Comhairle na nDochtúirí Leighis
Medical Council

FINAL REPORT OF ACCREDITATION VISIT TO MONITOR CONDITIONS

UNIVERSITY OF LIMERICK GRADUATE ENTRY PROGRAMME

THURSDAY 19th April 2012

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APPENDICES:

Medical Council Monitoring Team

Visiting Team

Dr John McAdoo (Medical Council and Chair of Monitoring Team)
Ms Katharine Bulbulia (Medical Council Member)
Dr Sinead Murphy (External Assessor)
Professor Alan Johnson (External Assessor)
Professor Anthony Weetman (External Assessor)
Dr Ailis Ní Riain (External Assessor)

Executive

Dr Anne Keane (Head of Education and Training, Medical Council)
Ms Karen Willis (Senior Executive Officer, Education and Training)
Mr Emmet Murray (Executive Officer, Education and Training)

Statement with regard to the Freedom of Information Acts, 1997 and 2003

The Medical Council currently makes information routinely available to the public in relation to its functions and activities and, in line with that practice, a summary of this report will be available on the Council's website, www.medicalcouncil.ie in due course.

The Freedom of Information Act is designed to allow public access to information held by public bodies which is not routinely available through other sources and access to this document may be sought in accordance with that Act. The Medical Council complies fully with the terms of the Freedom of Information Act. It should be noted that access to information under the Freedom of Information Act is subject to certain exemptions and one or more of those exemptions may apply in relation to some or all of this report.

A. DECISION OF COUNCIL

THE MEDICAL COUNCIL'S DECISION IS THAT:

The University of Limerick Graduate Entry Medical School Programme should be approved with one condition under the terms of Section 88(2)(a)(i)(I) of the Medical Practitioners Act 2007, that condition being:

> **Resolution of the issue of the unsatisfactory education and training facilities at the Mid-Western Regional Hospital, Dooradoyle (MWRH Dooradoyle) must be achieved. An interim solution that is deemed to be satisfactory by Council, and which will accommodate the planned increase in student numbers, must be fully operational by the beginning of January 2013. Building of the longer-term solution - namely the Clinical Education and Research Centre (CERC) - must be commenced by June 2014. The interim solution must continue to be satisfactory until the CERC construction is completed.**

The University of Limerick should be approved with one condition under Section 88(2)(a)(II) of the Medical Practitioners Act 2007 as the body which may deliver that programme, that condition being as above.

The Medical Council will, at the appropriate time, assess implementation of the interim solution and of the long-term solution.

B. PREFACE BY HEAD OF EDUCATION AND TRAINING

1. Context of the visit

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 or conditional accreditation was continued.

In June 2011, Council approved the UL Programme and UL with two conditions, namely;

(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.

The visit in April 2012 was intended to assess the extent to which the conditions could be amended or removed. This is the focus of this report, but a number of other relevant issues are also included.

2. The Team

The Medical Council Accreditation Team is listed on the title page of this Report. The Council particularly appreciates the contribution of external assessors Professor Alan Johnson, Professor Anthony Weetman, Dr Ailis Ní Riain and Dr Sinead Murphy. They brought additional expertise in quality assurance of medical education to the accreditation process, and the Medical Council very much appreciates their contribution.

The Medical Council also thanks the University of Limerick Team, led by Professor Paul Finucane, Foundation Head of Medical School, for their co-operation and hospitality. The Team notes that Professor Finucane is demitting office as Head of School: it wishes to place on record its appreciation of Professor Finucane's leadership, and of UL's very positive interaction with Medical Council Teams over a number of years, and wishes him well in his future endeavours.

In addition, the Medical Council wishes to thank the students who met the Team during the visit, whose feedback is most helpful in formulating this Report.

3. Documentation

Prior to the visit, the Team reviewed an update briefing document prepared by the Medical School.

4. Schedule

The Monitoring visit included a UL GEMS presentation (by Professor Finucane); an in-depth discussion between the Medical Council Accreditation Team and representatives of the University; along with a private session with students representing years three and four of the course. An inspection of the under-construction Medical School building site was undertaken when the Team sub-divided.

5. Appendices

The agenda for the visit is attached as Appendix 1, with participants in the accreditation listed in Appendix 2.

