Comhairle na nDochtúirí Leighis
Medical Council

ACCREDITATION VISIT 9TH AND 10TH MARCH 2011
UNIVERSITY OF LIMERICK'S
GRADUATE ENTRY MEDICAL SCHOOL PROGRAMME

CONTENTS

MEDICAL COUNCIL MONITORING TEAM

Visiting Team
Ms Marie Murray (Medical Council Member and Chair of Visiting Team)
Dr John Monaghan (Medical Council Member)
Professor Alan Johnson (External Assessor)
Dr Sinead Murphy (External Assessor)
Professor Hans Sjöström (External Assessor)
Professor Anthony Weetman (External Assessor)

Accompanied by:
Dr Anne Keane (Head of Education and Training, Medical Council)
Ms Karen Willis (Senior Executive Officer, Education and Training)
Ms Ruth Thompson (Executive Officer, Education and Training)

A. CONCLUSION OF COUNCIL

THE MEDICAL COUNCIL'S CONCLUSION AND MAIN RECOMMENDATIONS ARE THAT:

1. **Per section 88(2)(a)(i)(I) of the Medical Practitioners Act 2007, the University of Limerick's BM BS Graduate Entry to Medicine Programme should be approved for three years subject to two conditions:**

    (i) The University of Limerick appoints a Professor of Medicine
    (ii) The University of Limerick addresses the issue of the unsatisfactory education and training facilities on the Mid-Western Regional Hospital, Dooradoyle, Limerick site.

2. **Per section 88(2)(a)(i)(II) of the Medical Practitioners Act 2007, the University of Limerick should be approved for three years subject to two conditions:**

    (i) The University of Limerick appoints a Professor of Medicine.
    (ii) The University of Limerick addresses the issue of the unsatisfactory education and training facilities on the Mid-Western Regional Hospital, Dooradoyle, Limerick site.

Approval for three years is subject to the above conditions being addressed by the end of the first year of such approval; i.e. by 1st June 2012. At the first available Council meeting after that date, the Council will assess whether these conditions have been met. If they have been met, the conditions will be removed.

B. BACKGROUND AND CONTEXT

1. Previous provisional accreditation of the University of Limerick Graduate Entry Medical School Programme (UL GEMS)

The University of Limerick has established a four year graduate entry medical school programme leading to the award of a degree of BM BS (Bachelor of Medicine, Bachelor of Surgery). It is at undergraduate (basic in the terminology of the World Federation of Medical Education) level with an exclusively graduate entry. It was the first new medical school in Ireland for many years, and was the second graduate entry programme. It is also the first Problem-Based Learning basic medical programme in Ireland.

The Medical Council following a visit in May 2007 provisionally accredited the programme; the programme admitted its first students in September 2007. The Medical Council revisited in November 2007, December 2008, May 2009, December 2009, May 2010 and November 2010. Each time provisional accreditation was continued.

2. March 2011 accreditation visit

The graduation of the first cohort of UL GEMS students is due on 14th June 2011. The March 2011 evaluation of the UL GEMS programme was therefore a significant event for the Medical Council, as well as for UL; it is the first time that a Council Team has been in the position to make a recommendation regarding a provisionally accredited programme in a new medical school.

An accreditation visit by the Medical Council Team therefore took place on 9th and 10th March 2011 in University of Limerick.

The purpose of the visit was to review the totality of the four years of the Graduate Entry Medical School programme. An overview of the programme in its entirety and of the UL's plans for the future was obtained. The recommendation of the Team is based on the performance of the programme over the four years 2007–2011, and evidence of its longer–term sustainability. The information that the UL were asked to provide before the visit reflected this retrospective/prospective approach.

3. Standards

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

Council has adopted (on 9th September 2010) the World Federation for Medical Education's (WFME) Standards in Basic Medical Education ("Global Standards for Quality Improvement in Medical Education: European Specification") as the standards of medical education and training for basic medical qualifications.

These WFME standards have been used for all accreditations in the period 2005-2011, so this is a consistent approach. All members of the Medical Council visiting Team were aware of the WFME European Specifications which are also available on http://www3.sund.ku.dk/.

