Comhairle na nDochtúirí Leighis
Medical Council

Medical Council
Report on Accreditation Inspection of Royal College of Surgeons in Ireland, Direct Entry Programme

Date:
4th, 5th & 6th March 2019

CONTENTS OF REPORT

VISITING TEAM

1. Ms Katherine Bulbulia (Chair of the Assessor Team)
2. Dr Tom Crotty (Medical Council Member)
3. Dr Andrew Gilliland (Assessor)
4. Dr Julia Hynes (Assessor)
5. Ms Geraldine Feeney (Assessor)
6. Ms Úna O'Rourke (Director of Education, Training and Professionalism)
7. Ms Aoise O'Reilly (Accreditation Manager, Education, Training & Professionalism)
8. 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.

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B. THE DECISION OF THE MEDICAL COUNCIL IS THAT:

A. ROYAL COLLEGE OF SURGEONS IN IRELAND DIRECT ENTRY 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 AN INITIAL PERIOD OF FIVE YEARS FROM THE DATE OF APPROVAL BY THE EDUCATION AND TRAINING COMMITTEE OF THE MEDICAL COUNCIL.

B. ROYAL COLLEGE OF SURGEONS IN IRELAND 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 THE ROYAL COLLEGE OF SURGEONS IN IRELAND'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 AN INITIAL PERIOD OF FIVE YEARS FROM THE DATE OF APPROVAL BY THE EDUCATION AND TRAINING COMMITTEE OF THE MEDICAL COUNCIL.

C. PREFACE

1. Context of the visit

Royal College of Surgeons in Ireland (RCSI) delivers a five-year and six-year Direct Entry medical programme leading to the award of an MB BCh BAO. They are at undergraduate level (basic level in World Federation for Medical Education terminology).

The Medical Council Accreditation Team visited on Monday 4th, Tuesday 5th & Wednesday 6th March 2019. Its remit was to assess the programmes 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 RCSI Team, led by Professor Arnold Hill, Dean of the Medical School and Marie Louise Brennan, Senior Programme Co-Ordinator for the work involved in coordinating the visit. In addition, the Medical Council wishes to thank the staff and students who met the Team, whose feedback was most helpful in formulating this Report.

3. Documentation

Prior to the visit, the Team reviewed the *Accreditation of Existing Medical Programmes – WFME Questionnaire* and all supporting documentation, dated 15th February 2019. This questionnaire is based on the World Federation of Medical Education's '*Global Standards for Quality improvement in Medical Education, 2015 revision'*.

4. Schedule

The accreditation visit included a presentation by Professor Arnold Hill; an in-depth discussion between the Medical Council Accreditation Team and representatives of the College, along with private sessions with staff involved in delivering the programme and 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 National Maternity Hospital, Temple Street Children's University Hospital, Waterford University Hospital, Our Lady of Lourdes Hospital, Rotunda Hospital, Beaumont Hospital and Connolly Hospital. At each clinical site inspection, we also met with Managers, Clinical Teachers, students and, where available, interns who had graduated from RCSI.

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

The programme is well-designed and delivered to an impressive cohort of students who are generally very positive about their experiences. There are areas where review and revision are advised but none of the issues identified warrant conditions being placed on the approval. Areas where RCSI is commended are also highlighted.

The Team's main recommendations are that:

1. Royal College of Surgeons in Ireland's Direct Entry 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 an initial period of five years from the date of approval by Council, subject to annual monitoring and a possible re-inspection should any of the above warrant re-inspection (see Recommended Further Action below).

2. Royal College of Surgeons in Ireland 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 the RCSI'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 an initial period of five years from the date of approval by the Education and Training Committee of the Medical Council, subject to annual monitoring and a possible re-inspection should any of the above warrant re-inspection (see Recommended Further Action below).

1) Recommendations made by the Medical Council, based on the evidence provided by RCSI and the information provided by the students interviewed:

1. The Team recommend that RCSI audits the sub-internship and in the review, tailor the attachments to student career needs.

2. The Team recommend that RCSI maintains regular contact with the Medical Council to appraise them of the development of a new curriculum.

3. The Team recommend that RCSI develop systems that allow recognition for parts of the course that do not formally fall into summative assessment.
4. The Team recommend that RCSI review the current policy on assessment feedback and seek to increase the amount of feedback provided where possible.
5. The Team recommend that RCSI seek feedback from students on the structure of IC2 and IC3 and respond according to their findings.
6. The Team recommends that RCSI, in collaboration with its partner sites, review and implement the use of logbooks;
7. The Team were concerned with the use of white coats by the medical students. In the light of literature on the average cleaning frequency of such items by students/ doctors and the difficulty in keeping such items clean and hygienic, RCSI is asked to comment on the requirement for white coats to be worn with only one being provided.
8. The Team recommends that RCSI work with its partners in the National Maternity Hospital to ensure students have access to medical records.

9. Recommendations that the Medical Council makes to all medical schools:

1. RCSI 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. RCSI 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

10. The Team commends the RCSI for:

- *The Team commends the succinct and all-encompassing nature of the Mission Statement;*
- *The Team commends RCSI's global outreach of education and research;*
- *The Team commends RCSI on the strong presence of Professionalism, including Medical Ethics, throughout the programmes.*
- The wide range, accessibility and responsiveness of student support services within the college.

