critical of the SULIS system, which they said had collapsed on several occasions, sometimes with the loss of information. They feel that being a Canadian system, it is slow to download and there was no local technical support and assistance.

Several important e-journals listed in the Library were not available. This issue had been brought to the attention of the library staff, however the students were not aware whether any steps had been taken to rectify the situation.

The students believe that the lecturers are genuinely excited to be involved in the graduate entry programme.

However, they feel they have little interaction with students outside of their course. ***The issue of self-containment, whereby medical students feel somewhat isolated or removed from other students, was brought up by the Medical Council last year.*** UL acknowledges that this is an issue which they are working on, and ***the Team recommend that efforts continue to avoid barriers between students (R5)***.

The location of the medical library in the main library, rather than in the new medical school, was an example of how the University is encouraging integration.

The Team are concerned that in the future, there may be a problem with issues of isolation on clinical sites. To prevent this, the Medical School are to have an officer on the clinical sites available for academic and personal support. The Team recommend that this be monitored (R6).

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.*

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

The students felt that the timing of the Graduate Medical School Admissions Test (GAMSAT) is a critical issue. They pointed out that it is currently held in Ireland in March, whereas it is possible to sit it in September in the UK. The date of the GAMSAT may not be the key issue in the delay in notification, despite the students' perception.

However, the Team does share the students' concern about the delay and ***the Team urges that the issue of timely notification of offer of a place be addressed by the relevant authorities, principally the Central Applications Office (R7).***

*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 first student intake was in September 2007 (31 Irish/European Union students and one international student). The second student intake was in September 2008; 50 Irish/European Union students and 17 international students (two students had since left). Most students have a science degree, while others have a background in Engineering, Law, Arts, Commerce, Languages and Music for example.

Canadian students form the main overseas contingent. There were seven scholarships for economically disadvantaged students of approximately €17,000, a sum which currently covers fees and accommodation.

The Team recommend that student intake plans should be continuously monitored in light of any changing circumstances (R8).

*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.*

This is dealt with in the "overview" above.

*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 University's policy is to involve students and ensure that the students' voice is heard. There is a staff/student committee and students participate in the setting of the agenda. The students that the Team met on the day were generally very satisfied with the arrangements and felt that their views and any concerns were heard and factored into the decision-making process.

The Year 2 students appreciated where improvements had been made (at least partly) in response to the view of the Medical Council Team. The teaching of Anatomy was cited as an area of improvement.

In addition, a MedSoc has been set up as a forum for interaction with the Medical School and the University and the Team believes this is a very positive development. In general, there appears to be excellent communication between faculty and students.

*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 notes some key appointments including Director of Education and Professor of Anatomy.

There have been some delays in appointment. The Team is particularly concerned that some senior posts have not yet been filled, notably the Director of Research, currently being undertaken on an acting basis by the Head of School. The Medical School assured the team that the position is ready to be advertised, with a salary which should make it attractive to suitably qualified applicants.

The Team believes that all the planned posts are crucial and they must be appointed as soon as possible. Sufficient high – calibre staff are essential to the successful delivery of the programme; otherwise, its quality will be compromised.

The University explained that the conjoint appointments with the Health Service Executive had been delayed, and that they believed this was at least partly due to the negotiations of the consultant contract. It was hoped that authorisation to proceed to advertise these posts would be given at a meeting with the HSE on 9th December 2008. Advertisements and job descriptions had already been prepared.

The recruitment of hospital consultants, who will be teaching on the programme, needs to be carefully monitored. There appears to be a need for the formalisation of the teaching task that should be undertaken by the hospital consultants and GPs. The Directorate of Clinical Academic Affairs (DCAA) has the specific mandate to integrate the Medical School with the principal clinical sites, and efforts in this direction are already underway.

The Team requests details of plans regarding the roles of Head of Surgery and a Head of Medicine.

It is highly desirable to get information on staff policy addressing the balance between teaching, research and service functions.

*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.*

It would be highly desirable to get information on recruitment policy as regards balance between medical and non-medical staff and full and part-time staff.

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.*

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.

