Comhairle na nDochtúirí Leighis
Medical Council

REPORT ON MONITORING VISIT
UNIVERSITY OF LIMERICK'S GRADUATE ENTRY PROGRAMME
4TH DECEMBER 2009

CONTENTS OF REPORT

MEDICAL COUNCIL MONITORING TEAM

Professor Anthony Cunningham (Chairman of the Team)

Professor Hans Sjöström (Extern)

Ms Katharine Bulbulia (Medical Council Member)

Dr John Monaghan (Medical Council Member)

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

Ms Karen Willis (Senior Executive Officer, Education and Training)

Ms Ruth Thompson (Executive Officer, Education and Training)

Mr Emmet Murray (Executive Officer, Education and Training)

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, December 2008 and May 2009.

A Monitoring Team representing the Medical Council undertook a visit on 4th December 2009. 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 Monitoring Team is listed on the title page of this report. Special mention must be made of external assessor Professor Hans Sjöström (Sweden) who has extensive experience of working with the World Federation of Medical Education (WFME). He brought additional expertise in quality assurance of medical education and an international perspective to the accreditation process, and the Medical Council appreciates his contribution.

The Medical Council also thanks the University of Limerick Team, led by Professor Paul Finucane, Foundation Head of the University's Graduate-Entry Medical School, for their co-operation and hospitality.

3. Documentation

Prior to the visit, the Monitoring Team reviewed the University of Limerick's submission which outlined information on Year 3 of the programme and proposed plans for Year 4 of the programme.

4. Schedule

The agenda is attached as Appendix 1.

5. Appendices

The additional material received during the visit is as follows:

- Graduate–Entry Medical School 'Presentation to Medical Council Accreditation Team'
- Memorandum of Understanding between the University of Limerick (Graduate Entry Medical School) and GP Supervisors
- SSM Year 3 2009-2010
- Administrator Report of sample E-Logbook submissions

The University staff who took part in the process is listed in Appendix 2.

B. SUMMARY AND RECOMMENDATION TO PROFESSIONAL DEVELOPMENT COMMITTEE

The focus of the visit to the University of Limerick was on the third year of the programme, specifically, the clinical placements in obstetrics and gynaecology, general practice, psychiatry and paediatrics. The Monitoring Team identified many positive features of the UL programme and of the University and School that are delivering it. However, the Team has identified some concerns and seek an update and / or comments from the University of Limerick regarding the main deficiencies identified below.

Main issues and recommendations

1) The University of Limerick outlined the nature of a ***major change that they propose to introduce for next year.*** For the current academic year, their Year 3 students have been undertaking clinical rotations in General Practice, Obstetrics/Gynaecology, Paediatrics and Psychiatry. This student cohort will then rotate through Medicine and Surgery during the fourth and final 2010/11 Academic Year.

   Feedback from both students and their clinical supervisors of the current third year programme is that the inclusion of Obstetrics/Gynaecology and Paediatrics as Year 3 subjects is less than ideal and that students were insufficiently prepared in the basics of medicine and surgery prior to undertaking these more specialised rotations.

   In response to this feedback, the University of Limerick have decided to move Obstetrics and Gynaecology, Paediatrics and Psychiatry to Year 4. This will mean having a Medicine and Surgery Foundation or 'Introductory Cycle' in Medicine and Surgery in Year 3 and a 'Senior Cycle' in Medicine and Surgery in Year 4. As a result of this change, UL do not intend to have any students in clinical training in Obstetrics and Gynaecology, Paediatrics or Psychiatry during the 2010/11 Academic Year.

   The students suggested that their feedback was not the major impetus for such a significant change in the programme, they considered that the change was due primarily to feedback from consultants regarding the need for students to have better grounding in medicine and in surgery.

   The Medical Council Monitoring Team did not identify any particular problem with this change; The Team accepted the rationale for the change and do not believe that it should impact upon UL's provisional accreditation status.

   The Team recommended close monitoring of the proposed Fourth Year Obstetrics/Gynaecology and Paediatrics programmes.

2) ***The Monitoring Team wish to have an update and any relevant comments on the progress made with the remaining key senior appointments***. In addition, the interim arrangements in obstetrics and gynaecology appear to have worked very well. However, the Team will be particularly concerned that where no appointment is made that robust interim measures are put in place. These posts are specified in :

   - Professor of Obstetrics and Gynaecology
   - Professor of Surgery
   - Associate Professor of Surgery
   - Professor of Medicine
   - Associate Professor of Medicine

The Team are aware that at the time of the 4th December visit, some interviews were imminent.

