



Comhairle na nDochtúirí Leighis
Medical Council

**Medical Council
Report on Accreditation Inspection of
Trinity College Dublin
School of Medicine**

**Date:
22nd & 23rd October 2018**

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VISITING TEAM

- 1. Prof Alan Johnson (Chair of the Visiting Team and Non-medical Assessor)**
- 2. Ms Vicky Blomfield (Medical Council Member)**
- 3. Prof Hisham Khalil (Medical Assessor)**
- 4. Prof Barry Lewis (Medical Assessor)**
- 5. Dr Anna Clarke (Medical Assessor)**
- 6. Ms Angela Carragher (Medical Assessor)**
- 7. Ms Úna O'Rourke (Director of Education, Training & Professionalism)**
- 8. Ms Aoise O'Reilly (Accreditation Manager, Education, Training & Professionalism)**
- 9. Mr Jordan Daniel (Accreditation Executive, Education, Training & Professionalism)**

A. Statement with regard to the Freedom of Information Act, 2014, General Data Protection Regulation ('GDPR') and the Data Protection Acts 1988 - 2018

The Medical Council currently makes information routinely available to the public in relation to its functions and activities and, in line with that practice, 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.

As a Data Controller, the Medical Council is also subject to the requirements of the General Data Protection Regulation ('GDPR') and the Data Protection Acts 1988 – 2018. The Medical Council complies with its obligations as a Data Controller under the relevant legislation. Any person on whom the Medical Council holds personal information has certain rights, known as 'Subject Access Rights'. Further information on both Freedom of Information and Data Protection legislation is available on our website at: <https://www.medicalcouncil.ie/FOI-Data-Protection/>

B. THE DECISION OF THE MEDICAL COUNCIL IS THAT:

1. TRINITY COLLEGE DUBLIN'S UNDERGRADUATE MEDICAL PROGRAMME SHOULD BE APPROVED BY COUNCIL UNDER THE TERMS OF SECTION 88(2)(a)(i)(I) OF THE MEDICAL PRACTITIONERS ACT 2007. THIS RECOMMENDATION IS MADE ON THE GROUNDS OF THE MEDICAL COUNCIL TEAM'S FINDING THAT THE PROGRAMME ADHERES TO THE RULES, CRITERIA, GUIDELINES AND STANDARDS APPROVED BY COUNCIL, AS SPECIFIED IN SECTION 88(2)(a) AND 88(2)(d) OF THE MEDICAL PRACTITIONERS ACT 2007.

THIS APPROVAL SHOULD BE FOR A PERIOD OF TWO YEARS, FROM THE DATE OF APPROVAL BY COUNCIL.

TRINITY COLLEGE DUBLIN SHOULD BE APPROVED UNDER SECTION 88(2)(a)(II) OF THE MEDICAL PRACTITIONERS ACT 2007 AS THE BODY WHICH MAY DELIVER THAT PROGRAMME. THIS RECOMMENDATION IS MADE ON THE GROUNDS OF TRINITY COLLEGE DUBLIN'S ONGOING COMPLIANCE WITH THE RULES, CRITERIA, GUIDELINES AND STANDARDS APPROVED BY COUNCIL AS SPECIFIED IN SECTION 88(2)(a)(i)(II) AND 88(2)(e) OF THE MEDICAL PRACTITIONERS ACT 2007.

THIS APPROVAL SHOULD BE FOR A PERIOD OF TWO YEARS, FROM THE DATE OF APPROVAL BY COUNCIL.

C. PREFACE

1. Context of the visit

Trinity College Dublin (TCD) delivers a five year Direct Entry medical programme leading to the award of an MB BCh BAO. It is at undergraduate level (basic level in World Federation for Medical Education terminology).

The Medical Council Accreditation Team visited on 22nd & 23rd October 2018. Its remit was to assess the programme and to formulate a recommendation on accreditation to the Medical Council's Education and Training Committee.

2. The Team

The Medical Council Assessor Team is listed on the title page of this Report. The Council very much appreciates the contribution of the Assessors to the accreditation process.

The Medical Council also thanks the TCD Team, led by Professor Michael Gill, Head of the Medical School, for the work involved in coordinating the visit. In addition, the Medical Council wishes to thank the students who met the Team, whose feedback was most helpful in formulating this Report.

3. Documentation

Prior to the visit, the Team reviewed a lengthy and very detailed expansion of the standard *Accreditation of Existing Medical Programmes – WFME Questionnaire*, dated 21st September 2018. This questionnaire is based on the World Federation of Medical Education's '*Global Standards for Quality improvement in Medical Education, 2015 revision*'. The School of Medicine senior team submitted an extensive document and supporting evidence.

4. Schedule

The accreditation visit included a presentation by Professor Michael Gill; an in-depth discussion between the Medical Council Accreditation Team and representatives of the University, along with private sessions with students representing all stages of the course. Under Section 88 (2)(f) of the Medical Practitioners Act 2007, an inspection of the facilities was also undertaken at Trinity Biomedical Sciences Institute, Tallaght University Hospital, St James' Hospital, the Institute of Population Health, the Coombe Women and Infants University Hospital, Our Lady's Children's Hospital, Crumlin and St Patrick's University Hospital. At each clinical site inspection we also met with Managers, Clinical Teachers, students and, where available, interns who had graduated from TCD School of Medicine.

5. The Report

The Medical Council's policy is to use the World Federation of Medical Education's Standards to assess medical programmes. The section headings used in part E of this report are therefore those of the World Federation of Medical Education's '*Global Standards for Quality improvement in Medical Education, 2015 revision*'.

D. SUMMARY AND GENERAL ASSESSMENT

1) Conclusion and main recommendations of Medical Council

The Team's main recommendations are that:

Trinity College Dublin's undergraduate medical programme should be approved by Council for a period of two years.

Trinity College Dublin should be approved for a period of two years, as the body which may deliver that programme.

2) Major findings of Council Team

Based on the evidence provided by Trinity College Dublin, School of Medicine and the information provided by the students interviewed, the Team identified two priority findings:

- a. Third year students described an intense curriculum, delivery of which was inhibited by poor administration and placement planning and a reliance on self-directed learning.
- b. A number of third and fifth year students reported, both verbally and in writing that they experienced a high level of stress. The supports provided by Trinity College and the School of Medicine for students were not effective.

3) Recommendations additional to the major findings, based on the evidence provided by Trinity College Dublin, School of Medicine and the information provided by the students interviewed:

1. The Team strongly recommends that the School of Medicine in Trinity College Dublin demonstrates improvements to ensure consistent delivery of the clinical components of the undergraduate curriculum.
2. The Team strongly recommends that the School of Medicine re-evaluates the current academic and pastoral supports in place for students in the *School of Medicine and Trinity College* and ensure improved accessibility.
3. The Team strongly recommends that the School of Medicine completes a full review of their clinical training sites, to include; student choice in placements, effective clinical curriculum coverage and appointment of clinical academic leads in all sites.