C. SUMMARY OF PROGRESS MADE BY UL IN IMPLEMENTING CONDITIONS IMPOSED BY COUNCIL IN JUNE 2011

Condition 1 - Staffing

The Team note that one of the conditions attached to UL's approval – namely, that;

(i) The University of Limerick appoints a Professor of Medicine

has been met, and the Team therefore recommend that the condition be removed.

The Team welcomed the opportunity to meet senior academic staff, including Professor of Medicine Austin Stack, who had taken up post a month previously. Professor Anne MacFarlane has taken up her post in Primary Care Research. Associate Professor of Medicine Tom Kiernan will take up post in July 2012.

The Team noted that a new Head of School had been appointed and is due to take up post in August 2012.

Condition 2 - Facilities at MWRH Dooradoyle

The Team note that a challenge to the outcome of the tendering process for the CERC is being made by one of the unsuccessful tenderers and therefore, unfortunately, the timeline for the provision of enhanced facilities is not clear to UL, the HSE, or the Team.

A summary of the discussion with HSE representatives is provided in this report: the Team were impressed with the HSE's continuing commitment in this area.

However, the Team wishes to underline the key importance of an acceptable interim arrangement and a sustainable long-term arrangement for the enhancement of the education and training facilities at Dooradoyle. For this reason, it recommends that addressing this issue continues to be a condition of the programme and the body's approval, as set out in Part A of this report

D. COMMENDATIONS AND RECOMMENDATIONS

The Team commends UL *inter alia* for:

1. Significant appointments of senior academic staff
2. Their continuing efforts to improve the facilities at MWRH Dooradoyle
3. The continuing strengths of their programme, including its emphasis on General Practice, the humanities, professionalism, and scenario–based ethics teaching and learning
4. Their responsiveness to student feedback
5. Their soon-to-be completed Medical School Building
6. Their support for North American students to prepare for the United States Medical Licensing Exam

The Team recommends that UL:

1. Address the issues of some (paediatric) consultants allegedly refusing to teach UL students
2. Address the need for quality assurance of the Medical Education Liaison Group's disbursement of funding
3. Must continue to be vigilant and aware of capacity issues with increasing student numbers due to plateau in 2014
4. Consolidate and complete the blue printing process, as recommended in previous reports by Council
5. Make available to the Council the results of the survey on graduates' preparedness for internship
6. Consider introducing a formal preparation for internship programme if the student and graduate feedback indicates that it would be desirable preparation

7. Should review the In-Training Assessments (ITA), an area of consistent concern for students

E. CURRICULUM ISSUES

1. PERFORMANCE

Analysis of outcomes showed that UL students' acquisition of knowledge was in line with their peers on the McMaster University programme, and that students with a non-science background were performing as well as, and possibly outperforming, their peers who had a science background.

A survey of graduates' preparedness for internship was planned by UL; the relevant information will be provided to Council when available.

2. ETHICS AND PROFESSIONALISM

The Team note that scenario-based teaching is an important part of the ethics and professionalism component of the programme, with cases dealt with by the Medical Council under its Fitness to Practice remit. The students enjoy the experience and UL is commended on this.

The importance of professionalism is underlined by UL's establishment of a Professional Practice Committee and of a Code that students are require to sign and abide by.

3. IN-TRAINING ASSESSMENT

Student representatives raised this again on behalf of the students and while the philosophy behind this form of assessment is understood by the students, reports continue that the process is not transparent, that marks are not standardised and that it forms too great a proportion of their overall marks.

The Team recommend, as previous teams have done, that UL review the ITA and that if they decide to continue it, they review the format and provide a clear explanation of the advantages of ITAs to the students.

4. STUDENT SUPPORT SERVICES ETC

The Team had the opportunity to discuss student support services with Ms Sharon Nolan in her new role as Clinical Placement Officer. Ms Nolan is also involved in the 'Distressed Students Group' which oversees students who run into personal or academic difficulties.

The Team stress the importance of disseminating information on student support services, including student counselling, to all students. The Team also wish to note the key role played by Ms Mary Gamble, the Clinical Academic Liaison Manager, who has been on extended sick leave since 2011; it is clear that her absence is keenly felt by the students who were extremely complimentary of her work with them. Ms Nolan's work as Clinical Liaison Officer was also praised by the students.

The Team notes the students' praise for the efficient administrative management of the programme, and commend this.