- The team were impressed with the general level of satisfaction expressed by the students regarding the support services.
- The Team commends the commitment and enthusiasm of the clinical and academic staff in the provision of teaching.
- The Team commends establishment of the appointment of the Chair in Health Professions Education and that of the postgraduate diploma in Health Professions education.
- The team commends RCSI for their strong investment and commitment to evidence-based research.
- The team commends RCSI on the initiative in developing education expertise through the establishment of the HPEC.
- The team commends RCSI for their formal systems for collaboration.

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)	Partial compliance (PC)	Full compliance (FC)
No compliance with required criteria	Partial compliance with required criteria	Full compliance with required criteria

The Team has identified the following levels of compliance:

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

Area 1: Mission and Outcomes

MISSION AND OUTCOMES	Level of compliance:	FC

Description of documentary evidence of compliance with this standard provided by RCSI:

1. RCSI Medical Graduate Profile 2011
2. Student Code of Conduct
3. RCSI Strategic Plan for 2018-2022
4. RCSI Strategic Plan 2013-2017
5. RCSI Medical Graduate Profile 2018
6. IEF Brochure 2018
7. RCSI Definition of Medical Professionalism
8. Mapping of Professionalism in curriculum
9. Membership of COWG

Figure 1.1 2011 RCSI Medical Graduate Profile (MGP)
Figure 1.2 The revised RCSI 2018 MGP based on the Royal College of Physicians and Surgeons of Canada Competency Framework. CanMEDS)
Figure 1.3 Two round Delphi process for RCSI 50 Clinical Competencies consensus taking process
Figure 1.4 Overview of the consultative process undertaken with internal and external stakeholders during development of the 2018 Medical Graduate Profile (MGP)

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

The RCSI has a succinct and all-encompassing Mission Statement which was developed in consultation with appropriate stakeholders. The Team found throughout the visit evidence of strong awareness and commitment to each aspect of the Mission Statement.

The Team notes RCSI's ranking in the Times Higher Education World University Rankings 2018.

The global outreach of RCSI's education and research was very much in evidence.

The Team noted RCSI's institutional autonomy through their governance structures.

The recently defined educational outcomes were clearly stated and known to the students.

The Team was impressed with the vast incorporation of Professionalism throughout the programme, it was evident from each meeting that Professionalism is embedded throughout teaching and learning.

Compliance:
The Team found that RCSI was fully complying with the basic standard.

Observation(s) & Recommendation(s)

- No recommendations made

Commendation(s)

- *The Team commends the succinct and all-encompassing nature of the Mission Statement;*

- *The Team commends RCSI's global outreach of education and research;*
- *The Team commends RCSI on the strong presence of Professionalism throughout the programmes.*

Area 2: Educational programme

EDUCATIONAL PROGRAMME	Level of compliance:	FC

Description of documentary evidence of compliance with this standard provided by RCSI:

2. Student Code of Conduct
5. RCSI Medical Graduate Profile 2018
6. IEF Brochure 2018
10. RCSI Graduation Declaration
11. ICHAMS Programme
12. Paediatric Programme outline in SC1
13. International Citizenship
14. Passport for Success Programme
15. Terms of Reference for Cycle Committees.
16. THEP reporting structure
17. SSCA Assessment Feedback form
18. Sub-I Assessment Feedback form

Figure 2.1 Early Introduction and Increasing Levels of Teaching on Clinical Sites

Table 2.1. 6 Year Programme and Module Outline
Table 2.2. Number of weeks spent on clinical attachments
Table 2.3. Module titles and associated ECTS weightings
Table 2.4. Overview of the 6 and 5 year Undergraduate Medical Degree Programmes
Table 2.5. JC1 & 2 Introduction to Clinical Practice 1 Module Outcomes
Table 2.6. JC3 Introduction to Clinical Practice 2 Module Outcomes
Table 2.7. Time commitment for SC2 students

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

RCSI clearly outlined the curriculum at the initial meeting and further details were provided at the hospital site. It was noted that the emphasis on self-directed learning was incorporated into each aspect of the curriculum.

The Team was appraised of plans for a major review of the curriculum in the coming years.

The Team found that scientific methodology and biomedical sciences were taught throughout the curriculum.

There was strong evidence from the outset and throughout the curriculum of a strong emphasis on medical ethics and medical law and these were taught in both a didactic lecture format followed through with case-based learning in small groups.

The Team found that the clinical sciences and skills were well taught and emphasised from an early stage in the curriculum and reinforced throughout.

The students praised the structure and delivery of the programme which they felt was logically sequenced and provided sufficient knowledge.

The team noted students have representation on all Cycle Committees, Academic Council, the Medicine and Health Sciences Board, and on the working groups, which are involved with curriculum developments and the Transforming Healthcare Education project (THEP).

The Team was given details of the four-week Sub-Internship that is incorporated into the final year and the students reported that the quality was variable. Substantial supports for students attempting the USMLE and career guidance through COMPASS was widely reported by students. It was also noted that the clinical staff on each of the sites were encouraging and accommodating to students who had an interest into a particular specialty and provided additional shadowing when requested.