- 4.** The Team strongly recommends that the School of Medicine should provide robust administrative supports with clear, timely communication to the student body as demonstrated in the management of the Year 4 curriculum.
- 5.** The team recommends the School of Medicine introduces timely and appropriate choice for the students in at least one of their clinical placements by implementing a preference scale, particularly in terms of electives for international students.
- 6.** The Team strongly recommends that the School of Medicine puts pressure on the University to introduce and disseminate a fixed timetable of assessments and exam dates at the beginning of each academic year.
- 7.** The Team recommends that the School of Medicine should look into psychometric analysis of differential attainments of students with differing characteristics.
- 8.** The Team strongly recommend the School of Medicine updates its Dignity and Respect Policy, provide training on it and implement it systematically across the school and inform all staff involved in training across all relevant sites.
- 9.** The Team recommend that formal processes for reorientation, including refreshing clinical skills and systems for accessing clinical areas are put in place for intercalated students and students who have taken time out.
- 10.** The Team recommend that Trinity College Dublin and the School of Medicine provide effective support services for students who are on placement outside the University Campus.
- 11.** The Team strongly recommend the School of Medicine, design and introduce an effective academic support structure and system.
- 12.** The Team strongly recommends that Trinity College Dublin fill all vacant posts within the School of Medicine as a matter of urgency.
- 13.** The Team recommends that the School of Medicine works with the clinical training sites and training bodies to clearly define key educational roles and the required training for such rules.
- 14.** The Team recommends the School of Medicine works with the clinical training sites to ensure there is an accountable person with oversight of the delivery of the curriculum and assessment.
- 15.** The Team recommends that the School of Medicine communicates the process for accessing Blackboard to teaching staff again.
- 16.** The Team recommends that the School of Medicine carefully considers the effect increasing numbers may have on learning outcomes.
- 17.** The Team recommends that the School of Medicine should monitor the student and staff ratio in view of the increasing student numbers and take steps to maintain an appropriate ratio.

18. The Team recommends that the Medical Council should raise concerns with the HSE National Doctor Training and Planning Directorate regarding protected teaching time for clinical teachers.
19. The Team recommends that the School of Medicine provides video conferencing of teaching sessions to reduce the travel burden on students.
20. The Team recommends that the School of Medicine audits the provision of IT access across all its clinical sites and makes recommendations to the sites about any necessary improvements based on its findings.
21. The Team recommends that utility of Blackboard for the clinical years should be reviewed and necessary improvements made based on review's findings. The review should include discussions with students and other stakeholders.
22. The Team recommends that communication with students about changes based on their feedback needs to be improved so that students are assured that actions are taken in response to their feedback.
23. The Team recommends that more extensive feedback is sought from all stakeholders in relation to the curriculum.
24. The Team recommends that the School of Medicine reviews the level of administration staff and its communication processes and takes action to ensure that they are adequate to support the delivery of the curriculum across dispersed clinical sites.

4) Recommendations that the Medical Council makes to all medical schools:

1. Trinity College Dublin, School of Medicine should continue to ensure awareness among students of the following:
 - The Medical Council's *Eight Domains of Good Professional Practice*
 - The Medical Council's *Three Pillars of Professionalism*
 - The Medical Council's *Guidelines for Medical Schools on Ethical Standards and Behaviour appropriate for Medical Students*, particularly on affiliated sites and in general practices used for teaching
 - The revised *Children First: National Guidance for the Protection and Welfare of Children (2017)* guidelines in Ireland before students have attachments in the specialty area of paediatrics
 - The World Health Organisation *Patient Safety Guidelines*
2. Trinity College Dublin, School of Medicine should continue to ensure that the teaching environment incorporates high standards in hygiene and infection control, including ensuring that students are trained in hand-washing techniques and have access to the necessary facilities

5) The Team commends the School of Medicine and Trinity College Dublin for:

- 1)** The emphasis on ethics and professionalism in teaching;
- 2)** The strong supports for students to carry out research and the opportunity to undertake an intercalated year;
- 3)** The structure and organisation of Year 4 of the programme;
- 4)** The Team commends the clinical teachers for their commitment to providing education and training.
- 5)** The academic leadership demonstrated in The Coombe, and Crumlin is highly commended;
- 6)** Student-to-Student Mentoring Programme which was valued by the first and second years;
- 7)** The donor programme in Anatomy is highly commended. The department has made great efforts when engaging prospective donors and their families. Students were made aware of the privilege of studying with donors. The assessor Team were impressed by the level of professionalism and respect for the donor demonstrated by the students working in the dissection room;
- 8)** The Team commends the strong emphasis on Inter-Professional Learning throughout all years of the programme.

E. EVALUATION OF THE PROGRAMME, BASED ON WORLD FEDERATION FOR MEDICAL EDUCATION (WFME) GLOBAL STANDARDS FOR QUALITY IMPROVEMENT IN MEDICAL EDUCATION – 2015 REVISION

Compliance level rating

The levels of compliance are categorised as follows:

Non- compliance (NC)



No compliance with required
criteria

Partial compliance (PC)



Partial compliance with required
criteria

Full compliance (FC)



Full compliance with required
criteria

The Team has identified the following levels of compliance:

Level of compliance	WFME Global Revision 2015									Total
	1	2	3	4	5	6	7	8	9	
NC										0
PC		✓	✓	✓	✓	✓	✓	✓		7
FC	✓								✓	2

Area 1: Mission and Outcomes

MISSION AND OUTCOMES	Level of compliance:	FC
<i>Description of documentary evidence of compliance with this standard provided by Trinity College Dublin School of Medicine:</i> 1.1 School of Medicine - Strategic Plan 2015-2020 1.2 Outcome for graduates (Tomorrow's Doctors) GMC 2015 1.3 Medical Council - Eight Domains of Good Professional Practice 1.4 The Tuning Project (Medicine) 1.5 Trinity Education Project 1.6 Irish Medical Council - Guide to Professional Conduct and Ethics 1.7 Trinity College Dublin - Policy on Academic Freedom 1.8 School of Medicine School Directors and Academic Leads roles and responsibilities 1.9 School of Medicine Terms of Reference and Committee memberships 1.10 Medical Council - Guidelines for Medical Schools on Ethical Standards and Behaviour-appropriate-for-Medical-Students 1.11 Intended outcomes of student engagement in medical research		
<i>Description of evidence of compliance with this standard found during the inspection visit:</i> The mission statement is clearly articulated in the submission and is expressed as educational objectives that represent the core values of the School of Medicine in relation to science and practice of medicine, clinical competence, the social and professional context of medicine and Communications. The Educational Strategy is outlined in Appendix 1.1 with specific mention of educational outcomes. The relationship between the school's mission and objectives, the Medical Council of Ireland's Eight Domains of Good professional Practice were clearly summarised in the submission document. The mission statement is visible on the School of Medicine website. The mission and outcomes were clearly described in the presentation given by the Head of School. The Assessor Team noted that communication of the mission statement could be improved to raise awareness of this important document as, despite the Mission Statement being provided to students in emails and in the Student Handbook and Student Practice Agreement, not all students interviewed were aware of the mission statement when asked. The school has a clear governance structure which demonstrates appropriate autonomy and devolved responsibilities within the university. Academic freedom in education and research was clearly reiterated during meetings with academic staff. The Team noted patient and public participation in the development of the mission statement was achieved by a number of means, including consultation with the Irish Platform for Patient Organisations, Science and Industry, a number of health charities and by a selection of patients attending clinics.		
Compliance: The Team found that Trinity College Dublin School of Medicine was fully complying with the basic standard.		