Despite the inadequate facilities at Dooradoyle, it is noteworthy that the students there have 24/7 access to the library.

5. ALLEGED ATTITUDE AND BEHAVIOUR OF TWO CONSULTANTS TOWARDS UL STUDENTS

Of major concern to the Team was information alleging that at least two paediatric consultants refuse to teach University of Limerick students at the Dooradoyle site. Additionally these consultants' attitude and behaviour towards UL students was seen as very unwelcoming, so much so that students frequently avoided the paediatric ward when these consultants were present. This appears to be an isolated case in a general pattern of enthusiastic teaching and positive teacher/student relations, but is nonetheless serious.

While the Team appreciate that considerable effort has gone into addressing the issue, the matter remains unresolved, and the Team urge that this matter be dealt with as a matter of priority. It is totally unacceptable that students avoid valuable paediatric clinical exposure due to the perceived attitudes and behaviour of a minority of consultants. The students affected were disappointed by this example of what they rightly identified as a poor role model for aspirant medical practitioners. The Team will expect an update on progress in this regard prior to the next intake of students in August 2012.

6. GENERAL PRACTICE

There was a discussion about the 18 week rotation in general practice. While some students feel that 18 weeks is ideal, other students would prefer that the time be broken up into two blocks offering two exposures (for example an urban and a more rural attachment), in order to enrich the experience. The Team recommend that UL consider allowing some flexibility in the design of the 18 week rotation in general practice to facilitate as many learning opportunities as possible. The out-of-hours exposure gained in the "ShannonDoc" Co-operative was praised, and the students were generally very positive about their GP experiences and the inter-professional contact with other health professionals enabled by some rotations.

7. CONSISTENCY

There was some criticism by students of the inconsistency among sites, and individual supervisors on those sites. The students' mature view was that there would always be some variation at the undergraduate and postgraduate level, but the Team urge that UL continue to monitor the situation, with particular reference to ensuring consistency among clinical sites and supervisors of their *assessment* of students' performance.

The Team's view is that there is still scope for UL to do more work on "blueprinting" outcomes, consolidating the information in the "Anthology of Medical Conditions" and the handbooks.

UL should continue to strive to perfect the video-conferencing facilities and links with the affiliated training sites as some technical "glitches" reportedly remain.

8. USMLE

Students praised UL for their United States Medical Licensing Examination preparation course, and appreciate the efforts that UL go to in order to support their applications for electives and residencies in North America. The students particularly appreciate the quick turnaround time for processing the required paper-work.

UL informed the Team that they are currently strengthening links with several medical schools in North America so that UL students can take more electives in Canada and USA; the proposed schools named were: Saskatchewan, Northern Ontario & Cleveland

F. MEETING WITH CLASS REPRESENTATIVES FROM THIRD AND FOURTH YEAR

The Team met with class representatives whose remit is to bring students' views and concerns to the attention of staff; the representatives sit on the Education Committee, the Research Committee and the Curriculum Committee. Some of the foregoing comments on curriculum issues are prompted by students' views.

The students praised the staff at UL for their responsiveness in resolving many of the issues that have been brought to them. They cited the example of introducing ophthalmology into the curriculum and the increased number of pharmacology lectures in the programme. They were particularly appreciative of Professor Finucane's accessibility.

The students did express the concern that the existing education and training facilities, particularly in Dooradoyle, would be inadequate in the near future when increasing numbers of students commence the programme. It was clear to the Team that the Clinical Academic Liaison Building near Dooradoyle is not adequate as an interim measure for the future.

G. INSPECTION OF MEDICAL SCHOOL BUILDING

The members of the Team who visited the construction site of the Medical School Building were impressed by the pace and scale of building activity now taking place at the site after a period of unavoidable quiescence. The Team's view is that the facility once completed will be of "state of the art" quality. It is due for completion by late July 2012 and should be fully operational for the academic year 2012/13.

H. MEETING WITH HSE REPRESENTATIVES

The poor state of current facilities, and the need for enhancement, was acknowledged by the HSE representatives led by Ms Ann Doherty, particularly given the increasing numbers of students being admitted to University of Limerick.