Compliance

The Team found that RCSI was fully complying with the basic standard.

Observation(s) & Recommendation(s)

- The Team recommend that RCSI audits the sub-internship and in the review, tailor the attachments to student career needs.
- The Team recommend that RCSI maintains regular contact with the Medical Council to appraise them of the development of a new curriculum.

Commendation(s)

- No commendations made.

Area 3: Assessment of students

ASSESSMENT OF STUDENTS	Level of compliance:	PC

Description of documentary evidence of compliance with this standard provided by RCSI:

19.. RCSI Examinations and Assessment Regulations
20. Marks & Standards
21. Exceptional circumstances policy
22. Appeals Process
23. Setting and maintenance of performance standards
24. Assessment Strategy

Figure 3.1 Linkage between the medicine curriculum and assessment occurs at the level of Module (i.e. Level 4) Outcomes

Table 3.1. Assessment Methods
Table 3.2. Assessment methods/formats used in the medicine curriculum

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

The Team was provided with details of the principles, methods and practices, including blueprinting which was mapped to the learning outcomes used for assessments throughout the programme. Students were aware of the assessment methods and timetables from an early stage each year.

RCSI use a wide variety of assessment methods, including MCQs, SNQs, OSCEs and long cases.

There was adequate evidence of appropriate standard setting methods used in written and clinical assessments. There was also evidence of a detailed and appropriate appeals process in place.

The Team consistently found that students were highly exam focused to the extent that aspects of the course that were not sufficiently weighted towards the assessment were not valued by the students to the same extent.

The Team noted that students were not receiving feedback on assessments unless there was a fail or borderline mark however the Team acknowledges the difficulty in providing feedback on certain types of assessment e.g. MCQ or SBA.

Compliance

The Team found that RCSI was partially complying with the basic standard.

Observation(s) & Recommendation(s)

- The Team recommend that RCSI develop systems that allow recognition for parts of the course that do not formally fall into summative assessment.
- The Team recommend that RCSI review the current policy on assessment feedback and seeks to increase the amount of feedback provided where possible.

Commendation(s)

No commendations made.

Area 4: Students

STUDENTS	Level of compliance:	PC

Description of documentary evidence of compliance with this standard provided by RCSI:

14. Passport for Success Programme
25. Admissions Policy
26. Admissions Appeal Policy
27. Clinical Training Sites
28. Key Student Policies –Leave of Absence, Fitness to Study, Infectious Disease and General Health, Student Dignity and Respect, Withdrawal from Studies, Student Maternity, Appeals, Blood born Viruses, Alcohol Drugs and Substance misuse
29. CoMPPAS Student Assistance Programme
30. CoMPPAS professional profiles
31. RCSI Counselling Service
32. Student at Risk and Critical Incident SOP
33. Student Union Constitution
34. Student Affairs Committee
35. List of current sports clubs and societies
36. Annual student events supported by College
37. Monthly timetable for fitness studio

Figure 4.1 Overview of RCSI Centre for Mastery: Personal, Professional & Academic Success (CoMPPAS)
Figure 4.2 Overview of Student Welfare & Wellness Service
Figure 4.3 Overview of Passport for Success programme in semester 1 and semester 2
Figure 4.4 Overview of RCSI Career Readiness Programme

Table 4.1 Medical School student Intake 2017/18
Table 4.2 Overview of projected student intake numbers for next 5 years

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

The admission policy was clearly defined and published on their website. The Team was assured that appropriate adjustments were made on a case by case basis for students with disabilities or any special requirements.

The Team were happy to see there were no issues with capacity and RCSI have addressed the issues from the 2011 report.

The Team noted that all students in attendance at meetings had volunteered to attend and the numbers of students and interns in attendance at these meetings was impressive.

The Team noted the SARA and CoMPPAS programmes, Student Welfare & Wellness Service, Passport for Success programme in semester 1 and semester 2 and RCSI Career Readiness Programme.
The Team was also advised of access to counselling services on remote sites via 24hr call system and the support network for these services is extended to family members. Access to GP services was always quick and readily available for students.

The Team was impressed with the class representative system which incorporates student welfare, student's union and the proactive student network throughout the programme.

There was a wide range of societies and sporting opportunities, extra-curricular activities were encouraged and recognised in the form of awards. The emphasis on self-care was duly noted.

It was noted throughout the visit that there is an imbalance in the level of content being covered between IC2and IC3.

Students from Year One

The Team met with a number of students from Year One of the Direct Entry 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 Team asked the students how they feel their time has been so far as part of Year 1, to which they replied that they feel it has been very positive with all students responding enthusiastically to what they have been taught so far as well as what they will be taught in upcoming years.

The team asked the students about the feedback available. The students informed the Team that they had so far had a survey at the end of the previous semester and that they felt all staff were responsive to any concerns.

The students were well aware of all the support systems in place for them should they need it, including telephone lines, dedicated tutors, and counselling.

The students expressed a slight annoyance at changes made to the schedule, as well as space issues within the library due to other years present at the medical school, but overall expressed that the facilities are excellent.