4. Processes

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

Council has fulfilled its statutory obligation to consult with the Minister for Education and Science (now Skills) before making its decision. There is a requirement to publish "details" of all inspections carried out. An Executive Summary of the final full report will be placed on the Medical Council website.

5. The Team

The Medical Council Team is listed on the title page of this report. Special mention must be made of a number of external assessors. These include Professor Hans Sjöström (Denmark) former Professor of Biochemistry at the University of Copenhagen who has extensive experience of working with the World Federation for Medical Education (WFME). He brought additional expertise in quality assurance of medical education and an international perspective to the accreditation process. Professor Anthony Weetman (External Assessor); currently Pro Vice Chancellor of the Faculty of Medicine, Dentistry and Health and former Dean of the School of Medicine in University of Sheffield, and Chair of the Medical Schools Council in the United Kingdom (since 2009) brought expertise in these areas. Our thanks also go to Professor Alan Johnson (External Assessor) former Professor of Biochemistry and former Director of the Graduate Entry Programme in Royal College of Surgeons in Ireland. Dr Sinead Murphy (External Assessor) brought expertise as a current lecturer in Paediatrics in University College Dublin and a clinician in Temple Street Children's Hospital. The Medical Council appreciates their contribution, which in the case of Professor Sjöström and Professor Weetman stretches back over a numbers of years.

6. Appreciation

The Medical Council thanks the University of Limerick's Team, led by Professor Paul Finucane, Director of the Graduate Entry Medical School, for their co-operation and hospitality over the last four years. The Team appreciated that a large number of academic and administrative staff took time out of busy schedules to participate in the process.

In addition, the Medical Council wishes to thank the students who met the Team, and whose feedback was most helpful in informing the views of the Team. The students' engagement with the Medical Council Teams over the last four years has been one of the most gratifying parts of the accreditation process.

The Team thanks Professor McCutcheon, Vice President Academic and Registrar of University of Limerick, for meeting representatives of the Team in a separate session. Professor McCutcheon confirmed that the graduation date for the first cohort of University of Limerick's medical students will take place on 14th June 2011 and that a sealed list would be provided to the Medical Council thereafter.

7. Schedule

The accreditation visit on 9th March 2011 at UL began with a presentation by Professor Paul Finucane and other staff of UL. The Medical Council Team met University staff for an in-depth discussion regarding the programme, which was very well attended. Private sessions were held with students in year three and year four of the programme.

The accreditation visit on 10th March 2011 at UL began with private sessions with students in year one and year two. The Medical Council Team met representatives of the Health Service Executive (HSE) to discuss the issue of agreements between UL and clinical training sites. The visit concluded with a final meeting between the Medical Council Team and UL representatives to review discussions.

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

8. The Report

This report concentrates on the main issues arising regarding the design and delivery of the programme over the period 2007-2011, and includes the views of students, particularly those coming to the end of the programme. It does not repeat information that can be found in previous reports or in the University of Limerick submission. It highlights recommendations, commendations, and requests for additional information.

C. SUMMARY AND MAJOR RECOMMENDATIONS

1. Conclusion and main recommendation of Medical Council

The programme is well-designed and effectively delivered to an impressive cohort of students who are generally very positive about their UL GEMS experience. There are areas where review and revision is advised but none of the issues identified warrant conditions being placed on the approval. Areas where UL is commended are also highlighted. It is apparent that UL have been very active in addressing the issues previously identified by Council.

The conclusion and main recommendations of the Medical Council are that:

1. **Per section 88(2)(a)(i)(I) of the Medical Practitioners Act 2007, the University of Limerick's BM BS Graduate Entry to Medicine Programme should be approved for three years subject to two conditions:-**

    (iii) The University of Limerick appoints a Professor of Medicine
    (iv) The University of Limerick addresses the issue of the unsatisfactory education and training facilities on the Mid-Western Regional Hospital, Dooradoyle, Limerick site.