<u>Observation(s) & Recommendation(s)</u>		
No recommendations made		
<u>Commendation(s)</u>		
No commendations made.		
<u>Area 2: Educational programme</u>		
EDUCATIONAL PROGRAMME	Level of compliance:	PC
<i>Description of documentary evidence of compliance with this standard provided by Trinity College Dublin, School of Medicine:</i>		
2.1 Year 1 Study Guide 2018-2019 2.2 Year 2 Study Guide 2018-2019 2.3 Year 3 Study Guide 2018-2019 2.4 Year 4 Study Guide 2018-2019 2.5 Year 5 Study Guide 2018-2019 2.6 Trinity Equality Policy 2.7 Information Staff Research Projects 2017-18 2.8 Intercalated masters 2.9 Project outlines 2.10 Paediatrics projects 2.11 Taught Masters Course 2.12 Recommended Psychology Curriculum		
<i>Description of evidence of compliance with this standard during the inspection visit</i>		
There is detailed documentation describing the curriculum structure and its underpinning educational principles. The Team found that the framework was implemented, and students had a good understanding of it, including the 'spiral curriculum'. A system was designed for students to build on their learning from year to year in a structured way. There was also a clear outline of the various modules within the curriculum, which included the expected learning outcomes. The School of Medicine provided notifications to those involved in the teaching of the Third and Final Year groups attached to clinical sites as evidenced in their submission. The perspective of the students was that clinical site staff were not always aware of what students had already learned. The students also raised concerns regarding the scheduling of tutorials which they stated were often cancelled at short notice. The Team was told by students and staff alike that the students had to re-schedule tutorials themselves, which students said was impossible to do. The Team was provided with a clear curriculum to deliver scientific method, education principles and assessments. The Team was told by students interviewed during site visits that curriculum delivery was frequently undermined by poor organisation and communication from the School of Medicine administration. Students provided examples such as schedules being given to students very late, poor organisation of electives and extremely tardy information about the dates for exams. Some students reported having teaching and learning sessions on multiple sites in the same day, resulting in wasted time due to logistical challenges. In contrast, students in year 4 were particularly complimentary about the level of organisation and support provided by the clinical sites and there were some other placements which students found to be welcoming		

and well organised. However, in years 3 and 5, despite measures put in place by the School of Medicine, there were also examples given of very poor practice. For example, the Team heard that, on occasion, students had attended for clinical attachments on site and were sent away due to service pressures.

There was clear emphasis on medical ethics and professionalism throughout the curriculum. The Team found that the School of Medicine provides good principles of scientific method and research methods, there are also opportunities for intercalation and for students to be involved in national and international presentations and publications.

The level of direct supervision received by the students was found to be variable and at times inadequate. There was a reliance on junior doctors to deliver teaching in some of the clinical sites and unsupervised self-directed learning on clinical placements. Students described a “fend for yourself” approach on clinical sites. This was particularly apparent in the transition into clinical placements in Year 3, which can be a difficult time for students.

The Team found that students experienced inconsistencies in the delivery of the programme. Although there were some very good examples of teaching, the students described the quality of the programme as “inconsistent”.

The team heard that some students did not have placements in common medical sub-specialties and had repeated exposure to other sub-specialties and they would have welcomed the opportunity to have more options. Students experienced inequities in the exposure to significant medical sub-specialties. In particular, international students described how this impacted on them and some students did not have the opportunity of exposure to certain clinical specialties thus precluding them from applying for certain elective placements.

Compliance

The Team found that Trinity College Dublin School of Medicine was partially compliant with the basic standard.

Observation(s) & Recommendation(s)

- The Team strongly recommends that the School of Medicine should provide robust administrative supports with clear, timely communication to the student body as demonstrated in the management of the Year 4 curriculum.
- The team recommends the School of Medicine introduces timely and appropriate choice for the students in at least one of their clinical placements by implementing a preference scale, particularly in terms of electives for international students.
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Commendation(s)

- The Team commends:
- The emphasis on Ethics and professionalism in teaching throughout the course;
- The strong supports for students to carry out research and the opportunity to undertake an intercalated year;
- The structure and organisation of Year 4 of the programme.

Area 3: Assessment of students

ASSESSMENT OF STUDENTS	Level of compliance:	PC
<i>Description of documentary evidence of compliance with this standard provided by Trinity College Dublin, School of Medicine</i>		
3.1 External Examiners Policy		

- 3.2 TEP timetable
- 3.3 Global Determinants of Health and Development Course
- 3.4 Writing Learning Outcomes
- 3.5 External Examiner Undergraduate process map
- 3.6 Guidelines for external examiners - Freedom of Information

Description of evidence of compliance with this standard found during the inspection visit:

The School of Medicine provided documentary evidence of the blueprinting of assessments mapped to the curriculum and its outcomes. This represents progress made since the last Medical Council visit. There was a mixture of formative and summative assessments, with evidence of benchmarking and training of assessors.

The Director of Teaching and Learning chairs the Court of Examiners. The University External Examiner Policy provides clear details of the role in the examination process. However, students described inconsistent assessment/marking processes. The level of feedback was inconsistent, and some students reported that clinical logbooks were not completed for them.

The Team acknowledges that organisation of most assessments is the responsibility of the central Academic Registry, however, there was significant concern amongst the student body in relation to the scheduling of assessments and the notification of exam dates at very short notice. This made the preparation for exams extremely challenging for students.

The school provided information on progression and attrition rates. No information was provided on differential attainment.

Compliance

The Team found Trinity College Dublin School of Medicine to be partially compliant with the Basic Standard.

Observation(s) & Recommendation(s)

- The Team strongly recommends that the School of Medicine puts pressure on the University to introduce and disseminate a fixed timetable of assessments and exam dates at the beginning of each academic year.
- The school should look into psychometric analysis of differential attainments of students with differing characteristics.

Commendation(s)

No commendations made.

Area 4: Students

STUDENTS	Level of compliance:	PC
<i>Description of documentary evidence of compliance with this standard provided by Trinity College Dublin, School of Medicine:</i> 4.1 Fottrell Report 4.2 Undergraduate Orientation Pack 4.3 A Code of Practice Governing Institutional DARE & HEAR Admissions Policies 4.4 Sample LENS Report 4.5 Sample LENS Report		

4.6 DARE & HEAR Admissions Code of Practice

4.7 HPAT Report

4.8 Tutors Handbook

4.9 Dignity and Respect policy and Clinical Site Dignity at Work policies

4.10 Financial Assistance

4.11 Confidentiality Policy for Student Counselling Services

4.12 Student Special Interest Groups

Description of evidence of compliance with this standard found during the inspection visit:

There is clear evidence of a detailed admissions policy with widening participation and access for students with disabilities.

The practice of student representation at committees is well established and clearly described by the students whom the Team met. The School of Medicine provided an example in Psychiatry where student feedback had resulted in improvements being made. However, The Team heard some examples from the students interviewed of issues taken to committees by class representatives which they felt were not acted on and some occasions when the class representatives described reluctance to “raise their heads above the parapet”.

The School of Medicine has an induction programme for first year students which they found positive. However, students reported that the induction into clinical sites was variable and some had had negative introductions to hospital placements.