The students informed the Team that they have had lectures concerning Ethics and professionalism.

The students informed the team that feedback is actively encouraged and they are able to speak to reps with any and all concerns, and that their feedback is heard. The students also informed the Team that they were very aware of all support structures and to whom to speak should a problem arise.

The students spoke highly of the excellent facilities made available to them including the gym, personal trainers, and fitness classes. There are also free GP services available to all.

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 Team asked about the Students' experience so far, and the students felt that it was an overall positive one, and were pleased with the content of lectures. The students stated that not only do they have an idea of what the standard currently is, but also what standard is required for the future.

The students informed the team that feedback is actively encouraged and they are able to speak to reps with any concerns, and that their feedback is often acted on. The students also informed the Team that they were very aware of all support structures and to whom to speak should a problem arise.

The students spoke highly of the excellent facilities made available to them including the gym, personal trainers, and fitness classes. There are also free GP services available to all.

Students from Intermediate Cycle 2 & 3

The Team met with a number of students from Intermediate Cycle 2 & 3 of the Direct Entry 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 Team asked the students how they felt their experience of Intermediate Cycle was so far, to which the students replied that it has been excellent. They spoke highly of the facilities which were indicative to good learning. The students felt that they were experiencing the highest level of learning. They particularly enjoyed working with clinicians, and the fact that their learning is experience based. They spoke of the emphasis on collaborative, and inter-disciplinary learning. Overall the students felt that they were treated as adults and not just students.

The students said that having Friday off allowed them to decompress and to combine the learning from that week, and that this was both needed and appreciated.

The Team asked if the students felt supported, to which they replied that they did. They informed the Team that the lines of communication between the students and the Medical School were always open and the Medical School is very responsive. Students accepted that the mix of student experience is "brilliant and valuable".

The students spoke highly of the numerous clubs and social activities available that they were also very flexible around a student's busy schedule.

The Team asked the students how they felt regarding their timetabling to which the students informed them that the schedule was good, and is created with the best use of time to facilitate learning. They spoke of having a lot more freedom, and although the first few weeks were tough, the schedule created helped with the transition into Intermediate Cycle 3. The students spoke highly of being able to avail of operating theatre experience.

The students said that each year felt like a direct build on the previous year, and that teaching is consistent throughout the medical school.

The Team asked the students how they felt feedback was offered and received and the students said that they are given detailed surveys at the end of each semester as well as being actively encouraged to give feedback during the semester.

The students informed the team that they were fully aware of all supports systems available to them and that they know whom to contact should they need to, and felt very comfortable doing so.

Students from Senior Cycle 1

The Team met with students from Senior Cycle 1 of the Programme at various sites throughout the visit. 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 Team notes that the Direct Entry Programme and Graduate Entry Programme merge into one at this point.

The students felt that the general experience of Senior Cycle 1 was positive and that they are actively involved in the learning process. Despite the presence of other schools when on placements the students felt that there was no competitive atmosphere. There were however, mixed views on how inclusive they felt on clinical placements, depending on the teams to which they were allocated, some students were made to feel as part of a team while others were isolated and felt somewhat in the way. In particular, the students felt that nursing and mid-wife students were prioritised on some Obstetrics and Gynaecology rotations.

The students who had done rotations in Waterford advised the Team of some negative experiences during ward rounds. The Team was advised of the absence of an RCSI tutor in one rotation and students were advised by RCSI to attend tutorials being delivered by another medical school. When the students presented themselves, they were turned away and told the tutors in question were not obliged to teach them. The students did however advise of the active Consultant led teaching also taking place in Waterford.

The Team asked the students if they were taught how to take consent before carrying out any examinations and the students confirmed that they are. They felt consent was at the forefront in every rotation. Teaching was patient centred, and they were taught how to be sensitive and respectful towards patients. Multi-cultural factors were also taught. They also informed the Team that mental health awareness is emphasised throughout their learning.

The Team asked if feedback was given on a regular basis, although they were surveyed at the end of each rotation, there was an overall lack of feedback on exams. In particular, if a student passed an exam it is not normal practice to provide feedback and it was only given to a student if he or she failed an exam. The students have raised their concerns regarding feedback with the RCSI through the student reps and are confident that changes will be made for future students.

When asked if they were aware of the pastoral supports available to them, the students were fully aware who to contact if faced with an issue. The students commended the fantastic facilities available for students with personal issues. There is a huge emphasis on the mental wellbeing of students throughout the course.

The students described how inter-social relationships are boosted through the many clubs and societies available.

The students were very happy with the facilities available to them, particularly in the campus, however, they do feel that the building is extremely busy with visitors and RCSI could review the system for allocation of seating within the library.

Overall, the students present were happy with the programme to date and were confident they would become good doctors as a result of the training being provided.

Students from Senior Cycle 2

The Team met with students from Senior Cycle 2 of the Programme at various sites throughout the visit. 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 felt that the general experience of Senior Cycle 2 was positive and that they are actively involved in the learning process. The students felt they were getting a lot more hands-on practice, including conducting their own examinations of patients under observation. The Team then asked if they were taught about taking consent from patients and all students were clearly aware of consent procedures. They described the process of obtaining separate consent from patients for them to conduct intimate examinations as well as the Team taking routine consent.