The Team commend the University on the fact that the PBL tutors have been trained in beforehand. The eleven tutors used in the first two years all have a clinical background. Clinical and anatomical skills tutors have been carefully selected and prepared for their roles.

It is recommended to follow the formal training of clinical supervisors.

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.*

Teaching, since June 2008, is located in temporary accommodation which was formerly used by the Kemmy Business School. This new accommodation is used to deliver PBL, anatomical and clinical skills training, seminars, workshops and lectures.

UL will need additional rooms for the next intake; the Team were assured that these would be available, and the Team stresses that this is essential.

It is somewhat disappointing that the medical students do not appear to have been able to access the clinical skills laboratories used for students from other disciplines, but the Team believe the current facilities are adequate as an interim measure pending the new building described below.

As stated earlier, planning permission has been received for construction of a purpose-built medical building on campus and this should be completed in late 2010. The Medical Council would like assurances that this delay will not give rise to any problems given the increasing number of students in the programme. The new medical school site is some distance away from the main campus currently and the Team noted that the site still has a house on it which will need to be demolished before work starts. The Team would like reassurance that funding for this will still be available, especially given the general economic downturn.

However, the Team is pleased to note the agreement, in September 2008, with the HSE on the funding of developments at various hospital sites, including the major Mid-Western Hospital in Limerick, the Midlands Regional Hospital in Tullamore and St Luke's Hospital in Kilkenny. There are also plans for the development of teaching at the other seven affiliated hospitals.

Plans for the development of community-based clinical teaching through five Primary Care Teaching Networks (PCTNs) are developing.

The Team could find no information on the safety aspects.

*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 sought clarification as to whether, in the absence of Memoranda of Understanding or contracts with hospitals (one of the major recommendations of this Team and the previous Team), the University would still have access to the appropriate number of places for its students.

In response, the University cited the important role that GP placements played. They also highlighted what they regarded as the un-tapped potential outside the traditional

major urban teaching hospitals, for example, Tullamore, which had excellent facilities which had not been exploited.

It was noted that current students have been assured that they will have access to a sufficient number of appropriate clinical placements. The University reiterated this assurance to the visiting team. A HSE representative stated that the interim arrangements that were in place would not jeopardise placements, pending the implementation of Memoranda of Understanding and Contracts with the clinical sites. The Team welcome these assurances but stresses that assurances are not the same as proper agreements, and stresses this as one of its major recommendations at the start of this report.

The University believes that sharing training sites with students from other Medical Schools is not be detrimental, as it was already common in Ireland, and could indeed be advantageous to the students concerned. This of course carries the proviso that overall capacity must be sufficient.

In terms of third year GP placements, the University have visited many of the proposed teaching general practices. UL reports a lot of enthusiasm among GPs, with competition among GPs for participation in this programme. In addition, they are reported to be happy to provide a Memorandum of Understanding.

General practice is by its very nature unstructured in the way clinical cases present. This gives students a taste of the variety of non-hospital care but can potentially dilute the clinical material they need to see. It is important that students are exposed to medicine in the community and general practice in order not to miss out on some important area of clinical exposure. An example of this would be if a GP had a particular interest in women's health: in this case the students would have a lot of exposure to gynaecology, obstetrics and perhaps paediatrics but less exposure to e.g. geriatrics, where the histories are more complex. ***The Team recommend that UL consider devising a logbook that ensures students cover a core curriculum of history taking and clinical examinations, while giving them a taste of the variety of general practice (R9)***.

*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.*

The Team noted that the library is in the style of a Mezzanine and not very sound-proof. The Medical School books are to be found in a designated area of the library. There were no separate reading/study rooms.

Opening hours are 9am to 11pm Monday to Friday. The library is manned until 9pm. On Saturday, the opening hours are from 10am to 4.30pm (manned). Self-borrowing machines are in operation on Sundays.

The main Health Sciences areas of the campus are at least a 15 minute walk from the main library, via the 'living bridge' linking the Limerick and Clare campuses.