3) ***The Monitoring Team wish to have an update and any relevant comments on the collaboration between UL and its health service (hospital) partners, and progress with any formal contractual arrangements.*** There was significant concern on the part of the Monitoring Team that there was insufficient preparation, particularly in the Paediatrics component, for the placements which commenced in August 2009. Faculty feedback during the visit suggested that UL's communication with general practitioners had been well planned and controlled but the communication with hospitals may not have been optimum. It was also apparent that where clinical training sites are shared with students from other medical schools, rotas and timetables did not appear to have been robustly planned, to the disadvantage of some of the UL students. Particular attention should be focussed on this matter in light of the growing numbers of UL students in future years.

   The Monitoring Team remain concerned that the staff at the clinical training sites were not as familiar with the Problem Based Learning philosophy and methods as they might have been, and the Team got a sense that some specialties were not quite ready to provide clinical teaching.

   The Team were particularly impressed with the formal Memoranda of Understanding agreed between UL and the GP Teaching Practices. However, the Team recognises the current difficulties establishing similar formal governance structures with HSE clinical sites.

<u>The Monitoring Team's recommendation to the Medical Council Professional Development Committee</u>

As well as the above concerns, the Monitoring Team identified many positive features of the UL programme and of the University and School that are delivering it, and these are highlighted in the report (at the beginning of Part C).

The Monitoring Team recommends:

***that the Professional Development Committee recommends to the Medical Council the continuation of provisional accreditation of University of Limerick's graduate entry programme*.**

The Medical Council will seek an update on the concerns raised in this report, and the University's timescale for implementing them, once the final report has been approved by the Medical Council and sent to UL. Ongoing continuation of provisional accreditation should be contingent upon the University addressing and resolving these main concerns and deficiencies.

<u>Recommended Further Action</u>

The Monitoring Team wish to revisit the University of Limerick in Spring 2010.

The Team wish to incorporate into this re-visit visits to some of the (hospital–based) Clinical Training Sites; and they may wish to speak to the students at these sites, to establish how the placements have progressed and to ensure that the concerns raised and deficiencies identified so far have been resolved. The Monitoring Team may also

wish to sit in on a Problem Based Learning Session. Prior to the visit, the Team will need an update from the University of Limerick on curriculum development including rotations and assessment and staff appointments.

C. EVALUATION OF THE GRADUATE ENTRY PROGRAMME

The Monitoring Team feels that UL should be particularly ***commended*** for the following:

- Rotations in General Practice/Primary Care have generally been successful. The extensive use of GP/PC placements is an innovation in Ireland, and one that appears to have been well managed by UL
- Ethics learning in Year 1 and Year 2 prepared the student for the clinical world: the students felt that ethics was integral to first two years and applicable to clinical experience
- Year 3 students are doing a research or audit project this year: but staff active in research may like to consider raising the research profile of the University by including a University of Limerick reference in their article citations, to better reflect the research that is being done by staff
- Contribution of humanities to the programme; even students who had previously not seen it as very relevant had been converted to the value of it
- Introduction of the Clinical Attachment Liaison Manager role
- Emphasis on professionalism reflected in the handbook for students
- The fact that students will have exposure to both urban and to affiliated hospitals, though students are being kept relatively "close to the campus" this year
- The optimal consultant/student ratio (1:1) which was praised by several clinicians
- The fact that the results of the Limerick students compares well to the results of the McMaster students using the same test.

The Monitoring Team explored the area of ***Governance,*** specifically Memoranda of Understanding and the relationship between University of Limerick and the Teaching Hospitals. The Team were assured that discussions are continuing at a national level but that progress has been slower than would be wished, however to date, in common with other medical schools, no Memoranda of Understanding have yet been signed.

The University of Limerick does, however, have Memoranda of Understanding with the ***General Practice placements*** and the students appeared certain that as a result, the rotations within general practices are controlled to a large degree by UL, unlike the hospital rotations.

With regard to the ***GP rotations***, there was some discussion as to whether two nine-week blocks (nine weeks in an urban practice and nine weeks in a rural practice) or one 18 week block is the optimum time to be spent in a general practice rotation and the Council recommend that the University should strive to offer a choice of both, as students gain different benefits from each. Each general practice is required to have a separate consulting room available for the student and some students have been involved in out-of-hours consultations also. The Monitoring Team were informed that the general practice rotations consist of two and a half days per week and once finished, the students generally remain at the general practice to study or to see additional patients. The students in placements also travelled to the University of Limerick once a week for tutorials.

With regard to the ***Paediatric rotations***, the Monitoring Team were concerned that there was a problem of access to paediatric patients in August (although this is not specifically a UL problem). The Professor of Paediatrics has only recently been appointed by the University but has already commenced taking steps to resolve the limited clinical placement problem. The consensus among the students, (with a minority dissenting) was that the knowledge base in Paediatrics that was gained in Year 1 and Year 2 did *not* provide the necessary basis for the clinical experience in Paediatrics.