When asked if the curriculum was well delivered, the students were in agreement that the teaching scheduling was well organised and was supported by College produced and recommended textbooks, such as the 'Handbook of Clinical Medicine'. The students were asked if there were any issues with cancellation of tutorials or lectures and they advised that overall, there were no concerns with cancelled tutorials or lectures as they were few and far between and were not negatively affecting their learning.

The students said that they felt the early clinical exposure was helpful and gave them confidence to actively participate in the teams to which they were assigned in more senior years. They also told the Team that it was evident to them now how the teaching provided throughout the years at the Medical School has provided them with a strong understanding as to how to put the theoretical knowledge into practice and they commend RCSI for this. There is teaching provided for students in identifying sexual abuse and trafficking in patients and they feel confident in their ability to deal with these scenarios, should they arise.

The students informed the Team that the Medical School encourages summer electives, and had arranged an electives night for speakers to appraise the students of their options. They have also set-up an "elective clinic" for students to obtain additional information.

The Team asked the students about the teaching of Ethics and Professionalism and the students said that there were dedicated Ethics and Professionalism lectures, with case presentations, and tutorials.

When asked if feedback was routinely provided, the students said that they were a particularly active class in requesting feedback. RCSI was responsive to their requests consistently through a very approachable admin office. However, they felt there was a poor system in place for providing exam feedback. Feedback was not

generally provided for students who have passed exams and minimum feedback was provided to those who failed exams. The students have actively raised their concerns in this regard with the College and confirmed that they had seen some changes actively made based on their feedback. If changes could not be made, the students felt that they were always given an explanation as to why. Class reps were praised for their enthusiastic and active involvement in ensuring the Medical School is aware of the students concerns.

The Team asked the students how their experience in Senior Cycle 2 has been and the students spoke of their overall positive experience. They felt the Medical School offered a unique experience, and the standard of learning was very high.

Meeting with Interns who are RCSI graduates

The Team met with a small number of Interns who are RCSI Graduates at the various sites inspected. 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.

Overall the Interns met felt they could have been better prepared for going into the Intern Year. Although there was praise given to the heavy emphasis on clinical teaching in the final years, they felt there was little hands on practice allowed at an undergraduate level. Transition into the Intern Year is always going to be hard regardless of the level of preparation provided by the Medical School. The level of responsibility expected of an Intern is way above anything expected of an undergraduate student.

The Interns did commend the intern-shadowing component in the final year, however, they felt it would have been more beneficial if provided earlier in the final year. They felt they did not have the capacity to engage fully in this component as it was nearing final med exams and their focus was on studying for these.

The Interns commended RCSI's role-play style of teaching as it prepared them for the typical patient illness and they felt confident in their ability to deal with these situations when faced with them.

When asked if they would recommend RCSI to others, all Interns said yes. They felt in comparison to their peers studying medicine in other schools, they had a better and more positive experience and felt adequately trained to practise medicine.

Compliance

The Team found that RCSI was partially complying with the basic standard.

Observation(s) and Recommendation(s)

- The Team recommend that RCSI seek feedback from students on the structure of IC2 and IC3 and respond according to their findings.

Commendation(s)

- The wide range, accessibility and responsiveness of student support services within the college.
- The team were impressed with the general level of satisfaction expressed by the students regarding the support services.

Area 5: Academic staff/faculty

ACADEMIC STAFF/FACULTY	Level of compliance	FC

Description of documentary evidence of compliance with this standard provided by RCSI:

38. Lecturer post advertised in 2018
39. StAR recruitment brochure
40. Guidelines for academic promotion
41. Staff learning and development policy

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

The Team noted RCSI's staff recruitment and selection policy covers the code of practice to ensure that employees have the qualifications required to deliver the curriculum adequately. RCSI has developed a Strategic Academic Recruitment Programme (StAR) in line with the Mission and Outcomes by which 17 additional academic staff have been recruited since 2015.

The balance between teaching and research ensures that students are not disadvantaged in the teaching throughout the programme.

The RCSI has developed and funded a Postgraduate Diploma in Health Professions Education which 154 members of staff have completed to-date.

The Peer Observed Teaching Programme was developed in 2013 and 150 faculty members have completed to-date.

The increase in tutor roles on clinical sites has allowed consultants to achieve a better balance between academic and clinical duties.

The Team noted RCSI had an Athena Swan Bronze Award recognition.

Compliance
The Team found RCSI to be fully compliant with the Basic Standard.

Observation(s) and Recommendation(s)

- *No recommendations made.*

Commendations

- The Team commend the commitment and enthusiasm of the clinical and academic staff in the provision of teaching.
- The Team commend the establishment of the postgraduate diploma in Health Professions education.

Area 6: Educational Resources

EDUCATIONAL RESOURCES	Level of Compliance	FC

Description of documentary evidence of compliance with this standard provided by RCSI:

42. Composition and layout of the SSG Campus
43. New library spaces
44. Beaumont IT Usage Policy.
45. *URSG Annual Report 2017*

46. Research Summer School Report 2017
47. HPEC Publication List
48. Bologna Regulations

Table 6.1. Facilities Investment Table

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

Physical facilities:

The Team was very impressed with the new and outstanding educational facilities located at York Street which include recreational facilities, tutorial rooms, lecture theatre, communal areas, and break-out areas. Security controlled access throughout all campus facilities. It was identified that the library facilities could be revised to include more desks and chairs to accommodate students' study.

