REPORT ON MONITORING VISIT
UNIVERSITY OF LIMERICK'S GRADUATE ENTRY PROGRAMME
6TH MAY 2009

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MEDICAL COUNCIL MONITORING TEAM

Professor Anthony Cunningham (Chairman of the Team)

Professor Hans Sjöström (Extern)

Professor Tony Weetman (Extern)

Ms Katharine Bulbulia (Medical Council Member)

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

Dr Clodagh Cashman (Lead Researcher)

Ms Karen Willis (Senior 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.

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. A revisit was recommended by the Visiting Team and took place on 6th May 2009.

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.

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.

3. Documentation

Prior to the visit, the Team reviewed the University of Limerick's progress report entitled 'Response by the University of Limerick to the Medical Council Report Following a Monitoring Visit to its Graduate Medical Programme on 5th December 2008'.

4. Schedule

The monitoring visit began with a presentation by Professor Paul Finucane. The Medical Council Team met representatives of the University for an in-depth discussion regarding an update on 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.

7. Note

In view of the urgency of some of the issues raised and the timetable of Committee and Council meetings, a synopsis of the concerns raised by the Team was considered at the Medical Council meeting on 11th June 2009. University of Limerick have already provided an interim update on some of the issues raised in this report and the Medical Council have agreed to grant a continuation of provisional accreditation with a re-visit to UL in November 2009.

B. SUMMARY AND GENERAL ASSESSMENT

The 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 issues identified below.

Main issues

1) ***The Visiting Team wish to have an update and any relevant comments on the progress made with key senior appointments***. The Team will be particularly concerned that where no appointment is made that robust interim measures are put in place. These posts are:

    - Professor of Obstetrics and Gynaecology
    - Professor of Paediatrics
    - Professor of Psychiatry
    - Professor of General Practice
    - Director of Research

    The Team are aware that at the time of the 6th May visit, interviews were imminent in some cases.

2) ***The Visiting Team wish to have an update and any relevant comments on the collaboration between UL and its health service partners to enable transition to Year Three.*** There is significant concern on the part of the Visiting Team that there has been insufficient preparation, particularly in the Paediatrics component, for the placements due to commence in August 2009. There is an anxiety that the University of Limerick's focus of communications has been with the general practitioners and discussions during the day suggested that the communication with hospitals may not have been optimum.

    The Team are concerned that the staff at the clinical training sites are not as familiar with the Problem Based Learning course as they should be, and the Team got a sense that some specialties were not quite ready to have students in place. While it is acknowledged that formal Memoranda of Understanding with clinical sites may not be possible at this time, it is important that responsibilities are defined and understood.

3) ***The Visiting Team wish to have an update and any relevant comments on the measure undertaken by UL and its health service partners to prepare students for Year Three and to support them during it.*** The Team strongly recommends that a comprehensive induction is given to the medical students prior to 3rd August 2009 and seek assurance that this will be provided. The Visiting Team once again urge the University of Limerick to take all precautions against isolation of students at clinical training sites and are concerned at the statistics that the graduate entry students are already comparatively heavy consumers of the on-site counselling services.

4) ***The Visiting Team wish to have an update and any relevant comments on the measures undertaken by UL and its health service partners to guard against facilities at a hospital being "ring-fenced" by different universities and/or disciplines.*** The Team were impressed by some of the facilities they saw but require assurance that there will be the necessary access to them by the medical students.

5) ***The Visiting Team wishes to have an update and any relevant comments on sample examination questions.***

   The Visiting Team were concerned that requests from them for sample examination questions were not acceded to. The Visiting Team noted UL's explanation for its reluctance to provide sample questions. Subsequent to the visit, however, a compromise was reached whereby the sample examinations will be placed on the UL website, with access permitted for the Medical Council team only, and tracked by UL.

   In addition, the Medical Council want clarification of the role of the external examiners in the process of quality assuring exams including the role in setting questions. The role/terms of reference of the external examiner in Quality Assurance of curriculum, examinations and assessment in relation to Year 3 of the GMS programme.

6) ***The Visiting Team wish to have an update and any relevant comments on the issue of curriculum objectives, assessment and outcomes for all components of the Year 3 curriculum*** including Student Selected Components and Clinical Skills/Procedures.

7) ***The Visiting Team wish to have an update and any relevant comments on the measures undertaken by UL to source experts in the field of humanities*** to ensure diversity of experience in the Student Selected Components.

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 in the report. ***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*.**

The Medical Council will seek an update on the issues 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. On-going continuation of provisional accreditation should be contingent upon the University addressing and resolving these main issues.