The students said that they were allocated college tutors from various backgrounds from within the Faculty of Health Sciences. Delivery of tutor support was described as variable in both timeliness and content. The students interviewed knew how to access to the Trinity College counselling service and occupational health service. However, a number of students highlighted a lack of meaningful support for mental health issues. Students described difficulties accessing the various counselling services in a timely fashion although they were experiencing significant stress. The Team noted that the School of Medicine provides tutor support, however, some students interviewed described the quality of tutor support as inconsistent and some students experienced difficulty in contacting or meeting with their tutors. When raising difficulties some students perceived the tutor’s response as negative although others had positive experiences.

Despite the systems in place for academic support, which were well-described in the School of Medicine’s submission, the students could not describe how they would access educational support if they had a problem. With the exception of the 4th year programme, all clinical staff stated that they would report students with academic difficulties to the School of Medicine rather than take any actions themselves.

The Team did not find evidence of consistent appointment of clinical academic leads on sites. Where this was in place, students found that they had good quality and consistent support.

The Team was provided with a “Dignity and Respect Policy”. However, a significant number of students were unaware of it and did not know who to contact if they had a concern about patient or student safety. Many students interviewed were not aware of the concepts of protected disclosure or whistleblowing, despite completing the online professional practice tutorial.

While, the 2003 Dignity and Respect policy and the Site specific “Dignity at Work” policies were evident and include pathways to raise issues, the Team heard examples where they were not in operation. Some students were experiencing high levels of stress and, despite the supports available to them as outlined by the School of Medicine, students felt the School of Medicine was not providing an adequate level of care. Students said that this was caused by poor organisation which impacted upon the delivery of the curriculum and on the clinical

experience in years 3 & 5. The Team regularly heard of a culture that was critical and unsupportive when this distress was expressed. Some students appeared upset describing their experiences.

The Team also heard other examples of student welfare and financial issues, such as travel and expenses. Students stated that the arrangements to reimburse students for accommodation and travel were seriously inadequate and caused further hardship. Students were required to complete a number of compulsory courses, some of which were self-funded and expensive.

When requested, many of the students interviewed could not describe any structured career guidance system described by the School of Medicine.

The Team heard from students who had taken time out for intercalation or exchange programmes. They said that they would have found a refresher course in clinical skills helpful on their return to the course.

Students from Year One

The Team met with a number of students from Year One of the Programme. They were assured of confidentiality and advised of the Medical Council's role. The students all confirmed that they had volunteered to meet with the Medical Council Team.

The students were having a positive experience to date. They felt that the Year One study guide allowed them to keep track of how they were progressing. The learning objectives were outlined at the beginning of each lecture. The students spoke positively about the Family Case Studies and appreciated opportunities to learn outside of a classroom setting. The students felt that Blackboard was user-friendly and easy to navigate but that an introduction to it would have been beneficial.

The Team asked if feedback was given to students after assessments. The students explained that after Anatomy assessments, feedback was readily available should they request it, but it was not offered in Physiology.

The students were asked if they were aware of the support systems in place within the College and all students confirmed they had been assigned a Tutor. Not all students had met with their tutors to date but felt that the support through the Student-to-Student mentoring programme was much more beneficial and commended the programme.

The students advised the Team of the numerous societies available within the School of Medicine, which provided them with some interesting opportunities.

Students said that mixing mature students and leaving certificate students was difficult as students were at different levels of preparedness for the programme.

Students from Year Two

The Team met with a number of students from Year Two of the Programme. They were assured of the confidentiality and advised of the Medical Council's role. The students all confirmed that they had volunteered to meet with the Medical Council Team.

The students felt that the general experience of Year Two was a positive one and that there was a definite increase in the work load but that they found it stimulating. They also felt positively towards the increase in independent learning, and that they benefitted from this. They were particularly encouraging about the Student to Student initiative, which involves linking with students who have experienced Year Two the previous year. They felt that there was helpful learning for all involved.

The Team asked the students if support structures were available to them, should they need it. The students explained that access to mental health consultants was available to them for free, and this was mentioned by lecturers in previous exams. They also informed the Team that they were aware of services for students with disabilities. However, they mentioned that they were unsure who to speak to if they had a concern regarding a fellow student's mental health.

The students spoke positively about the Family Case Studies that they had been involved in and that it was good to step outside the classroom sometimes and away from "book learning". This also gave them experience with professionalism and speaking to patients.

The students felt that their experience when they were in Year One had set them up well for Year Two and that their expectations for Year Two had been met.

Students from Year Three

The Team met with a number of students from Year Three of the Programme on various clinical training sites. They were assured of confidentiality and advised of the Medical Council's role at each of the meetings. The students all confirmed that they had volunteered to meet with the Medical Council Team.

The students currently on rotation in Tallaght University Hospital felt that they were considered a burden on the teams to which they were allocated. Both in St James and Tallaght University Hospital, they said that they were not properly introduced into the clinical setting. At times they had difficulty making contact with their team and on occasion they found that they were not always attached to one. Staff phone numbers provided in the hospitals were out of date and it was hard to find particular staff. They said that some but not all of the clinical tutors were invested in teaching and they commended the surgical teaching in particular.

It was reported that a substantial number of tutorials were cancelled and not rescheduled across all sites.

The students described how, when feedback was given to the School of Medicine on a number of issues at a special meeting, they were told to take responsibility themselves for issues. Overall, the majority of the students interviewed felt they were not being heard. When the students were asked if they knew how to raise a concern, should they need to, the students advised that, other than going to their clinical skills co-ordinator, they did not know of an official way to do so. The students felt that there were no supports in place for them while out on clinical sites as all of the pastoral services are located in the Trinity College Dublin campus and are only available during working hours. Overall, the students felt that there is good support in place for those who are performing well and less oversight of those who are struggling. Despite putting supports and pastoral services in place, a disconnect was evident between the School of Medicine's communication of these supports with its students and the findings of the Team during interviews with students across all five years of the programme and at various sites used for clinical placements.

The Team heard a consistent theme at every meeting with students from year 3. They stated that the School of Medicine was dismissive of stress, mental health issues and wellbeing of the students.

Students from Year Four

The Team met with students from Year Four of the Programme. They were assured of confidentiality and advised of the Medical Council's role. The students all confirmed that they had volunteered to meet with the Medical Council Team.

The students said that they were enjoying Year Four though they had some concerns about funding for their placements in General Practice. They explained to the Team that they receive funding of €150 for either travel or accommodation for placements, yet costs would average around €500 and so this was not nearly enough to support them. There was some informal help with accommodation from people at the placements but this was mostly left for the students to arrange themselves, which added unnecessary stress.

The students added that their experiences at the placements were mostly positive, particularly within rural areas where they were able to have a more personal relationship with colleagues and patients and attained more professional insight when compared to other placements. The students also commended the lectures and tutorials in Paediatrics particularly in both Temple Street and Our Lady's Children's Hospital, Crumlin. They felt there was a strong presence with the Paediatrics tutor onsite, who was invested in teaching and they had learned how to deal with children as patients.

The students informed the Team that learning objectives were set for the year and they felt that these were well structured, especially when compared to the previous year. However, they stated that there was an issue with timetabling, such as content changes of which they were not aware, as well as exams not being set in the calendars.