The simulation suites located on the top floor of the building were state of the art and received high praise from the students.

It was evident that RCSI has substantially invested in its educational facilities on a number of clinical sites, in particular, the new educational centre in OLOH, Beaumont hospital and University Hospital Waterford. Their design is clearly student focused. The Team were surprised to find the use of white coats by medical students with the associated infection control issues.

Clinical Training Resources:

The students are provided with a logbook at each rotation, which is used to record required training and supervision. It was unclear to the Team if they were being used to the full extent on each of the clinical training sites.

The Team was informed that students on rotation at the National Maternity Hospital were not given access to patient records which inhibited their learning.

The students highlighted the adequate numbers and patient mix. Supervision was in general excellent, tutors were particularly valuable in this regard. Absence of a tutor was associated with reduced educational benefit.

Information Technology

The Team was informed of provisions in place for laptops which are provided to every student at the beginning of programme and replaced mid-way through. The Team also noted the wide range of online access to services such as Moodle, USMLE training sites/material, up-to-date and a 24hour IT service desk.

Medical Research

There was evidence of a high volume of publications authored by the staff and the number of key research areas within which the staff are engaged. The research strategy is in line with the mission statement, the team notes that an MSc in translational medicine is currently in development.

The team notes that there are a number of groups and committees which promote research activity amongst staff and students alike.

At an early stage, the students are encouraged to participate in and develop research ideas which includes the SSC project and in addition the Research Summer School, the International Conference for Healthcare and Medical Students, RCSI Research Day, Student Medical Research Journal, etc.

Educational expertise

The team noted establishment of the Health Professions Education Centre (HPEC) as well as the new appointment of a Foundation Professor and Head of HPEC. RCSI has established a Best Evidence in Medical Education Centre, one of sixteen centres linked internationally.

The team note the process of change management introduced by RCSI to provide educational expertise in curriculum development, teaching and assessment.

Educational Exchanges

The team note that there is a strong, long standing tradition of RCSI supporting collaboration with their staff and students with regards to international exchanges including the ERASMUS programme, and Fulbright Scholarships.

Compliance

The Team found that RCSI was fully complying with the basic standard.

Observation(s) and Recommendation(s)

- The Team recommends that RCSI, in collaboration with its partner sites, review and implement the use of logbooks;
- The Team were concerned with the use of white coats by the medical students. In the light of literature on the average cleaning frequency of such items by students/ doctors and the difficulty in keeping such items clean and hygienic, RCSI is asked to comment on the requirement for white coats to be worn with only one being provided;
- The Team recommends that RCSI work with its partners in the National Maternity Hospital to ensure students have access to medical records.

Commendation(s)

- The team commend RCSI for their strong investment and commitment to evidence-based research.
- The team commend RCSI on the initiative in developing education expertise through the establishment of the HPEC.

Area 7: Programme evaluation

PROGRAMME EVALUATION	Level of compliance	FC

Description of documentary evidence of compliance with this standard provided by RCSI:

Table 7.1. RCSI Medical Curriculum Evaluation

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

The team heard there was consistent and strong evidence of continual improvements to the programme based on proactively sought student feedback: many examples of changes made based on their feedback were cited by the students.

The team noted a culture of learning with regular staff peer reviewed feedback and evaluation. The team also noted continuous evaluation of student performance in terms of professional standards and clinical skills.

There was strong oversight of student performance and progress through weekly student/faculty meetings. Student feedback and exam results are used to formulate RCSI's business plan for each academic year.

The team noted that RCSI has a rich stakeholder engagement process which spans across all medical disciplines.

Compliance

The Team found that RCSI was fully complying with the basic standard.

Observation(s) and Recommendation(s)

- No recommendations made.

Commendation(s)

- No commendations made.

Area 8: Governance and Administration

GOVERNANCE AND ADMINISTRATION	Level of compliance	FC

Description of documentary evidence of compliance with this standard provided by RCSI:

49. Committees terms of reference and membership details.
50. Advert for Undergraduate Deans Role Drogheda
51. Annual Report 2018.

Figure 8.1 RCSI schools and academic department governance
Figure 8.2 The Medical School management structure and its positioning within the overall RCSI governance structure
Figure 8.3 Overarching Reporting Structure to Medicine and Health Sciences Board
Figure 8.4 Quality Committee Reporting Structure
Figure 8.5 RCSI Personal Development Planning Leadership Competencies

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

The team met with the President and Dean of RCSI and a full exposition of the governance structure was forth coming. The team found that the overall Governance and Administration is well established and effective.

The team acknowledges the effective management and administration of the programmes at the Medical School.

The team was provided with additional information with regards to the funding model and note that the allocation budget is satisfactory

The team noted the highly satisfactory staff levels across the board with virtually all posts filled. The team was impressed with the expertise of the technicians in the Simulation Centre.