The course is highly IT dependent. There appears to be good use of PDAs to record information. The virtual learning environment includes delivery of all course material looks very comprehensive, though criticism of the SULIS system has already been noted.

There is ***access to on-line journals, however the Team noted that the students reported some restrictions (e.g. The Lancet and the New England Journal of Medicine) and recommends that this be rectified (R10)***. The students are encouraged to buy a laptop. However, the students reported quite limited wireless access on the campus, and the Team recommend that this is an issue which should be urgently addressed. Queues for PCs have also been experienced, but it is planned that there will be a cluster of PCs available on a 24-hour basis in the future.

A problem with too few text books with medical focus in the library reported at a previous visit seems to have been addressed. It is obviously important that the students have appropriate access to library facilities outside the standard University academic year.

*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.*

The Team notes that most of the teaching is delivered by teachers who are active in research, although not necessarily directly within the field taught. This allows opportunities for research-related or research-based teaching.

A new Biomedical Research Development Manager has been appointed, but as noted the appointment of a Head of Research is overdue. Nevertheless, a Research Committee has been established. The work of the Research Committee with respect to educational interaction should be followed up in the future.

The Team note plans to develop a Biomedical Research Facility, funded by the University and by national and international research funding bodies.

There are joint ventures in biomedical research with other Irish Medical Schools.

*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.*

The School expects that students will develop an understanding of the principles and concepts of research. There is a stream on Research Methods in the Professional Competencies domain.

It is intended that students should have the opportunity for intercalation, which would result in the award of an MB PhD Degree after six years.

UL states that all students will be encouraged to undertake some original research and that this will form the basis of at least one Special Study Module.

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.*

*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.*

The Team notes the externs who have been involved in UL and recommends that this be continued, as it is important that a new programme in the early stages of delivery taps into existing expertise.

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 Team notes UL's national and international collaborations, including:

- A formal partnership arrangement with the Royal College of Surgeons in Ireland (RCSI). It had been anticipated that this would lead to a high level of cooperation. However, the apparent innate incompatibility of the RCSI's Graduate Entry Programme and the Problem Based Learning model of the University of Limerick has hampered this. UL expected that there would be more collaboration at clinical sites when UL and RCSI students are there in the third and fourth years (e.g. St Luke's Hospital, Kilkenny).

- Council of Deans of Faculties with Medical Schools in Ireland (CDFMSI)

- Irish Network for Medical Educators (INMED)

- St George's Medical School in London

- McMaster University in Canada

- The Flinders Consortium

A new collaboration with the US based North Shore-Long Island Jewish Health System is being discussed.

The Team commend this interaction.

*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 Dundee Ready Educational Environment Measure - DREEM - has been used twice for evaluation, and the Team notes the high score obtained. UL intend to continue using this tool.

The Team note that all teaching sessions in each week of the programme in year one has been evaluated by students *via* the University's Centre for Teaching and Learning.

The Team recommends that the high priority given to obtaining feedback continues (R11). It is an essential part of identifying areas of excellence and areas where improvement is needed.

*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 Team note that changes have been introduced as a response to student feedback, including the introduction of an exam at Christmas. Feedback from students had also resulted in the University addressing the issue of some over-simplified lectures by visiting lecturers, which had also been raised by students during the previous Medical Council visit.

The Team believes that students are highly motivated, take their studies seriously, and expect a high standard of performance from teachers, which in turn helps to drive quality assurance.

*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.*

A high standard by the students in academic performance, and by the University in obtaining feedback, has been noted. In due course the Team would welcome information set in this wider context.

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.*

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.*

The Team notes the new governance structure as a result of re-organisation across the University, resulting in four Faculties instead of six Colleges. The Medical School is now one of eight schools in the Faculty of Education and Health Sciences (the other schools being Education and Professional Studies, Physical Education and Sports Science, Occupational Therapy, Speech and Language Therapy, Nursing and Midwifery, Physiotherapy and Psychology). A Dean of the new Faculty has been appointed.

Basic Sciences seems therefore to be located in another Faculty.

The Team requests an organogram of the new structures.