2. **Per section 88(2)(a)(i)(II) of the Medical Practitioners Act 2007, the University of Limerick should be approved for three years subject to two conditions:**

    (iii) The University of Limerick appoints a Professor of Medicine.
    (iv) The University of Limerick addresses the issue of the unsatisfactory education and training facilities on the Mid-Western Regional Hospital, Dooradoyle, Limerick site.

2. Major recommendations by the Medical Council Team

It is imperative that UL makes a number of crucial senior appointments. These include Professor of Primary Care (Research), Director of Education and in particular of the Professor Medicine and Associate of Professor of Medicine. This will require the cooperation of the Health Service Executive (HSE). The appointment of Professor of Medicine will play a key part in the longer term success of the programme.

UL must ensure that the purpose built graduate entry medical school building is completed. This will require the cooperation of the management of University of Limerick.

UL should monitor numbers to ensure that capacity is commensurate with the available clinical training opportunities.

There is an urgent need for addressing the unsatisfactory education and training facilities on the Mid-Western Regional Hospital, Dooradoyle, Limerick (MWRH) site.

3. Additional documentation sought

The Team requests the following from UL:

- A summary of final year examination results including a breakdown of performance by students with a science/non-science background respectively.
- A summary of the results of a final year exit survey.
- Detailed learning objectives for the clinical skills and professional competencies to be acquired in year three and four, in the form of the blueprint document as referenced in section D3.
- The School's current research strategy.

D. MAIN BODY OF REPORT

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

1) Entry to the programme 2007-2011

a) GEMS selection / admissions process 2007-2011

In addition to a degree at an appropriate level, GAMSAT (the Graduate Australian Medical Schools Admissions Test) or MCAT (Medical Colleges Admission Test for international students) is used as an entry requirement. The Team would be interested to see an evaluation on whether the GAMSAT or MCAT test is sufficient for assuring that the students have satisfactory knowledge of basic sciences before the start of their studies, but this is a national rather than a UL issue.

The School is encouraged to continuously review the admission policy based on societal and professional data, to comply with the social responsibilities of the institution and the health needs of the community and society and also to look at the relationship between selection, the educational programme and the desired qualities of graduates.

b) The academic background of GEMS students 2007-2011

Although GAMSAT is used as an entry criterion, early indications are that students from a non-science background may feel academically disadvantaged in the early days of the programme. However, they appear to "catch up" with their peers who have a science background. The overall academic performance of non-science students at this late stage of the programme appears to be as impressive as that of their peers.

The programme is inevitably intensive for all students but non-science students may experience an additional element of stress early in the programme for the reasons stated above. UL should be aware of this both in terms of pastoral support and orientation in basic sciences.

The Team recommends that UL monitor the evidence and any trends regarding the relative performance of students with science and non-science backgrounds.

c) GEMS numbers 2007-2011

The Team note that the intake has increased from 32 in 2007/2008 to 101 in 2010/2011 with an increase in international students (from Canada) from 1 to 32 over the same period.

The Team recommends that UL should monitor numbers to ensure that they are commensurate with the available clinical training opportunities. The capacity of physical facilities and human resources on campus and in clinical training sites should be assessed by future visiting Teams.

2) Educational Programme 2007-2011

a) Curriculum structure and content 2007-2011

The GEMS is organised around three domains – knowledge of health and illness, clinical skills and professional competencies. The first two years places a strong emphasis on the Basic Sciences relevant to medical practice while the last two years focus on the Clinical Sciences. Overall the curriculum is appropriate and is effectively delivered. Students take responsibility for their learning process, and appear to be prepared for life-long learning. The Team were assured that the programme meets the criteria of 5,500 hours for the awarding of a basic medical qualification.

It would therefore appear that UL's PBL (in years one and two) and GP-focussed curriculum provides a satisfactory alternative to the more traditional programmes.

A number of specific issues are highlighted in the following.

i) The Medical Graduate Profile

The University of Limerick Graduate Entry Medical School's mission is to graduate doctors who are competent in a broad range of diagnostic, consultative, communication and organisational skills, are conscious of their social responsibilities, are committed to lifelong learning and research as a foundation to providing high quality patient-centred care, and will positively engage with other healthcare professionals and the health service in advocating for the healthcare needs of the society in which they work.