The administrative staff within RCSI and across all clinical sites received high praise from the students for their effectiveness and responsiveness.

RCSI demonstrated a robust QA/QI system.

The team noted RCSI's wide range of interaction with the Health Sector and the Government.

Compliance
The Team found that RCSI was fully complying with the basic standard.

Observation(s) and Recommendation(s)

- No recommendations made.

Commendation(s)

- The team commends RCSI for their formal systems for collaboration.

Area 9: Continuous Renewal

CONTINUOUS RENEWAL	Level of compliance	FC

Description of documentary evidence of compliance with this standard provided by RCSI:

3. RCSI Strategic Plan for 2018-2022
5. RCSI Medical Graduate Profile 2018

Figure 9.1 Overview of RCSI Strategy 2018-2022

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

The team noted that RCSI has responded to the all the recommendations made by the Medical Council in 2011 and implemented changes as necessary.

The team noted that RCSI are heavily invested in a full review of the curriculum, Transforming Healthcare Education Project (THEP).

RCSI responds to student feedback in a timely and appropriate fashion.

Compliance
The Team found that RCSI was fully complying with the basic standard.

Observation(s) and Recommendation(s)

- The Team recommend that RCSI maintains regular contact with the Medical Council to appraise them of the development of a new curriculum.

Commendation(s)

- No commendations made.

F. INSPECTION OF CLINICAL TRAINING SITES

National Maternity Hospital

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

The Clinical Director informed the team of the National Maternity Hospital's strong emphasis on learning, and that students were encouraged to become involved throughout their time at the hospital. This lead to a large number of students choosing Obstetrics and Gynaecology as a career.

Students at the National Maternity Hospital were encouraged by staff to face difficult situations in their practical learning head on and to try to work around them. The use of the online learning system Moodle allowed for clarity on positions of teaching methods and materials offered to students during lectures.

When asked how Ethics and Professionalism is integrated into the learning, the clinical staff informed the Team that Ethics is blended into all teaching, and that in week 7 there is an Ethics Workshop, in addition it was noted that case studies are utilised with facilitation by the Medical Ethics Team.

The Team inquired as to how the introduction of new legislation may impact teaching at the National Maternity Hospital to which the clinical staff responded that all teaching materials are updated to represent current legislation.

The Clinical Staff and Management empathised diverse cultures to which the students are exposed at the hospital, as well as the mix of students from other medical schools.

Overall, the Clinical Staff and Management felt that teaching is particularly valued, and that the relationship with the Medical School was very strong.

Temple Street Children's University Hospital

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

The Team were given details of the student allocation within each Team, whereby, Consultants are given five students at a time to teach. When asked if it was a manageable number, the Consultants said it was and that they were not having any difficulty in managing their groups.

When asked how the students present themselves, the clinical staff at Temple Street said they were impressed with their overall professionalism and felt they were confident and prepared to partake in the Team. Temple Street is very focused on multi-disciplinary teaching, so the students get a lot of exposure to other disciplines and in particular are expected to develop a rapport with the nursing staff in particular.

When asked about their involvement in the assessment of students, the Team was advised that the clinical tutors in Temple Street do not examine students and only very senior trainees act as examiners. The hospital is given early notice of exam timetables which helps when coordinating teaching. The Team was advised of RCSI's invested interest in the Hospital and 1-2 meetings a year a scheduled to discuss progress and any potential issues.

Like other sites, there are some honorary contracts held by the teaching staff at the hospital and the Team was advised of the benefits of having these contracts. There is extensive online training provided to honorary contract staff which also awards CPD points for completion. There are opportunities to complete a Ph.D. research project with a ½ day per week protected time allocated for project work.

The staff in the hospital evidently put a lot of work into preparing their teaching structure for students and are deeply invested in providing a high standard of training within the 7-week rotations, including providing an Ethics seminar to students, specific to Paediatrics.

The Team were brought on a facilities walk-around by several staff members in the Hospital. The hospital is well equipped with teaching and study space. The security controls within the hospital are excellent but students have no problem with gaining access. Each department, within the hospital that the Team visited, were evidently involved and enthusiastic teachers.

The Team were impressed with Temple Street Children's Hospital as a teaching facility for undergraduate medical education.

Waterford University Hospital

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

The Clinical Staff and Management at Waterford University Hospital described a sense of willingness to teach and a focus on ensuring the best possible exposure in Waterford University Hospital. The Team were informed of the peer led teaching, as well as the atmosphere of an open-door policy.

The Clinical Staff described the induction programme given to all students when commencing their rotations on site, with an intro pack given to every student. Students are supported by a Lead Tutor for every discipline with email and WhatsApp contact available.

The Team found that there was a strong emphasis on communication between the hospital and the students, with student feedback directly affecting tutorial scheduling, as well as changes to other

aspects of the students learning. Students arrive at Waterford University Hospital with learning outcomes and objectives and are constantly assessed through their clinical logbooks. The Team were told that the inter-disciplinary model is working "very well".

The Team asked about the pastoral care available to students and were informed that there was an Assistance Officer on site, and that the hospital is very sympathetic and flexible in regards to any issues that may arise, and that the hospital has a close liaison with the medical school.