When asked about the supports in place, the students advised the Team of the facilities available in Trinity College but said that it was difficult for them as there was no out-of-hours access. They said that they were entitled to take time off to attend any such appointments, but it was at their discretion and they would not be given the opportunity to catch up on anything they had missed. They also said that the Year Four experience contrasted positively with the year three experience which was much more stressful.

Although the School of Medicine provides advice on sitting the United States Medical Licensing Examination (USMLE), including orientation meetings and subsidised question banks, and facilitates time off for students to attend exams, the international students interviewed felt that there was insufficient support given to them around the time of the USMLE. Overall, they did not feel prepared and some felt disadvantaged as a result. It was also noted that the students taking summer electives in the USA did not feel that they had sufficient experience for the electives as note taking and examining patients would be expected of them.

Students from Year Five

The Team met with students from Year Five of the Programme. They were assured of confidentiality and advised of the Medical Council's role. The students all confirmed that they had volunteered to meet with the Medical Council Team.

The students commended the Ophthalmology, ENT and Rheumatology rotations in St James' Hospital, noting that the Consultants were very "hands on" and interested in teaching. In particular, the students commended the one to one interaction with consultants in breast surgery in St James' Hospital. However, the students felt that there was a very mixed experience throughout their rotations. The students did however feel there was more consultant time on ward rounds than in previous years.

The students explained that the rotations in final year are in both St James' Hospital and Tallaght University Hospital. The students indicated that there was a significant number of tutorials cancelled, and a number of the tutorials throughout year five were not taking place. The students also stated that this was the case in Year 3. They described how a number of surgical and medical tutorials were cancelled and some were never re-scheduled. The students themselves were asked to re-schedule the tutorials but said they found it impossible to do so. The School of Medicine acknowledged this issue and are working with faculty and students to reduce the rate of cancellations.

The students talked about their Year 3 experience. There was a strong emphasis on self-directed learning and students clearly stated that some teams demonstrated low levels of interest in Year 3 students assigned to their department

When asked if they were receiving regular feedback, the students said that there was no verbal constructive feedback given, but there was feedback given in their logbooks on a regular basis and their learning objectives were being met, although there was inconsistency in signing off logbooks.

When asked if they were aware of the supports available to them, should they need it or have a concern, the students said that their first point of call would be a fellow student. They talked about the tutor system in place, but there was mixed feelings towards how successful the system was. Some students had a good experience with their tutors and felt that they were invested in the role, but others felt that their tutors fobbed them off if any problems or concerns were raised.

International students were asked about the supports in place for them, particularly around taking the USMLE exams. Although the School of Medicine provides advice on sitting the USMLE, including orientation meetings and subsidised question banks, and facilitates time off for students to attend exams, the international students interviewed felt that there was insufficient support and consideration given to the importance of these exams. They said that there was also a lack of consideration given to this when timetabling of exams and lectures, particularly around the time of the USMLE.

The students expressed their concern over the time-tabling of exams. Exam schedules were given to students which on occasion was as little as one week prior to the exams taking place. This caused a lot of difficulty and anxiety for students, some of whom needed to travel to attend exams. They felt strongly that schedules should be provided at the beginning of each year.

Students from Intercalated Masters Year

The Team met with students who had just returned to the Programme after completing an Intercalated Masters Year. They were assured of confidentiality and advised of the Medical Council's role. The students all confirmed that they had volunteered to meet with the Medical Council Team.

The students spoke highly of their time as Intercalated Students and felt that the experience helped them to determine the speciality in which they would like to have a career.

The students informed the Team that they were fully aware of all the support available to them for the course throughout the year and they were always in full contact with the School of Medicine. Through feedback the students were able to assess their strengths and weaknesses and highlighted the requirement to give mandatory reports. However, the students felt that upon coming into Year Four, a refresher course would have been extremely helpful as they felt there was a need to catch up. They also expressed a desire for more varied learning, such as research skills, writing skills, and life skills.

Overall, the students were highly appreciative of the Intercalated Masters Year and felt that this option should be more widely known throughout Ireland, and that they would advise any student to do it.

Meeting with Interns who are Trinity College Dublin graduates

The Team met with a small number of Interns who are Trinity College Dublin Graduates. They were assured of confidentiality and advised of the Medical Council's role. The Interns all confirmed that they had volunteered to meet with the Medical Council Team. The purpose of meeting with the Interns was to get a sense of their preparedness for practice upon graduation.

The general feeling was that the transition into Internship was a difficult one, but there were good supports in place on each of the sites. They felt that the sub-internship was not beneficial to them and on reflection did not help prepare them for internship.

Overall, the Interns gave high praise to their rotations in St Luke's General Hospital, Kilkenny, describing a two-week induction and a better shadowing experience. They felt it was easy to learn on the job as they felt part of the team. Across all sites, the interns felt the most beneficial experience they had was the intern-shadowing during their two-week induction at each of the sites.

When reflecting on their experience in Trinity College Dublin, School of Medicine, there was mixed views on the connection between the School of Medicine and the clinical training sites. The majority of the Interns felt the clinical years were difficult as they never felt part of the teams they were assigned to and stated that there was no role for medical students on the clinical training sites. This in turn did not help them to feel prepared to enter into their internships.

Compliance

The Team found Trinity College Dublin, School of Medicine to be partially compliant with the Basic Standard.

Observation(s) and Recommendation(s)

- The Team strongly recommends the School of Medicine updates its Dignity and Respect Policy, provide training on it and implement it systematically across the school and inform all staff involved in training across all relevant sites.
- The Team recommends that formal processes for reorientation, including refreshing clinical skills and systems for accessing clinical areas are put in place for intercalated students and students who have taken time out.
- The Team recommends that TCD and the School of Medicine provide effective support services for students who are on placement outside the University Campus.
- The Team strongly recommends the School of Medicine, design and introduce an effective academic support structure and system.

Commendation(s)

- Student-to-Student Mentoring Programme which was valued by the first and second years.

Area 5: Academic staff/faculty

ACADEMIC STAFF/FACULTY	Level of compliance	PC
<i>Description of documentary evidence of compliance with this standard provided by Trinity College Dublin, School of Medicine</i>		
5.1 Clinical Promotions review procedures 5.2 Examples of School Research having impact 5.3 Staff performance probation and progression policy 5.4 Trinity Induction book 5.5 School of Medicine welcome booklet 5.6 Usher Development Lecture mentoring and development programme 5.7 Selection of Educational Activities undertaken by Academic staff over recent years.		

Description of evidence of compliance with this standard found during the inspection visit:

The School of Medicine describes a strategy for recruitment of academic staff. The School of Medicine has made some progress in this area following the last visit in 2011, but the management team in the School of Medicine described difficulties in filling some senior posts expeditiously, such as the General Practice Chair. These posts were critical for the effective delivery of the programme. The Assessor Team understands that the issue of protected time for clinical teachers is not confined solely to the sites associated with TCD School of Medicine and addressing this issue is within the remit of the HSE National Doctor Training and Planning Directorate.

The School of Medicine has a system of offering honorary clinical titles to clinical teachers in the sites (unpaid). The Consultants informed the Team that they do not have clearly delineated dedicated time for teaching or support to deliver the curriculum. They also indicated a lack of formal guidance on curriculum delivery.