Recommended Further Action

The Visiting Team wish to revisit the University of Limerick in November or December 2009 and will wish to speak to the students at its next visit, to establish how the placements are progressing and to ensure that the issues raised so far have been resolved. The Team may also wish to sit in on a Problem Based Learning Session.

C. EVALUATION OF THE GRADUATE ENTRY PROGRAMME

The focus of the visit to University of Limerick was on the third year of the programme, specifically, the proposed placements in obstetrics and gynaecology, general practice, psychiatry and paediatrics. The Visiting Team had identified a number of areas of concern following the visit to University of Limerick on 5th December 2008 and following receipt of the documentation provided by University of Limerick, entitled 'Response by the University of Limerick to the Medical Council Report Following a Monitoring Visit to its Graduate Medical Programme on 5th December 2008'.

The Team explored the area of ***Governance*** 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. Notwithstanding this, the University intends placing students in some hospital facilities (all based in Limerick), commencing in August 2009.

The University of Limerick are satisfied that the ***general practice placements*** fall outside of the Memoranda of Understanding with the teaching hospitals and as a result, sixteen general practices will be signing a memorandum of agreement with the University. Professor Finucane stated that the level of interest from the general practitioners has been very impressive. The general practitioners have all been consulted and have inputted into the draft Memorandum of Agreement and each practice will be remunerated for every nine-week block that a student spends with them.

The University of Limerick staff intend visiting the general practices while the students are in situ in order to ensure the standards of training. Professor Finucane assured the visiting team that there should be no additional burden on the general practitioner in terms of finding information for the students once training has commenced, as the goal of Problem Based Learning is that the student finds the answers themselves.

The students in placements will travel to the University of Limerick once a week for tutorials and will be provided with travelling expenses and accommodation while they are on placement. The University intends that the students will become part of the Community while they are on placement. Each general practice will have separate consulting rooms available for the students and they will be involved in out of hours consultations also.

The students on the ***psychiatry rotations*** will have the opportunity to see some forensic psychiatry components, for example.

There are ***curriculum development group meetings*** taking place on a monthly basis and the University is developing a handbook for supervisors.

The Team explored the issue of the ***clinical skills components of years 3 and 4*** as there is a concern that the objectives are not as clear as those for years 1 and 2. While the University of Limerick team have devised a manual, it may be that it is too detailed and the Team recommends that an abbreviated version may be needed. There are e-versions of all the material and UL stated that it would not be difficult to edit the original version.

The Team were assured that if a student is having difficulties in a general practice placement, that the university will encourage the student to resolve the difficulties themselves and if this is not possible, there are a number of 'substitute' practices in reserve, where a student could be re-assigned if necessary.

On the subject of ***recruitment***, the Team sought an update on the status of the appointments which were advertised in January. Following the last Medical Council visit, the Team recommended, as a matter of urgency, that the positions of Professors of Obstetrics and Gynaecology; Paediatrics; Psychiatry; General Practice and Research be advertised with immediate effect and the Team recommend that these positions are filled as soon as possible. There was significant concern by the Team that these appointments may fall under the public sector embargo however, the Team were assured that this will not be the case. A number of applications had been received for each of the posts and the University are hopeful of making appointments to all of the positions other than the Professor of Obstetrics and Gynaecology, which is to be re-advertised, utilising a more comprehensive circulation strategy in overseas journals.

The Team sought an update on the status of ***the capital development project*** since the last Medical Council visit. The University of Limerick team stated that work on site clearance commenced last week and that funding is in place and it is anticipated that the work will be completed, on schedule, by the end of 2010.

Student Selected Components (SSCs) in Years 3 and 4 were outlined by Professor Finucane, and will include a humanities component critiquing a novel, poem, film, or work of art related to medicine. The University has secured some resources to compile a library in the humanities and this component will be graded by various members of the University of Limerick team. It was noted, however, that experts in the field of humanities were not being sourced in relation to this component and the Visiting Team would strongly encourage that consideration be given to this.

It is hoped that in Year 4, many of the students will go overseas to do an elective component in their home country or perhaps in a developing country. Subjects such as health psychology, epidemiology, occupational medicine and public health will also be included in year 4.

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. In addition, the Team were informed that all of the online journals were now available to students. It is hoped that electronic logbooks will be used to monitor and record the students' experiences on placement and a prototype will be available by mid-June.