The Team were assured that despite the delay caused by the legal challenge to the award of the tender, the HSE's commitment to fund the necessary improvements at Dooradoyle remained: the capital allocation was ring fenced for completion of the Clinical Education and Research Centre project once the legal proceedings have been concluded. It appears that space in MWRH would be freed up by the imminent occupation of a new Critical Care Centre, and that this was a possible opportunity for reconfiguration to improve education and training facilities, along with use of a disused Nurses Home. The Team is not prescriptive about where these interim facilities are provided, but stresses the need to provide them. The Team's view is that tutorial rooms are the most urgently needed resource.

Ms Doherty undertook to provide Council with a range of proposed interim arrangements for consideration at their meeting on 30th and 31st May 2012; Dr Keane requested that the report from Ms Doherty be received by Monday 28th May 2012.

It was noted that Ms Doherty was leading on the reconfiguration of the six hospital services in the area; the Team urge the importance of education and training needs being included as a factor in the decision making process.

The HSE representatives were very positive about their interactions with UL and the new jointly funded staff appointments.

The issue of the name of the Hospital reflecting the link with UL by becoming "University Hospital Limerick" was still being actively pursued. Ms Doherty hopes that this can be achieved before the end of 2012. It was intended to strengthen HSE/ UL links and demonstrate HSE commitment to education and training.

I. MEETING WITH MID-WESTERN (MELG) REPRESENTATIVES

The Team met with representatives from the Medical Education Liaison Group (MELG). Their purpose is to allocate funding to support the clinical training of UL students in the Mid-West and which comes directly from the GEMS and with oversight from the Medical Education Training and Research section of the HSE. The MELG meets quarterly. A list of approved grants was provided to the Team.

UL feels that the MELG funding model is working well, demonstrating to clinicians that there are tangible benefits – including *inter alia* tutors in Medicine, Surgery, O & G, Psychiatry and (on a part-time basis) in Paediatrics. Enhancement of facilities also had the additional benefit of providing further opportunities for inter-professional learning. It was noted that Ms Nolan regularly visited the various clinical sites remote from Limerick.

However, the Team noted that the concept of a MELG which would allocate clinical placements, as referenced in the documentation provided by UL, was still an aspiration rather than a reality, and that the MELG's current role is narrower.

The Team stress that allocation of funding should be quality assured through obtaining and analysing progress reports from recipients at regular intervals.

End of report

APPENDICES

APPENDIX 1

Comhairle na nDochtúirí Leighis
Medical Council

Mid-Western Regional Hospital Dooradoyle,
Clinical Academic Liaison Building

9.45 am – 10.30 am	Private meeting of Team (tea & coffee)
10.30 am – 11.45 am	Visiting Team to meet with members of **Medical School Faculty,** to include a Presentation by UL, *(15 min max)**
	This will be followed by a **Question and answer session**
11.45 am	***(Team to split in two, with Team A visiting GEMS building at UL and Team B remaining at Dooradoyle)***
11.45 am – 12. 30 pm	Meeting with HSE Personnel (Tea & Coffee)
12.30 pm – 1.00 pm	Meeting with MWRH Medical Education Liaison Group
1.00 pm – 2.00 pm	Meeting with Year 3 & Year 4 GEMS Class Representatives
	(Team A to rejoin Team B at Dooradoyle at 1.30 pm)
2.00 pm – 2.45 pm	Working lunch for Team in private
2.45 pm – 3.00 pm	Final meeting with Medical Council Team and **Medical School Faculty**
3.00 pm	**Team Departs**

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

Train departs Limerick at 4 pm, arriving Dublin Heuston at 6.15 pm

APPENDIX 2

(i) Meeting with University of Limerick Team

Professor Paul Finucane
Professor Deirdre McGrath
Professor Austin Stack
Associate Professor Stewart Walsh
Ms Anne Harnett
Associate Professor Ailish Hannigan
Ms Denise Flannery
Ms Josephine Lynch
Ms Sharon Nolan

(ii) Meeting with HSE Representatives

Ms Ann Doherty
Ms Mary Donnellan O'Brien
Ms Noreen Spillane
Ms Breda Duggan
Mr Fearghal Cummins

(iii) Meeting with Medical Education Liaison Group (MELG) Representatives

Professor Paul Finucane
Mr Eamon Kavanagh
Ms Denise Flannery
Ms Sharon Nolan
Ms Breda Duggan
Mr Aidan Hickey