*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.*

The current situation has been described. It was stated in "Submission of Accreditation, August 2006" that all senior academic staff will undergo a formal annual performance appraisal at which their leadership will be revised. The Team would like information on this procedure and how it has been fulfilled.

*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.*

The budget goes from the Faculty to the Medical School. The Faculty budget for the Medical Programme is "ring-fenced".

*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.

It was stated in "Submission of Accreditation, August 2006" that all administrative and support staff will be subject to appraisal via an annual review. There have been administrative staff appointments however the Team have no further information on the annual review procedure and how it has been fulfilled.

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*.

This key issue has largely been dealt with elsewhere in this report.

The Directorate of Clinical Academic Affairs (DCAA) provides a forum for linking teachers on clinical sites – the University is currently exploring ways of introducing GPs in the matrix.

*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.*

End of report

SECTION D

APPENDICES

APPENDIX 1. AGENDA FOR VISIT

ACCREDITATION VISIT
UNIVERSITY OF LIMERICK GRADUATE ENTRY PROGRAMME

5TH DECEMBER 2008
VENUE: UNIVERSITY OF LIMERICK CAMPUS

08.30 – 09:15	Private meeting of Medical Council Team
09:15 – 10:15	Meeting between Medical Council team and UL representatives; including academic staff, senior administrative staff and staff from main teaching hospitals.
10:15 – 11:00	Team One * to continue meeting between Medical Council and UL representatives Team Two * to visit to assess progress with developing new facilities
11:00 – 11:15	Tea and coffee break
11:15 – 12:45	Meeting with students 11.15 – 12.00 Meeting with 1st year students 12.00 – 12.45 Meeting with 2nd year students
12:45 – 1:30	Lunch
1:30 – 2:00	Clarification session between Medical Council and University of Limerick representatives, to include any issues arising from meeting between Medical Council team and students
2:00 – 2:15	Private meeting of Team to formulate recommendations
2:15	End of visit and departure of team.

* Team One:
  Anthony Cunningham, Hans Sjöström, Ailis Ni Riain, Katharine Bulbulia, Anne Keane, and Karen Willis

* Team Two:
  Tony Weetman, Tom O'Dowd, Éamann Breatnach, Anne Carrigy and Emmet Murray

APPENDIX 2. PRESENTATION BY UNIVERSITY OF LIMERICK

UNIVERSITY of LIMERICK

Graduate Medical School

Presentation to Medical Council Accreditation Team

December 5th, 2008

Information requested:

- Governance & Administration
- Yrs 1 & 2
- Yrs 3 & 4
- Student Profile
- Academic Staff/Faculty
- Information Technology
- Assessment Methods & Results

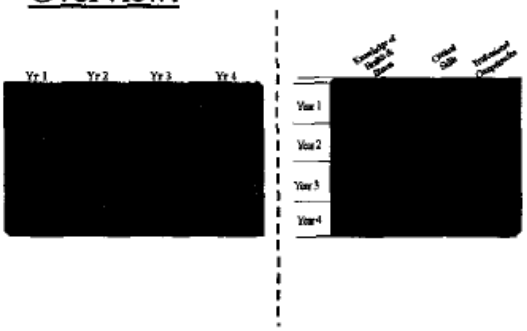
Governance & Administration (1)

Education & Health Sciences

Education & Professional Studies
Graduate Medical School
Physical Education & Sports Science
Occupational Therapy
Speech & Language Therapy
Nursing & Midwifery
Physiotherapy
Psychology

Governance & Administration

Overview:



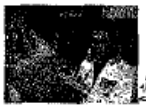
Overview: Yrs 1 & 2

9 – 10				
10 – 11				
11 – 12				
12 – 1			Daily Patient Contact Programme	
1 – 2				
2 – 3			Radiological Anatomy	
3 – 4			Anatom.	
4 - 5			Skills	

Overview: Yrs 3 & 4

Year 3	General Practice & Primary Care (21 weeks)	Ob/Gyn (7 weeks) ********** Paediatrics (7 weeks) ********** Psychiatry (7 weeks)
Year 4	Medicine & Related Specialties (21 weeks)	Surgery & Related Specialties (21 weeks)