While there are always areas where improvement is possible, the Team believe that this is an appropriate mission and one which is being fulfilled. The Team recommends that the Medical Council's Eight Domains of Professional Competence should be integrated into this framework.

The year four students felt as prepared for internship as their peers in other medical schools in Ireland, citing the fact that their clinical rotations have involved the use of their initiative and personal responsibility. They also recognise the importance of professionalism.

ii) Communication skills

There appears to be effective teaching and learning in communication skills, in both a "stand alone" way and integrated into other modules. Students reported that the clinical exposure they had gained underlined to them the importance of communication as an intrinsic skill for their careers. They understood the benefit of interfacing with real patients as part of improving their skills. They were aware that one of the causes of adverse incidents in the system can commonly be lack of communication or poor inter-personal skills.

iii) Ethics and patient safety

Ethics and patient safety should be at the core of every medical curriculum. The Team was generally satisfied with the teaching and learning in this area. However, the Team recommends that UL reinforce this area for final year students before they commence clinical practice. It appeared to the Team that students in the early years were very aware

of ethics and patient safety, but that some refreshment on this issue would be advisable for students in the predominantly clinical years.

UL's Professional Practice Committee structure is commendable and students should be aware of the processes involved.

The Team commend UL for their code of professional practice. The students in general looked forward to the Medical Council's Guidelines for Medical Schools on Ethical Standards and Behaviour appropriate for Medical Students. UL's use of these Guidelines will be monitored on future visits.

iv) The balance of teaching methods

This was generally appropriate. Students generally felt that UL GEMS is "unlike other schools" and "has an interesting programme".

The students are pleased with the small group learning and the attention they received from faculty. They also enjoy the early patient contact and clinical exposure.

v) General Practice

General Practice plays a major role in the UL curriculum. In year three, students spend eighteen weeks in General Practice. Some students in year three expressed concern that eighteen weeks is too long a time in that they can become an "unpaid member of GP practice". Some students suggest that time could be allowed to look at other sub specialties i.e. twelve weeks in general practice and six weeks in a sub-specialty. This issue has been raised by the Team before; it recognises that there are pros and cons to eighteen week attachments and UL should keep this under review.

vi) Research

The profile of research in the programme and therefore its influence on teaching has increased and the Team recommends that this strengthening should continue. This will be helped by the appointment of the members of staff described in Section 5. Most of the teachers seem to have been or are currently active in research.

The School has on an earlier occasion presented a Research Strategy (2007-2012). The Director of Research has since late 2009 developed the research strategy in conjunction with the GEMS faculty. The Team would like to have further information on this strategy. The outcomes are reported in the form of patent applications, presentations and publications; about 40 publications were reported, but of these many did not mention UL GEMS as the origin of the publication.

As a product of the new strategy, funding from the Health Research Board, Health Service Executive, the National Children's Research Fund and local agencies i.e. Limerick Regeneration has been obtained totalling €650,000. This year UL are seeking research funding from overseas (EU/other international grants).

vii) Clinical Pharmacology

The Team's view is that the relatively low profile of clinical pharmacology in basic medical education is a national issue rather than one specifically to UL.

viii) Anatomy

The Team was supportive of the initiative to liaise with NUIG in the provision of some exposure to cadaveric-based teaching.

ix) Student Selected Modules

In year three, students undertake three projects in humanities, research and bio-informatics. Although a lot of work is involved in the projects, the students felt that they had gained insight and that this holistic approach was beneficial and had helped them to grow into their future role as a doctor. The Team commends UL on this. Members of the Team attended a display of students SSM projects and were impressed by the range and quality of the work.

x) Exchange opportunities

UL is part of the Flinders Consortium of PBL based medical programmes. This is an opportunity for UL to expand exchange opportunities. Exposure to non-PBL programmes would give students a broader experience but this must be balanced against curriculum compatibility and UL's learning outcomes. The Team recommends that the School is flexible in interpreting the requirements for the exchange of students and is encouraged to make arrangements for such exchanges.