There was a strategy for staff development within the School of Medicine, but opportunities for staff to develop their teaching skills on the clinical sites varied and were site dependent. Some staff informed the Team that they do not have access to the School of Medicine's digital learning environment. However, the Team was assured by the School of Medicine that access to Blackboard Virtual Learning Environment is available to all Honorary staff, but it is not used by all staff and the administrative staff upload material on their behalf, on request.

The School of Medicine provided its current staff-to-student ratio. However, the Team is aware of the Schools' increasing student numbers, having adopted the recommendations of the Fottrell Report, and was concerned about the effect that this may have on learning outcomes, given the resourcing challenges highlighted by the School of Medicine.

Students expressed concern that the full curriculum was not always covered during clinical and academic teaching.

In correspondence received from a Senior Honorary Academic during the visit, concerns were raised about the organization, communication, support and pedagogic issues in Years 3 and 5. One of the key concerns related to the knock-on effect on the students, who seem to have a fatalistic acceptance of 'this is how it is'.

It was also highlighted that there is little formal communication with the honorary consultant staff, there is no feedback on any aspect of individual courses or attachments and no consideration was being given by the School of Medicine to changes within the Hospitals.

Compliance

The Team found Trinity College Dublin, School of Medicine to be partially compliant with the Basic Standard.

Observation(s) and Recommendation(s)

- The Team strongly recommends that Trinity College Dublin fill all vacant posts within the School of Medicine as a matter of urgency.
- The Team recommends that the School of Medicine works with the clinical training sites and training bodies to clearly define key educational roles and the required training for such roles.
- The Team recommends the School of Medicine works with the clinical training sites to ensure there is an accountable person with oversight of the delivery of the curriculum and assessment.
- The Team recommends that the School of Medicine communicates the process for accessing Blackboard to teaching staff again.
- The Team recommends that the School of Medicine carefully considers the effect increasing numbers may have on learning outcomes.

- The Team recommends that the School of Medicine should monitor the student and staff ratio in view of the increasing student numbers and take steps to maintain an appropriate ratio.
- The Team recommends that the Medical Council should raise concerns with the HSE National Doctor Training and Planning Directorate regarding protected teaching time for clinical teachers.

Commendations

- The Team commends the clinical teachers for their commitment to providing education and training.

Area 6: Educational Resources

EDUCATIONAL RESOURCES	Level of Compliance	PC
<i>Description of documentary evidence of compliance with this standard provided by Trinity College Dublin, school of Medicine</i> 6.1 Trinity Resources 6.2 University Safety Statement 6.3 School of Medicine Safety Statement 6.4 Student Elective Reports and Photos Summer 2016 6.5 Visiting Medical Electives 6.6 Student Elective Reflection Reports 6.7 TCD_AUB Elective Exchange Reports		
<i>Description of evidence of compliance with this standard found during the inspection visit</i> Physical facilities: On inspection, the School of Medicine was found to have sufficient physical facilities for staff and students to ensure that the curriculum can be delivered effectively. The visiting Team was impressed with a number of learning environments for students within the School of Medicine including lecture halls, tutorial rooms, the library, the anatomy dissection room, and simulation facilities. In general, the learning environments were conducive to student learning. The Team was made aware of the school's plans to refurbish the student recreation area in the School of Medicine. Clinical Training Resources The learning environment within the clinical sites was good with the exception of the physical structures provided at the Coombe Women & Infants University Hospital. The school has a plan for offering students a variety of clinical placements in years three, four and five of the programme in acute and primary care settings. The students are also given access to adult and paediatric patients. However, the direct supervision within some of the clinical sites is less than adequate and the supervision of students' clinical skills practice varied. Access to libraries within clinical sites differed from site to site. The strong emphasis on Inter-Professional Learning on each of the clinical sites is evident. Information Technology The School of Medicine has a digital learning environment used by students and core staff (Blackboard). The students mentioned that some, but not all, of the learning objectives of the clinical placements are		

documented but the sign posting is difficult to use. The School of Medicine and some of the clinical sites have Wi-Fi but this was variable, and non-existent on certain sites.

Staff informed the Team that students have access to a variety of electronic resources, such as eBooks and eJournals.

Medical Research

The School of Medicine had not provided a breakdown of the financial budget allocated to research and education, so that the proportion of budget to each could not be assessed.

Educational expertise

The Team was impressed by the educational expertise and leadership demonstrated in the delivery of teaching and assessment of year four medical students at the Coombe Women & Infants University Hospital.

Compliance

The Team found Trinity College Dublin, School of Medicine to be Partially Compliant with the Basic Standard.

Observation(s) and Recommendation(s)

- The Team recommends that the School of Medicine provides video conferencing of teaching sessions to reduce the travel burden on students.
- The Team recommends that the School of Medicine audits the provision of IT access across all its clinical sites and makes recommendations to the sites about any necessary improvements based on its findings.
- The Team recommends that utility of Blackboard for the clinical years should be reviewed and make any necessary improvements based on its findings. The review should include discussions with students and other stakeholders.

Commendation(s)

- The academic leadership demonstrated in The Coombe, and Crumlin is highly commended.
- Student-to-Student Mentoring Programme which was valued by the first and second years.
- The donor programme in Anatomy is highly commended. The department has made great efforts when engaging prospective donors, their families. Students were made aware of the privilege of studying with donors. The assessor Team were impressed by the level of professionalism and respect for the donor demonstrated by the students working in the dissection room.
- The Team commends the strong emphasis on Inter-Professional Learning throughout all years of the programme.

Area 7: Programme evaluation

PROGRAMME EVALUATION

Level of compliance

PC

Description of documentary evidence of compliance with this standard provided by Trinity College Dublin, School of Medicine

7.1 Quality Review final report April 2018

Description of evidence of compliance with this standard found during the inspection visit:

The School of Medicine monitors the quality of the medical programme through a variety of methods including student surveys, external examiner reports, and progression and attrition rates. The School of Medicine provided an example of student feedback in psychiatry.

There was evidence that the School of Medicine sought feedback from students but much less available evidence that changes had been made as a result. However, many of the students interviewed across different years and clinical training sites were not aware of any responses made to their feedback.

The School of Medicine provided some evidence of stakeholder involvement at committee levels. The Team also saw some evidence of contribution to the curriculum of staff at the clinical sites. There was no evidence of patient and public involvement in the curriculum.

Compliance

The Team found Trinity College Dublin, School of Medicine to be Partially Complaint with the Basic Standard.

Observation(s) and Recommendation(s)

- The Team recommends that communication with students about changes based on their feedback needs to be improved so that students are assured that actions are taken in response to their feedback.
- The Team recommends that more extensive feedback is sought from all stakeholders in relation to the curriculum.

Commendation(s)

- No commendations made.

Area 8: Governance and Administration

GOVERNANCE AND ADMINISTRATION

Level of compliance

PC

Description of documentary evidence of compliance with this standard provided by Trinity College Dublin, School of Medicine:

- 8.1 Trinity Code of Governance
- 8.2 Governance of Irish Universities 2012
- 8.3 University Strategic Plan 2014-2019
- 8.4 Annual Faculty of Health Sciences Quality Review
- 8.5 Role and Responsibilities in relation to Financial Matters
- 8.6 Full Economic Cost returns
- 8.7 Slaintecare report
- 8.8 Eurolife 2018

Description of evidence of compliance with this standard found during the inspection visit

The Team noted that the recommendation from the 2011 accreditation report regarding increasing investment into education and research has been progressed. During meetings, the Team found strong evidence of investment in a number of senior academic posts.