Year 3: General Practice



Years 3 & 4: Hospital-based clinical teaching

Mid-West Hospital Cluster
Mid-Western Regional Hospital
Mid-Western Maternity Hospital
MWRH, Croom
MWRH, Ennis
MWRH, Nenagh
St John's Hospital

UL

South-East Hospital Cluster
St Luke's Hospital, Kilkenny
South Tipperary General Hospital, Clonmel

Midlands Hospital Cluster
Midlands Regional Hospital, Mullingar
Midlands Regional Hospital, Tullamore

45 conditions particularly relevant to General Practice

- Abdo distension/ileus
- Abdo mass
- Abdo pain
- Burns
- Cardiac/Resp arrest
- Chest discomfort
- Diarrhoea/Constipation
- Diplopia
- Dizziness/Vertigo
- Dying patient
- Dysphagia
- Dyspnoea/Cough/Chronic Respiratory Disease
- Ear pain
- Eye redness
- Falls
- Fatigue
- Fever & Chills

Typical Week in General Practice

	Mon	Tues	Wed	Thurs	Fri
a.m.					
p.m.					

Student Profile

Yr 1

n = 32

31 Irish/EU; 1 International
All progressed from Yr 1 to Yr 2
19 male; 13 female
23/9 Science/non-Science

Yr 2

n = 65

48 Irish/EU; 17 International
(2 students withdrawn)
30 male; 35 female
45/20 Science/non-Science

Academic Staff/Faculty

Educational Facilities

- On Campus
  - ***Existing***: PBL Rooms; Clinical & Anatomical Skills Areas; Lecture Theatres; Library; etc.
  - ***Planned***: Medical School Building (4,000 sq.m)
- Off Campus
  - ***Existing***: Hospital sites; General Practices.
  - ***Planned***: Significant developments at Dooradoyle, Clonmel, Kilkenny and Tullamore

Information Technology:

- Virtually paper-less (e.g. PBL)
- Extensive use of UL's Online Collaborative Learning Environment (SULIS)
- Huge emphasis on IT in self-directed learning
- Electronic formative (but not summative) assessment

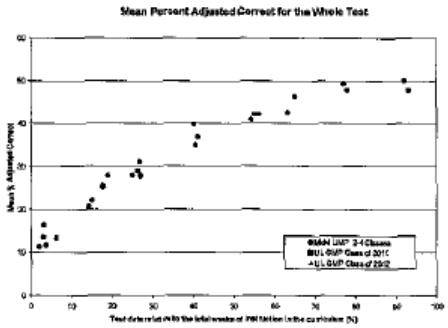
Student Assessment (1)

- Formative
- Summative
- Across the three domains:
  - *Knowledge of Health & Illness*
  - *Clinical Skills*
  - *Professional Competencies*

Student Assessment (2)

Formative: In PBL, Clin Skills, Anat Skills sessions.
McMaster Personal Progress Index

Summative: Pass/Fail in Yrs 1 & 2
KHI assessed twice yearly
OCASE to assess Clin & Anat Skills
Assignments and Portfolios to assess Professional Competencies
Extern Examiners to assure quality



APPENDIX 3 - UNIVERSITY OF LIMERICK TEAM

Prof. Paul Finucane
Prof. Bill Shannon
Prof. Mary O'Sullivan
Prof. Paul McCutcheon
Prof. Brian Fitzgerald
Dr Helena McKeague
Dr Catherine Adley
Dr Jean Saunders
Dr Lee Monaghan
Dr Mary Gray
Prof. Billy O'Connor
Dr Deirdre McGrath
Prof. Nigel Lawes
Ms Mary Gamble
Ms Mairead Waters
Ms Niamh O'Grady (Limerick)
Prof. Dominic Harmon (Limerick)
Prof. Declan Lyons (Limerick)
Prof. David Meagher (Limerick)
Dr Cornelius Cronin (Limerick)
Ms Anne Pardy (Tullamore)
Dr Colm McGurk (Kilkenny)
Dr Isweri Pillay (Clonmel)

End of appendices