The ***psychiatry rotations*** appear to be particularly well organised and the students praised the staff responsible for this. The students feel that their induction was

particularly good and that they have received a number of interesting opportunities in the psychiatry rotations.

With regard to the ***hospital rotations in general***, the Monitoring Team were informed by students that the attitude and enthusiasm of the clinical team was a big influence on the overall student experience. While the majority of consultants are engaged, a minority (and some consultants in Paediatrics were cited by the students as an example) did not really engage and did not appear to understand the concept of Problem Based Learning. There also appears to be some unwarranted assumptions about the lack of knowledge that UL students have. However, the Monitoring Team was informed that most medical staff, non-medical health professionals and administrative staff at sites were welcoming. The Team believe that better induction is required for hospital rotations.

The Monitoring Team were informed by students that finding time for study while on hospital placement can be difficult as the self-directed study afternoons tend not to happen, in reality, as students stay on in the hospital. While a high level of engagement in clinical activity is positive, there is a balance to be struck and UL should monitor this.

The majority of students said that consultants always sought patient consent to bring students into patient contact, although a minority did not. The Medical Council Team wish to emphasise that consent should *always* be sought – see Parts 17.1, 17.2 and 17.3 of the Medical Council's *Guide to Professional Conduct and Ethics for Registered Medical Practitioners*, 7th Edition 2009).

The Monitoring Team were impressed by the fact that Ms Mary Gamble had taken on the role of UL's ***Clinical Attachment Liaison Manager.*** Her role is to provide a central focus for students in clinical placements, in terms of the standards of training and pastoral support. Her work was much appreciated by the students, and the Monitoring Team wish to commend Ms Gamble in this regard.

Overall, the students felt that Year 3 was a stressful, but enjoyable year and that they had been adequately supported by the University. The Monitoring Team were pleased to note that the students reported feeling on an 'even footing' with students from other medical schools in terms of knowledge and skills.

The Monitoring Team were satisfied that there appears generally to be good coverage in ***problem based learning outcomes*** of classic disciplines but the Monitoring Team identified some shortages, notably in the area of genetics. The UL stated that they have actually received feedback from externs that there is too *much* basic science. The Monitoring Team believe that having ***objectives*** for Years 3 and 4 in the same format as for Year 1 would be desirable. However, UL contend that the objectives are in the Australian Medical Council *Anthology of Medical Conditions* which students still use and that it is difficult to replicate the Year 1 and Year 2 objectives format, now that students are in the real world.

There was agreement among teachers and students that the PBL curriculum of the first two years made the students well-prepared for the clinical years, both with respect to experience in self-directed learning and to factual knowledge. At the same time, it was felt that there is a need for a general clinical introduction before the first clinical rotation. It is recommended that the School considers a general clinical introduction in the beginning of year 3. The emphasis in Year 3 of the curriculum continues to be on ***self-directed learning and the personal responsibility*** of students for their own learning. UL emphasise to students that patients are now the main learning resource. They have also introduced an ***Electronic Logbook*** system, which is based on an 'honour' system, i.e. UL trusting students to complete it honestly. The Monitoring Team were given an overview of the electronic logbooks which are being used to monitor and record the

students' experiences. Most of the students are compliant in recording their experiences, although others required some encouragement.

On the subject of ***recruitment***, the Monitoring Team wish to commend UL on the fact that the positions of Professors of Paediatrics; Psychiatry; General Practice and Director of Research have been successfully filled. The Monitoring Team were informed that the position of Professor of Obstetrics and Gynaecology has been re-advertised, with interviews scheduled for December 2009; the posts of Professor of Surgery, Associate Professor of Surgery, Professor of Medicine and Associate Professor of Medicine planned. Proposals have been put before the Consultants Appointment Unit in the Health Services Executive for approval of funding. The Team stress to all concerned the importance of UL making these appointments.

The school's ***curriculum*** contains, throughout the course, elements aimed at teaching the principles of scientific methods and evidence-based medicine and this includes elements for training students in scientific thinking and research methods. In the special study module of Year 4 these elements are mandatory. The Monitoring Team will be interested to see the topics of these SSMs in due course. A comprehensive list of ***Student Selected Modules*** (SSMs) has been devised by the University and the students spoke positively of the SSMs in Year 3.

There are ***curriculum development group meetings*** taking place on a regular basis, which includes student representation. The Medical School Education Committee is the major body responsible for the decision-making and for the on-going development. This organisation seems to be working well for the first two years. However, for the clinical years (Years 3 and 4) there seems to be more to do in order to develop the school into a uniform unit rather than two theoretical years, delivered by the faculty and two clinical years given by more or less devoted clinicians. A great and successful job had obviously been undertaken in this regard for the General Practice/Primary Care placements, but for the other clinical placements in year 3 (psychiatry, obstetrics/gynaecology and paediatrics) it appeared that success was very much dependent on the particular educating clinician.