xi) Multi-disciplinary teaching and learning

The Team recommends that opportunities for inter-professional teaching and learning should be maximised. Clinical training sites provide an additional opportunity for teamwork with other healthcare professionals.

xii) Radiology

The Team noted that there is now formal teaching in Radiology (six tutorials over an eighteen week cycle) at MWRH.

b) Curriculum delivery: Teaching and learning on campus 2007-2011

The clinical training is organised and structured using a mix of clinical settings and rotations throughout the main disciplines. The Team recommends and encourages collaboration between the teachers of year one and two and teachers of year three and four with respect to curriculum planning and integration. This is particularly important given the number of attachments in years three and four that students are placed in.

The clinicians have been asked to highlight deficiencies in the educational outcomes for their particular disciplines. The Team recommends that this work continues i.e. by presenting learning objectives in the same format, with (where possible) a connection between the PBL cases and the clinical conditions. The Team encourages collaboration among theoretical and clinical teachers.

There should also be a definition of which clinical skills/practical procedures (including the level) that the students are expected to perform after each of the clinical courses (in relation to what has been defined for years one and two) and this should be related to what graduates are expected to learn during internship and their subsequent careers.

UL should continue to review course handbooks to ensure they are comprehensive and "user-friendly" for the students, particularly in years three and four. The Team would like to review the handbooks.

3) Assessment 2007-2011

In general, students felt that there is a good balance between formative and summative assessments, and did not complain of over-assessment. Data was presented to the Team indicating that the performance of UL students in the Personal Progress Index test was similar to that of students using the test at McMaster University in Canada. The Team is pleased that UL continues to work on making the electronic logbook more student-friendly.

Whatever assessment methods are used, it is crucial that they appropriately evaluate the learning outcomes and that students understand the structure and format of their assessment. Some final year students seemed somewhat unclear about the standard of attainment expected and UL must ensure clarity on this key issue. Consistency of approach and methods of assessment is particularly important at clinical training sites.

A blueprint document which relates learning outcomes to methods of assessment would be very valuable especially for students but also for clinical examiners, particularly in later years of the programme. This should be provided to the Medical Council when available.

The clinicians have been asked by UL to highlight deficiencies in the educational outcomes for their particular disciplines. The Team recommend that this work is continued i.e. by presenting learning objectives in the same format with (where possible) a connection between the PBL cases and the clinical conditions. Overall the Team recommends strengthening collaboration between theoretical and clinical teachers.

Integration of the different types of examinations should be assisted by the availability of suitable premises in the new medical school building.

The Team recommends that, prior to examinations, students are provided with examination papers that are similar to the ones they will be taking; and that students get more feedback including more timely feedback about their performance in assessments.

The Team did not identify any issues with the attrition rate. As previously stated an analysis of the final year examination results is requested.

In-training assessment (ITA) is intended to measure a student's overall competence and progress while on clinical placement. Students accept that performance in the clinical setting should be an essential part of their assessment. On previous visits Council Teams had expressed concerns about the understanding of ITA by both students and staff.

A recommendation that training in ITA be provided to the relevant clinicians appears to have been acted upon. Training has been enhanced and as a result the clinicians are more focussed on UL's expectations and needs. This is commendable.

UL is aware that it has taken some time to get students "on board" with ITA. UL reported that this was common to other Flinders Consortium medical programmes, but that acceptability was likely to grow as the course continues. UL should continue to observe the progress and acceptability of ITA. This should also be monitored by the Medical Council on future visits.

4) Students 2007-2011

i) Academic and pastoral support

UL has a range of services in this area. This includes an Academic Advisor System, the Peer Mentoring System and the Student Support System including the Student Counselling Service. The Team is pleased that according to the students, UL and its medical school are supportive of any student experiencing difficulty and students feel that their views are listened to. The Team commends UL for the use of student mentors.