The School of Medicine has a faculty office with a small administrative team covering various functions. This includes administration of curriculum, electives, time-tabling of assessments and exams. Discussions with

students highlighted significant concerns with administration of the curriculum, assessment, as well as poor communication with the body. Specifically, students stated that they were not receiving timely responses to their queries via email.

In their submission, the School of Medicine states that they are involved in recruitment processes for consultants. The School of Medicine is also involved in interaction with the HSE NDTP regarding intern posts.

Compliance

The Team found Trinity College Dublin, School of Medicine to be partially compliant with the Basic Standard.

Observation(s) and Recommendation(s)

- The Team recommends that the School of Medicine reviews the level of administration staff and its communication processes and takes action to ensure that they are adequate to support the delivery of the curriculum across dispersed clinical sites.

Commendation(s)

No commendations made.

Area 9: Continuous Renewal

CONTINUOUS RENEWAL

Level of compliance

FC

Description of documentary evidence of compliance with this standard provided by Trinity College Dublin, School of Medicine:

9.1 Example of feedback from Psychiatry

9.2 School of Medicine Quality Report 2013

Description of evidence of compliance with this standard found during the inspection visit

The Team noted that Trinity College Dublin has an overall strategic plan.

There was a curriculum committee which met three times a year. The School of Medicine stated that it intends to carry out a full review of the curriculum in 2019-2020.

There was a quality review carried out in 2013 which resulted in an Action Plan and the School of Medicine stated that many of the recommendations had been completed or were in progress.

Compliance

The Team Found Trinity College Dublin, School of Medicine to be fully compliant with the Basic Standard.

Observation(s) and Recommendation(s)

- No recommendations made

Commendation(s)

No commendations made.

F. INSPECTION OF CLINICAL TRAINING SITES

Tallaght University Hospital

The Team met with the Clinical Staff and Management of Tallaght University Hospital. The Chair introduced the Team and advised those in attendance of the purpose of the meeting. The Team appreciated the time staff took to meet with them. They also appreciated the insight into the full scope of practice at the hospital and the hospital's involvement with education and training.

The Team was advised of the five-day induction programme for all new incoming students, where students are given a full induction and then they are required to do two days of shadowing. When changing rotations, there are inductions into some specialties but not all. In particular, students felt that Paediatrics provided excellent induction which was a much more focused induction.

The Clinical Director informed the Team of the staff's involvement in curriculum design through consultation with Trinity College Dublin. The curriculum is constantly developed as required but the core skills are still emphasised. In general, the clinical staff felt they had a voice in developing the curriculum.

The majority of the clinical staff, including the NCHDs said that they had completed the "Train the Trainer" course. The Team was advised that NCHDs do much of the bedside teaching and in particular for the lower years. Consultants try to prioritise the final year medical students to ensure they are getting enough exposure to clinical knowledge and skills. It was noted that time is not built into the clinicians' work to facilitate teaching, however, it was felt that it is part of the job and they always made time.

When asked if they were aware of how to manage or raise concerns about students, the clinical staff said that the physical attendance of Trinity College Dublin staff on site was important as they could be made aware of any concerns. They also mentioned that there is a mentoring programme in place for Year 3 students, where an SPR takes a group of six students and advises them of the pastoral and academic supports available to them while on clinical placements.

It was noted that there is a strong emphasis on multi-disciplinary teaching within Tallaght University Hospital, in particular, when students are brought to community health settings. Most of the teaching is being delivered by nursing staff in these settings.

The Team was advised of the six-storey building that is planned for Tallaght University Hospital with Trinity College Dublin owning the 6th floor and dedicating it to clinical research.

On inspection of the facilities on site, the Team was shown large and small areas for large and small group teaching. There is a library on site for access to academic journals.

Our Lady's Children's Hospital, Crumlin

The Team met with the Clinical Staff and Management of Our Lady's Children's Hospital, Crumlin. The Chair introduced the Team and advised those in attendance of the purpose of the meeting. The Team appreciates the time staff took to meet with them. They also appreciate the insight into the full scope of practice at the hospital, and the hospital's involvement with education and training.

Overall, there was a sense of willingness to teach and ensure students are getting the best exposure possible in Our Lady's Children's Hospital. The ethos of the hospital is educational. However, there is no protected time for teaching though education is built into all staff members' contracts. The Team heard that the reason there is such a strong emphasis on teaching, is primarily the consultants' love for teaching.

The clinical staff described the in-depth induction programme that all students are given when commencing rotations on site. There is a formal orientation day on the first day where students are given a handbook specific to treating children. They are given a list of all of the Consultant teams within the hospital and told who they are assigned to. They must also complete "Children First" training by the end of the first week as this is mandatory training.

When asked if they were aware of what to do if they had a concern about a student, all clinicians advised that they would bring the issue to the attention of the School of Medicine tutors who are on-site. There is a good structure in place for escalating any concerns directly to the tutors and the Team noted the enthusiasm of the Trinity College Dublin tutors who are on-site.

There are Multi-Disciplinary Team meetings held each week and students are encouraged to attend.

The School of Medicine management team were trying to ensure all consultants receive an honorary professorship with Trinity College Dublin to recognise their commitment and interest in teaching. The Team found from its meetings with management that there is a lack of communication with the School of Medicine. It was noted that there was an attempt to hold an "All Discipline Meeting" with the Head of School to give feedback, but these meetings had not taken place, mainly due to availability.

There is a lot of time invested in teaching as the hospital is trying to build interest in Paediatrics. The summer placements are always over-subscribed, but it was noted that staff are used to teaching and embed it into their day to day work.

When asked about access to the Trinity College Dublin Blackboard, the clinical staff advised that not all of them have access, but that the Trinity College Dublin tutors have full access and upload lectures on their behalf.

The Team found that there is a strong emphasis on the skills and knowledge needed when working with children and a lot of time invested in teaching students about appropriate language, professionalism and breaking bad news.

The Team heard that the clinical staff feel that, overall, students are getting great exposure to clinical and professional issues and are given increasing responsibility throughout their time in Our Lady's Children's Hospital. There were opportunities for students to scrub in for theatre, have direct patient contact, write up their own notes and get regular feedback from consultants.

On inspection of the physical facilities, the Team was taken through the Neonatal Unit and onto both ICU facilities. There is a strong emphasis on hand hygiene and the Team was impressed by

this strict protocol. They noted where teaching takes place at ward level and were impressed by the overall enthusiasm from all of the staff they met along the way.

Tallaght – Institute of Population Health & Primary Care

The Team met with the Clinical Staff and Management of the Institute of Population Health & Primary Care. The Chair introduced the Team and advised those in attendance of the purpose of the meeting. The Team appreciates the time staff took to meet with them. They also appreciate the insight into the full scope of practice at the institute, and the institute's involvement with education and training.