Overall, the Clinical Staff and Management felt that the experience offered to students at Waterford University Hospital was positive and conducive to their overall learning.

Our Lady of Lourdes Hospital

The Team met with the Clinical Staff and Management of Our Lady of Lourdes Hospital. The Chair introduced the Team and advised those in attendance of the purpose of the meeting. The Team appreciated the time the 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 excellent relationship with the Medical School, and that there was continuous communication, with direct communication with the Dean of the Medical School, and that tutors work with close supervision from the Dean. There is also an academic meeting with the medical school every two months. When asked by the Team if the Clinical Staff at Our Lady of Lourdes Hospital have input into the new curriculum being offered to students the Clinical Staff informed the Team that they do indeed have some input.

The Clinical Staff informed the Team that all tutors along with consultants are examiners in Paediatric and Obstetrics and Gynaecology exams that take place every seven weeks. The Clinical Staff described a symbiotic relationship with other sites when organising cases for exams. There are also regular meetings and trainings offered to Obstetrics and Gynaecology examiners, in conjunction with updates on any changes.

The Clinical Staff described how there was much more emphasis on Training the Trainers, and the hospital was extremely pro-active with regards to supervisors offering on-site training.

Although additional tutorials are not available as this is seen as an unfair advantage towards students who can't attend, it is open to all students to attend extra sessions.

Overall the Clinical Staff spoke highly of the educational process and experiences available to all students at Our Lady of Lourdes Hospital.

Rotunda Hospital

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

The clinical staff and management of the Rotunda Hospital informed the Team of the structure of the curriculum offered to students during a 7 week attachment in Obstetrics and Gynaecology in SC1. The Rotunda Hospital also hosts students for a one week Neonatology attachment and IC3

students can avail of 6 week SSC research attachments. Over the 7 week attachment in Obs/Gyn during SC1 there are 42 lectures, with 6-7 lectures taking place each week. It was felt that students were offered great learning experience with including Phlebotomy. Students also complete shifts on the Labour Ward from 8am – 8pm, and 8pm – 8am, where they gain valuable patient experience.

The Team asked about the support structures in place and the Clinical Staff informed the Team that they are very confident in identifying the students who are struggling through assessments and face to face interactions, and that all issues such as mental health or disability are flagged and managed separately. All students have tutors with whom they are able to communicate regularly. The Clinical Staff also felt that although the student's time at Rotunda Hospital was quite demanding but they were very motivated and also "quick to tell you what is expected of tutors".

The Clinical Staff and Management described a healthy atmosphere where promotion is encouraged through the '3 Pillars of Promotion: Teaching, Service, and Academic Research', and that they are given guidance on promotion.

Overall the Clinical Staff spoke highly of the education process and experiences available to all students at Rotunda Hospital.

Beaumont Hospital

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

The Team observed an overall culture of educational focus that allows for students to learn through face-to-face teaching, as well as patient engagement, and a high emphasis on preparedness. Teaching at Beaumont Hospital is delivered from both Beaumont and RCSI teachers.

The Team asked the Clinical Staff about the teaching of Professionalism to which the Clinical Staff responded that Professionalism is integrated into all teaching, and was patient centred. There were learning outcomes which were an integral part of the curriculum map. They also felt that RCSI was at the forefront when it comes to teaching Professionalism. The use of OSCE stations allowed case studies and dilemmas to be taught to students so that they can manage higher concepts of Professionalism and Ethics. The layout of OSCE stations also catered to wheelchair bound and disabled students. All students are also taught the importance of how to recognise potential issues in other colleagues. The Clinical Staff believed that the importance of Ethics and Professionalism is apparent to students helped by the fact that they are assessed on it.

The Clinical Staff spoke of the encouragement offered to students to give feedback through their tutor heads or to lecturers directly and felt that there was an excellent line of communication open to all, including between the staff and the medical school.

Connolly Hospital

The Team met with the Clinical Staff and Management of Connolly Hospital. The Chair introduced the Team and advised those in attendance of the purpose of the meeting. The Team appreciated the

time the staff took to meet with them. They also appreciated the insight into the full scope of the practise at the hospital and the hospital's involvement with education and training.

The Clinical Staff advised the Team that the students at Connolly Hospital get a "good flavour" of radiology when on rotation, and that as a whole students were a pleasure to teach, and that the mixture of North American and European students was conducive to the enjoyable environment offered at Connolly Hospital. Very often, the students know each other before arriving.

The Team asked how students get hands on experience when on the sub-internship and were advised that they receive experience through patient interviews and are treated as a member of the team. This allows students to leave with practical experience, which includes the skill of phlebotomy.

The Team enquired about the level of support offered to students during their rotation at Connolly Hospital to which they were advised that there was an atmosphere at the hospital that allowed the students to feel comfortable coming forward and expressing any issues they may have which in turn allowed u to be dealt with quickly. Students which may be struggling are identified early through interactions with staff and assessments.

Clinical Staff felt that it was disappointing that international students have to move home after studying and aren't able to intern and work in Ireland due to EU visa restrictions.

The Team was impressed with all the feedback from both staff and students regarding the programme at Connolly Hospital.

End of report