The School has a ***research*** strategy (2007 – 2012) with an appendix detailing the different research areas including personal. An analysis of these intentions shows that they are mostly connected to activities outside the medical school, and it is therefore difficult to find a research profile of the School. It is strongly recommended that the School prepares a revised Research strategy for the School and makes clear, when publishing, that the work originates from Graduate Entry Medical School, University of Limerick.

Since the last Medical Council visit, the UL Team have rectified the problems which were identified with ***information technology*** and particularly with WIFI access in the library. The Monitoring Team was assured that students have access to the necessary IT facilities from the affiliated training sites. A dedicated IT Manager is to be appointed in the New Year. However, the Monitoring Team were informed by students that there appears to be a problem remaining with access to some of the online journals (paediatric journals were specifically mentioned), although they could now access the *Lancet* and the *New England Journal of Medicine.*

A comparison between the ***assessment and the educational objectives*** was made within the area of "Knowledge of health and disease" for years 1 and 2. Generally, these questions seemed to broadly cover the objectives. It was however felt that questions on basic biomedical sciences, covered by the objectives were relatively less frequent. The connection to clinical problems in the question may be an explanation for this. It is recommended that there should occasionally be questions just centering on a basic scientific theme for example protein structure and synthesis.

The University of Limerick states that ***assessment methods*** are to be specified in more detail after an assessment planning meeting next month (January 2010). In the interim, some of the students appeared to be unclear about how they were going to be assessed in the clinical elements of the GP rotations. There appears to be systematic assessment by the majority of clinical supervisors (however, some students felt that rather than assessment forms to be completed by consultants, it would give UL a more accurate picture if more junior doctor filled in the form, as students felt they had more contact with the juniors). It is therefore recommended that the School evaluates the use of the in-training assessment method. It may be that assessment can be performed on the basis of a logbook of performed clinical practical skills and attendance.

In addition, Extended Matching Questions and "single best answer MCQ" formats will be used next year as assessment, as the evidence is that this sort of examination is good at testing basic medical sciences knowledge. However, the students complained of insufficient information on the examination in Clinical Skills by the long case and short case method. The University of Limerick raised the point that the Medical Council should give consideration, in the future, to appointing external examiners for all medical schools in Ireland.

Finally, it was noted that the completion of the Medical School building was now planned by mid-2011, six months later that the plan of December 2008 and two years later than the plan of 2007. The Monitoring Team is not aware of the reason for this, but considers it to be of the upmost importance that there will be no further delay.

End of report

SECTION D

APPENDICES

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Medical Council

APPENDIX 1. AGENDA FOR VISIT

AGENDA

MONITORING VISIT TO UNIVERSITY OF LIMERICK GRADUATE ENTRY PROGRAMME

DATE: 4TH DECEMBER 2009
VENUE: UNIVERSITY OF LIMERICK

08.30 – 09.15	Private meeting of Medical Council Team
09.15 – 11.00	Year 3 Evaluation Meeting - Medical Council team and UL representatives; including academic staff, senior administrative staff and staff from main teaching and affiliated hospitals including: - Community/General Practice - Obstetrics and Gynaecology - Paediatrics - Psychiatry
11.00 – 11.15	Tea and coffee break
11.15 – 12.30	Medical Council Team to meet with as many Year 3 students as is possible
12.30 – 1.30	Lunch (in private)
1.30 – 2.15	Follow up meeting with University of Limerick staff to address matters arising from morning sessions with Staff and Students
2.15 - 3.00	Year 4 planning and preparation
3.00 – 3.15	Tea and coffee break - meeting UL Academic Staff Members
3.15 – 3.45	Private meeting of Team to formulate recommendations
4.00 p.m.	End of visit and departure of team

APPENDIX 2 - UNIVERSITY OF LIMERICK TEAM

Prof. Paul Finucane
Prof. Bill Shannon
Ms Mairead Waters
Ms Denise Flannery
Prof. Nigel Lawes
Prof. Billy O'Connor
Prof. Colum Dunne
Dr. Jean Saunders
Dr. Deirdre McGrath
Ms Mary Gamble
Dr. Nabil Antwan
Dr. Helena McKeague
Dr. Yvonne Williams
Prof. Walter Cullen
Prof. Clodagh O'Gorman
Prof. David Meaghar
Dr. Kieran Murphy
Prof. Mary O'Sullivan
Ms Aoife Geraghty
Ms Niamh O'Grady
Dr. James O'Hare
Prof. Declan Lyons
Dr. Con Cronin
Dr. Cathal O'Donnell
Prof. Eric Masterson
Prof. John Fenton
Dr. Gerard Crotty
Dr. Mike Watts
Dr. Emer Ahern

End of appendices