Following the last Medical Council visit, the Team requested sight of ***sample examination questions***, in order to quality assure the standard of examinations, and to ensure that the objectives for the curriculum match the procedural components. While some sample questions were provided to the Team during the course of the day, there was insufficient time to assimilate the information therein and to compare it against the learning objectives of the course. The UL team believe that the material is confidential and that to provide it to a third party would be contrary to the agreement in place with St George's University. Subsequent to the visit, a compromise was reached whereby the sample examinations will be placed on the UL website, with access permitted for the Medical Council team only, and tracked by UL. In addition, the Medical Council want clarification of the role of the external examiners in the process of quality assuring exams including the role in setting questions.

As the 3rd August 2009 placement draws nearer, the Visiting Team were concerned that a robust ***induction*** had not been organised for the students although the students have been allocated to practices. The Visiting Team was told that an induction is to take place on 4th August 2009 and that both the students and the general practitioners are very much looking forward to the placement opportunities. The Team were assured that mentors are located in a number of areas to provide support to the students and that feedback, both formal and informal, will be sought from students. There will also be a network of supervisors in place to address any common problems.

As a result national decisions on student numbers, the University of Limerick has had to revise its student intake plans for future years and as a result of capped numbers of European Union students, they have no alternative but to increase numbers of Non-European Union students.

Visit to a General Practice Site

The team was brought on a tour of the GP surgery, which consisted of a regular terraced house that had been modified to serve as a Clinical site over three floors. There was a reception area and a waiting room on ground floor level. The second floor consisted of the main GP treating room with an adjoining room for the student. In this room there appeared to be the relevant equipment necessary to carry out their training competently.

A demonstration of the software to be used for case studies and logs was given to the team. Also at the Clinical site is a Practice nurse. The GP based at the Clinic has connections with Garryowen RFC and it was felt that due to the type of injuries rugby players receive, it would be of great benefit to the students training.

Visit to Mid-Western Regional Maternity Hospital, Ennis Road

The Team were given an overview of the services at the Mid-Western Regional Maternity Hospital, Ennis Road. The hospital delivers 5,500 babies annually, making it the fourth largest maternity hospital in Ireland. It has capacity for five or six University of Limerick students and it also has University College Cork medical students in place.

The Team were satisfied with the education and training facilities which it saw during the visit – there is 24-hour access to a computer room, housing six computers, which have online access to relevant medical journals. There is a small lecture theatre also, with capacity for approximately 20 students, and which can be booked in advance for tutorials. The Team were also shown a temporary building, which it is hoped will be converted for use as locker space and recreational space for students.

It is anticipated that the students will be involved throughout the patient journey in the Mid-Western Regional Maternity Hospital and the consultants that the Team met on the day appeared to be enthusiastic and committed to the training programme for the students.

Visit to St Anne's Hospital, Limerick

The Team were given an overview of the services at St Anne's Hospital, Limerick. The hospital is a day-case facility providing community based care to a local catchment area. It has capacity for five or six University of Limerick students and it also has University College Dublin students in place. The Unit will provides practical exposure to ethical issues including consent and involuntary treatment. It is anticipated that the unit will expose students to a multi-professional environment, working with community, psychiatric nurses, social workers, occupational therapists, art therapists etc. The capacity in terms of trainer to student ratio (7 trainers; 5 students) is satisfactory. There is also the opportunity to mix with postgraduates and the teachers do not think that any of their patients will object to student involvement on any significant scale. The unit will have some links with the hospital acute unit but emphasis will be very much on community work.

The Team were informed that it is proposed that students consult both individually with patients and as part of the multi-disciplinary team. The students will have opportunities to see different components psychiatry, such as forensic psychiatry and addiction cases, and the Team commend the aspects of the multi-disciplinary programme proposed.

It is anticipated that the students will be involved in all aspects of patient care at St Anne's Hospital and the visiting team were very impressed with the degree of enthusiasm, interest and dedication shown by the staff at the facility. However, the Team emphasise that vigorous support mechanisms should be in place to support students during this placement and strongly recommends that all steps necessary are taken to prevent possible isolation of students during this placement.

Visit to the Paediatric Unit, Mid-Western Regional Hospital, Dooradoyle

The team was brought on a guided tour of the Paediatric ward and its facility. The ward itself was completed in the year 2000 so is relatively modern and spacious and seems a pleasant environment to be used for Clinical training.

The team were shown a meeting room, which students, could use, however it was worth noting that the room was small and had only one PC. UL and UCC students would use this facility. The Team were advised that the UL students all carry laptops and that this therefore was not a major issue. There is no WIFI in the Paediatric ward.