However, the Team recognises that there may be logistical difficulties to be overcome when providing support for students outside the UL campus on clinical sites. UL appears to appreciate the potential for isolation of students in small rural general practices. UL appears to have a number of measures in place to mitigate isolation and this is commended.

The Team on behalf of the students commends the staff on their approachability and support.

ii) Feedback

UL has calibrated and recalibrated the GEMS programme from student feedback and from Medical Council feedback during the past number of years. This is gratifying as one of the key roles of the Medical Council is quality enhancement. The students have evaluated their course positively with higher scores in the Dundee Ready Educational Environment Measure questionnaire, compared to other schools using this measure.

However, some students felt uncomfortable in providing feedback: while such feedback is designed to be anonymous, students are concerned that in a small group they can be identified. There is no evidence that this is a significant problem but the perception may need to be addressed because even with the most sensitive feedback systems students also find it is easier to critique structures rather than individuals.

Year four students - the first cohort of the programme - feel that their views have been taken into account over the last four years, that they have influenced changes and that UL responds when a case is made for change.

iii) Career Guidance

There is a considerable amount of informal careers advice from junior doctors, consultants and professors. Formal careers advice is also provided. However, students would appreciate more information about their options and potential areas of specialisation. While the Team appreciates that students should prioritise their academic performance at this stage, the Team recommends that UL keep this issue under review.

The Team recommends the inclusion of a careers seminar at an appropriate stage during the final year, to inform students on the various careers options and the pathways to them.

iv) International interaction

The Team note that a third of current students are international and it is obviously important that they feel welcome. The Team feel that the international students are integrated. Canadian students are members of the Canadian Irish Medical Students Association (CIMSA).

UL is helping students to prepare for the United States Medical Licensing Examination (USMLE). They provide help with material, courses, and tutors. Eight students took the USMLE last year. There are currently fifty-one students studying for the USMLE with approximately half scheduled to sit.

5) Staffing 2007-2011

a) Staff resources for GEMS 2007-2011

As the programme has developed and student numbers increased so too has the number of both teaching and administrative staff in specific key roles. Thirty three clinicians have been awarded Adjunct academic status at a mostly senior lecturer level. Fifty five others have applied and are currently under consideration by University of Limerick's Recruitment Sub-Committee, while others have been invited to apply.

The tutors are recruited on the basis of knowledge of content and process, with less importance being given to scientific background. Understanding of content, process and scientific knowledge should all contribute to this recruitment.

b) Senior appointments for GEMS 2007-2011

The Team noted the recent appointments to the Chair of Obstetrics and Gynaecology (Professor Amanda Cotter) and Associate Professor in Biostatistics (Professor Ailish Hannigan).

The Team noted that a number of posts had recently been advertised or that interviews were taking place in the coming months. These included the advertisement on 3rd March 2011 of the posts of Professor and Associate Professor of Medicine, with interviews due to take place in May 2011 for the appointment of the Professor of Primary Care Research.

As stated in previous Medical Council reports, the appointments of a Professor and Associate Professor of Medicine are crucial to the future success of the programme. The Team shares UL's view that the clinical sub-specialty of the Professor and Associate Professor of Medicine post holders is less important than the recruitment of high quality candidates. The apparent intention of the HSE at one stage to restrict these posts to General Internal Medicine specialist is not supported by the Team.

The Team looks forward to receiving news of these key appointments.

c) Contractual arrangements for clinical teaching

The Team supports the formalisation of arrangements between universities and clinical training sites, and the national framework embodied in the Concord document agreed by the HSE and medical schools. Service level agreements between individual sites and schools are at the core of this, with local Medical Education Liaison Groups being established to oversee clinical training.

The Team was pleased to note that following considerable delay there are now service level agreements with St John's Hospital, Milford Care Centre and MWRH. The HSE representatives that the Team met were not in a position to comment on the likelihood of other outstanding service level agreements being concluded. The Team strongly urges the

HSE and UL to do everything they can to establish service level agreements as these are a crucial part of encouraging consistency and accountability in clinical teaching.

d) Staff development

There appear to be Opportunities for staff development in teaching and learning at Certificate, Diploma, Masters and Doctorate levels. The Team was provided with a list of staff involved in these courses.