The Team observed an overall culture of educational focus that allows all students to learn through attachments, face to face teaching, as well as patient engagement. The staff informed the Team of the positive structure they felt was in place for students and staff alike and highlighted the Institute of Population Health and Primary Care's interest in teaching and education. There are regular department meetings to discuss overall outcomes.

There was a strong emphasis on the student's portfolio which highlights all aspects of a student's study as well as encouraging the engagement with unusual cases. Learning outcomes were reflected in delivered seminars with 2-week blocks on specific issues, totalling 8 weeks. There is also constant contact with GPs, with students taking part in education which self-motivates them to perform well. The Team was informed that 50% of all students who studied at the Institute of Population and Primary Care go on to become GPs.

The Team asked about the vacant GP Chair position and the management informed them that they were having difficulty recruiting for the role and that they felt there was a lack of a strong advocate for the vacancy.

The staff remarked on the Year 1 involvement with several healthcare charities.

The Institute of Population Health and Primary Care currently receive around 300 applications for GP postgraduate training with 180 places available as it is in high demand.

The Team asked what level of feedback is available to the students. The staff informed them that the students are able to raise issues but the process is not systematic as issues are raised when they occur and have to be followed up by the students themselves. There is a structure of support for under-achieving students.

The communication with the School of Medicine was described as fairly good and that the Institute felt no disconnect from the School of Medicine despite the geographical distance as there was good communication and high involvement with the School of Medicine. However, the current vacancy for the position of Chair of General Practice has led to poor representation and advocacy.

On inspection of the physical facilities the Team was shown large and small study rooms, as well as the examination rooms used within the practice situated on the floor below.

Overall the clinical staff spoke highly of the education process and experiences available to all students at the Institute of Population Health & Primary Care.

The Coombe Women & Infants University Hospital

The Team met with the Clinical Staff and Management of the Coombe Women & Infants University Hospital. The Chair introduced the Team and advised those in attendance of the purpose of the meeting. The Team appreciates the time staff took to meet with them. They also appreciate the insight into the full scope of practice at the hospital, and the hospital's involvement with education and training.

The Team found that the overall atmosphere within the Coombe Women & Infants University Hospital is one of positive and passionate learning as evidenced from the inter-professional and inter-personal disciplinary faculty present. This was reiterated in feedback from the students as well. There is a clear focus on student involvement through feedback from students, which can be provided anonymously online immediately after an exam. Communication between students and staff reportedly works well, with students having overall confidence in lecturers.

There is a particular focus on hands-on teaching where staff are encouraged to share knowledge, stating that they "teach each other". Programmes are individualised for students. There is also allocated time allotted for students to write up and reflect on cases. There is also a certain degree of accommodation for students who wish to take international exams. Student rotations are predetermined and randomly allocated. There are four rotations in total that allow optimal knowledge-based learning.

There is an evolutionary process to teaching and learning with the current programme being adjusted to represent the current changes to laws surrounding healthcare, such as termination of pregnancy.

The Coombe Women & Infants University Hospital has a mandatory attendance of 80% or higher with a failure rate of between 3-5%.

The senior management and clinical teachers described a good relationship with the School of Medicine. However, they do feel that they have an excellent module structure which could be shared more widely, and that more could be done between the School of Midwifery and the Coombe Women & Infants University Hospital.

The Team were guided through the excellent research facilities present on site but there was a clear lack of dedicated student space, such as a common area that was not also shared with other medical schools. There was a concern regarding the absence of Wi-Fi for staff and students which is directly detrimental to online learning and programmes, such as blackboard which staff and students have no access to on site.

St Patrick's University Hospital

The Team met with the Clinical Staff and Management of the St Patrick's University Hospital. The Chair introduced the Team and advised those in attendance of the purpose of the meeting. The Team appreciates the time staff took to meet with them.

They also recognised the insight into the full scope of practice at the hospital, and the hospital's involvement with education and training. Staff felt that it was easier to engage with students due to the smaller number of students, which allowed a more personal approach to teaching.

At St Patrick's University Hospital, the Team found that there is a strong emphasis on communication between students and staff. This is in turn used to ensure that every aspect of learning is as effective as possible. Students are given an introduction at the beginning of the academic year as well as their schedule, which is front loaded with lectures. They also receive the Student Handbook which was produced based on student feedback. The Introduction is used to discuss and explain objectives, as well as discuss the safety aspects of meeting with patients.

Attendance throughout the programme was reportedly high and any attendance issues were immediately met with concern.

The Team found evidence that the students are encouraged to meet with patients and interview them while supervised and in pairs. There is a strong patient-to-student insight. There are patient speakers from all aspects of psychiatry to give a broad range of voices for students to learn from. Staff informed the Team that students are challenged during all aspects of learning and that students often feel positively surprised. This has led to the 'best of the best' wanting to come and work within psychiatry. However, it was felt that Neurology could be brought together with clinical practice, and that the relationship with the hospital could be built upon to create a human rights-based service.

The high quality of the programme was highlighted repeatedly by staff and students alike and it was praised for its excellent execution.

It was felt all round that students were well equipped going into exams, though there were some concerns from students regarding variants in markings.

The Team was impressed with all the feedback from both staff and students regarding the programme at St Patrick's University Hospital particularly in the nurturing of the learning experience through feedback and progression.

St James' Hospital

The Team met with the Clinical Staff and Management of St James' Hospital. The Chair introduced the Team and advised those in attendance of the purpose of the meeting. The Team appreciates the time staff took to meet with them. They also appreciate the insight into the full scope of practice at the hospital, and the hospital's involvement with education and training.

The Team was advised of the Induction programme in place at St James' Hospital for students. There one full-day induction where students are given a breakdown of contact points in the hospital. There is roughly an 80% turn-out to the induction day. It was noted that there are 60 students in St James' at any one time and that there are 10-12 students at bed-side teaching which means that it can be crowded.

The Team was advised that there is a handbook specific to each rotation and the clinicians are asked to update the learning objectives within the handbooks. It was noted that there are different levels of learning objectives for Year 3 and Year 5.

There is a "Clinical Skills" training course that students are invited to participate in as it is a good way of up-skilling.

The clinical staff advised the Team of the increased responsibilities of the final year medical students, whereby they are required to take histories and feedback is given on an ongoing basis.

The Clinical Staff also advised the Team that Year 3 and Year 5 students were specifically divided to ensure that Year 5 was carefully assigned to a team and were more involved.

The Team was informed of the students' involvement in the Multi-Disciplinary Team meetings within St James' Hospital.

When asked about lectures and tutorials, the clinical staff advised of the difficulty in availability of clinicians to give specific tutorials and if a tutor doesn't show up, the students re-schedule the tutorials themselves, however, the Team was advised that the students knew who to contact if this occurred. They also advised the Team that SHOs and Registrars give tutorials to the students.

The Team was advised that, after assessments, the students are given ample opportunities to speak with the clinicians in St James' Hospital to receive individual feedback.

The majority of Consultants and some Registrars from St James' Hospital have Honorary Professorships with Trinity College Dublin, however, they felt that they do not have a say in the details of undergraduate programme development.

On inspection of the educational facilities, it was clear that there is a wide range of facilities available for student teaching throughout the campus. There is a dedicated simulation suite. The library is available for study and for access to books and academic journals.

End of report