A brief visit to a Psychiatric ward was paid. This visit appears to have been unannounced as the staff seemed surprised to see the Team and appeared to be under pressure. Only the main waiting area of this ward was seen by the team and a small meeting room. The Team again emphasise that vigorous support mechanisms should be in place to support students during this placement and strongly recommends that all steps necessary are taken to prevent possible isolation of students during this placement.

D. CONCLUSIONS

In terms of length of placements, UL should assess this issue in light of experience. There was a discussion about whether two nine-week blocks or one 18-week block is more conducive to education and training for students. The 18-week block may provide some opportunities for continuity of care, although the counter-argument is that two nine-week blocks may provide a variety and diversity of experience not otherwise achieved.

There is significant concern on the part of the Visiting Team that there has been insufficient preparation, particularly in the Paediatrics component, for the placements due to commence in August 2009. There is an anxiety that the University of Limerick's focus of communications has been with the general practitioners and discussions during the day suggested that the communication with hospitals may not have been optimum.

The Visiting Team will monitor the developments in the appointments made to the key professorships as advertised earlier this year. The Team will be particularly concerned that where no appointment is made that robust interim measures are put in place.

The Visiting Team strongly recommends that an abbreviated version of the manual outlining the clinical skills components of years 3 and 4 should be developed. The Team are concerned that the staff themselves are not as familiar with the Problem Based Learning course as they should be, and the Team got a sense that some specialties were not quite ready to have students in place. Indeed, there is some worry amongst the Visiting Team, that August may see a reduction of patient admissions of up to 20% and this may not provide optimal training opportunities for the students after all.

The Team strongly recommends that a comprehensive induction is also given to the medical students prior to the 3rd August 2009. The Visiting Team once again urge the University of Limerick to take all precautions against isolation of students at clinical training sites and are concerned at the statistics that the graduate entry students are already comparatively heavy consumers of the on-site counselling services.

The Visiting Team urges the Medical School to guard against facilities at a hospital being ring-fenced between students from different universities and/or disciplines.

The Visiting Team urges that University of Limerick gives consideration to sourcing experts in the field of humanities to ensure diversity of experience in the Student Selected Components.

The Visiting Team note with concern that requests for sample examination questions were not acceded to and strongly urge that the decision not to release the sample examinations be reviewed with St George's, University of London. While the University of Limerick have a number of external assessors, the Medical Council wish to quality assure the standard of the examinations and are most dissatisfied and concerned at the decision note to release the information thus far.

The Visiting Team wish to revisit the University of Limerick in November or December 2009 and will wish to speak to the students at its next visit, to establish how the placements are progressing and to ensure that the issues raised so far have been resolved. The Team may also wish to sit in on a Problem Based Learning Session.

End of report

SECTION D

APPENDICES

APPENDIX 1. AGENDA FOR VISIT

ACCREDITATION VISIT TO UNIVERSITY OF LIMERICK GRADUATE ENTRY PROGRAMME

DATE: 6TH MAY 2009
VENUE: SOUTH COURT HOTEL

08.30 – 09.15	Private meeting of Medical Council Team
09.15 – 11.00	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 breaks into two groups: a) Site Visit – Community/General Practice (Limerick city) b) Site visit - Obstetrics/Gynaecology (MWR Maternity, Ennis Road)
12.30 – 1.30	Lunch (in private) (South Court Hotel)
1.30 – 2.45	a) Site Visit – Paediatrics (MWRH Dooradoyle) b) Site Visit – Psychiatry (St. Anne's Hospital, Limerick)
2.45 – 3.15	Tea and coffee break - meeting UL Academic Staff Members
3.15 – 3.45	Private meeting of Team to formulate recommendations
4.00 pm	End of visit and departure of team

APPENDIX 2 - UNIVERSITY OF LIMERICK TEAM

Prof Paul Finucane
Prof Bill Shannon
Dr Deirdre McGrath
Ms Mairead Waters
Ms Denise Flannery
Dr Aidan Culhane
Dr Gerry Burke
Dr Anto Dempsey
Dr Roy Philip
Dr Michael Mahony
Dr Peter Kirwan
Prof David Meagher
Prof William O'Connor
Ms Mary Gamble
Dr Jean Saunders
Prof Mary O'Sullivan
Dean of Faculty
Ms Donna O'Doibhlin
Dr Yvonne Williams
Dr Roy Philip
Dr Michael Mahony
Dr Peter Kirwan
Dr Nabil Antwan
Dr Martina Goggin
Prof Nigel Lawes
Prof Paul McCutcheon

End of appendices