6) Physical Resources 2007-2011

a) Campus

The purpose-built graduate entry medical school building which was due for completion in the summer has been delayed due to contractual issues. It will therefore not be ready as anticipated. The problem that has arisen with the contractors is not of UL's making; but the new building is a crucial part of the future plans for the programme. The Team has received assurances from Professor McCutcheon that UL will be completing the construction of the medical school building *via* a re-tendering process. The Team are aware that UL has a contingency plan in place for additional space in the current building for the increased number of students for this new academic year. The new building will be impressive once completed, but the Team urges that everything possible is done to avoid further delay.

b) Physical facilities on Clinical sites

UL GEMS students are currently placed at 11 hospital sites with a quarter of all clinical training delivered in general practice/primary care.

Over the past four years, the outstanding need that visiting Teams have identified during the course of inspections concerns the education and training facilities at the major teaching hospital, the MWRH. The current facilities in that hospital are not suitable for the planned needs of the programme and the Team was therefore pleased to note that tendering for the Clinical Education and Research Building at this hospital is imminent with an anticipated completion date of late 2012/early 2013. The planned facilities appear to be impressive, but the Team emphasises the need for this initiative to be brought to fruition.

c) Simulation / clinical skills laboratories

The Team have viewed the simulation/clinical skills laboratories on previous visits and are aware that space and other facilities for the delivery of clinical and anatomical skills teaching will always be an issue until the graduate entry medical school building is completed. This will then facilitate the delivery of small groups teaching to a larger number of students and provide greater access for students to the simulation equipment. This underlines the importance of this building.

d) IT and libraries

As UL acknowledges, the current Glucksman Library has limited resources and can be cramped, noisy and inaccessible outside normal working hours. The Team appreciates that UL has addressed and in some cases resolved these issues. The new Clinical Education and Research Building at MWRHL will include a library and this will provide a higher standard of

facilities. Inevitably the standard of library facilities on hospital sites is variable and the Team hopes that there will be a general improvement.

There is room for improvement in video-conferencing between the UL campus/affiliated clinical training sites network and the Team welcomes UL's attention to this situation, including further training of users of this medium.

7) Evaluation and Renewal 2007-2011

UL intend to continue to monitor the GEMS and will make any changes deemed necessary to enhance its quality in the years ahead. The Team encourage this quality assessment/quality improvement process which is particularly important in a recently established medical school.

8) Overview

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

The GEMS students appear to achieve an appropriate level of knowledge, skills and attitudes in the (nearly) four years of the programme undertaken so far. This is a key finding which is central to the approval of the GEMS programme.

b) Graduate preparedness for a medical career

The Team is satisfied that the GEMS programme reaches the standard necessary to produce competent graduates. The competencies to be acquired by the time of graduation seem to be reasonable in relation to expectation of postgraduate training. UL should seek feedback from graduates of the programme about this issue.

c) Transition to the intern year

There is no defined "Transition to Internship" programme at UL, which is sceptical about such courses. The Medical Council has praised a number of these programmes in other universities but the most important thing is that graduates have the knowledge, skills and attitudes that are required for internship. UL contend that these are obtained during the four years of the programme and that they have adopted a number of strategies to prepare their graduates for their work as interns. It is not possible to evaluate this as the first cohort of UL students has not yet taken up internships, but as noted previously the students do not feel disadvantaged in this area. The Team recommends that the Medical Council keep this area under review.

End of main body of report

Appendices follow

APPENDICES

APPENDIX 1

DAY ONE – WEDNESDAY 9th MARCH 2011
UNIVERSITY OF LIMERICK CAMPUS

Departure Time: 8.15 am
Visiting Team to travel from Hotel
to University of Limerick Campus arriving 8.45 am
Light refreshments to be provided

9.00 am - 9.45 am	Private meeting of Visiting Team, with tea and coffee
9.45 am – 12.30 pm	Visiting Team to meet with members of **University of Limerick** faculty for Plenary Session with University of Limerick and Affiliated Hospitals representatives from Medical, Surgical, Paediatric, Obstetrics and Gynaecology, Psychiatry and General Practice specialties The **Plenary Session** will include a formal presentation to the Council team **9.45 – 10.15 am**. This is will be followed by a **question and answer session from 10.15 – 12.30 pm.**
11.00 - 11.45 am	**This break is to include tea/coffee break and visit to the site of the medical school building site** The UL presentation should include: • An overview of the delivery of the programme, including any changes since the Council's previous visit, to the structure and delivery of the curriculum • Plans for the remainder of the 2010/11 academic year • Plans for the 2011/12 academic year • The current status of the new facilities • New / proposed appointments • Student and staff feedback on the programme • Demonstration of e-logbook • Plans for final examinations • A statement on student assessment and on course evaluation processes • Date of graduation
12.30 pm - 2.00 pm	Light lunch to be provided for visiting team (in private) to include plenary session for Medical Council team (in private)
2.00 pm - 3.00 pm	Meeting with Year 3 students
3.00 pm - 4.00 pm	Meeting with Year 4 students
4.00 pm - 4.15 pm	Tea and coffee break
4.15 pm - 4.45 pm	Summary session with University of Limerick
5.00 pm	Yr 3 SSM Projects: 'Humanities & Health' (Foundation Building)

AGENDA

UNIVERSITY OF LIMERICK
GRADUATE ENTRY PROGRAMME

DAY TWO – THURSDAY 10th MARCH 2011
UNIVERSITY OF LIMERICK CAMPUS

Departure Time 8.00 am
Visiting Team to travel from Hotel to University of Limerick Campus
Arriving 8.20 am
Light refreshments to be provided

8.30 am – 9.00 am	Private meeting for Medical Council team, with tea and coffee
9.00 am - 10.00 am	Meeting with Year 1 students
10.00 am - 11.00 am	Meeting with Year 2 students
11.00 am – 11.15 am	Tea and Coffee break
11.15 - 12.00 pm	Meeting with HSE Representatives
12.00 pm - 1.00 pm	Additional plenary Session with University of Limerick and Affiliated Hospitals representatives from Medical, Surgical, Paediatric, Obstetrics and Gynaecology, Psychiatry and General Practice specialties to follow up on discussions from the session the previous day, or on any issues raised by the students.
1.00 pm – 2.00 pm	Light working lunch for Medical Council team (in private) to include Plenary session for Medical Council Team
2.00 – 2.45	Final meeting between Medical Council Assessment Team and UL Representatives to review discussions, followed by departure of team at 2.45 pm

Visiting Team to travel to Dublin
Departing 2.45 pm

APPENDIX 2

UNIVERSITY OF LIMERICK TEAM

(LIST PROVIDED BY UL)

Prof Paul Finucane
Prof Bill Shannon
Ms Mairead.Waters
Prof Colum Dunne
Dr Deirdre McGrath
Prof Calvin Coffey
Prof David Meagher
Prof John Fenton
Prof Mary O'Sullivan
Prof Nigel Lawes
Prof Paul McCutcheon
Prof Stewart Walsh
Prof Walter Cullen
Prof Amanda Cotter
Prof William O Connor
Dr Anthony Dempsey
Dr Helena McKeague
Dr Jean Saunders
Dr John Cooke
Dr Louise Crowley
Dr Michael Watts
Dr Nabil Antwan
Dr Peter Coyle
Ms Denise Flannery
Dr Yoga Velupillai
Mr Brendan Harding
Mr David Waldron
Mr Eric Masterson
Mr John McManus
Mrs Shona Tormey
Ms Donna O'Doibhlin
Ms Michelle Dalton
Mr Bernard Gloster
Mr Joe Hoare
Mr Aidan Hickey
Ms Paula Cussen Murphy
Mr Mark Sparling
Mr Paul Burke

Meeting with HSE Representatives

Mr Bernard Gloster
Mr Joe Hoare
Mr Aidan Hickey
Ms Paula Cussen Murphy
Mr Mark Sparling
Mr Paul Burke

End of Report