Comhairle na nDochtúirí Leighis
Medical Council

Report on the Accreditation of RCSI Dublin & Programmes of Direct Entry to Medicine and Graduate Entry to Medicine

11 – 13 November 2024
13 – 14 February 2025

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The Medical Council has a statutory role in protecting the public by promoting the highest professional standards amongst doctors practising in Ireland. The Council sets the standards for medical education and training. It oversees lifelong learning and skills development throughout doctors' professional careers through its professional competence requirements. It is charged with promoting good medical practice. The Medical Council is also where the public may make a complaint against a doctor.

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Accreditation Report – Royal College of Surgeons in Ireland (RCSI) Dublin

Date of Accreditation: Monday 11 November – Wednesday 13 November 2024
Thursday 13 February – Friday 14 February 2025

Inspection Team Details

Assessor team: Mr Graham Knowles (Chair of the assessor Team & Education and Training Committee Member)
Dr Ailis Ni Riain (Medical Assessor)
Dr Drew Gilliland (Medical Assessor)
Prof Barry Lewis (Medical Assessor)
Prof Hisham Khalil (Medical Assessor)
Dr Julia Hynes (Non-Medical Assessor)

Executive support: Ms Denise Carroll – Head of Professional Development
Ms Aoise O'Reilly – Professional Development Manager (Undergraduate)
Ms Hannah McGrath – Professional Development Executive

Introduction

Context of the Visit

RCSI Dublin offers a five-year direct entry medical programme and a four-year graduate entry medical programme, both leading to the award of an MB BCh BAO. These programmes are both at undergraduate level (basic level in WFME terminology). The Medical Council assessor team held meetings with management, academic, clinical staff, and students on November 11, 12, and 13, 2024, with an additional visit on February 13 and 14, 2025.

Facility inspections and teaching observations were also conducted. The Medical Council assessor team were tasked with evaluating the programme against the World Federation of Medical Education (WFME) accreditation standards and make a recommendation to the Medical Council's Education and Training Committee with regards to both approval of the programmes and the medical school.

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 would also like to extend its gratitude to the RCSI Team, led by Professor Arnold Hill - Dean of Medical Programmes at RCSI University of Medicine and Health Sciences, Professor Gerry McElvaney - Head of the School of Medicine, and Ms. Marie-Louise Brennan - Academic Operations Manager, for their efforts in coordinating the visit. Additionally, the Council would like to thank the staff and students who met with the team, as their feedback was invaluable in formulating this report.

Documentation

Before the visit, the team reviewed the completed 'Accreditation of Existing Medical Programmes – WFME Questionnaire', along with survey responses from RCSI medical students,

academic teaching staff, and from the clinical site teaching staff. The questionnaire completed by RCSI is based on the '*World Federation of Medical Education's Global Standards for Quality Improvement: Basic Medical Education'*. Following the desktop review some additional documentation/information was requested by the team and furnished by the school.

Schedule

The accreditation visit featured a presentation by Professor Arnold Hill - Dean of Medical Programmes at RCSI University of Medicine and Health Sciences, and Professor Gerry McElvaney - Head of the School of Medicine. This was followed by an in-depth discussion between the Medical Council assessor team and university representatives, in addition to private interview sessions with students from all stages of the programme, clinical teaching staff, and academic staff.

In accordance with Section 88 (2)(f) of the Medical Practitioners Act 2007, inspections of the facilities and observations of teaching were also conducted at the RCSI Medical School; Beaumont Hospital; Connolly Hospital; the Rotunda Hospital; Children's Health Ireland at Crumlin; Our Lady of Lourdes Hospital; University Hospital Waterford; Cluain Mhuire Service; Mercer's Medical Centre; St Luke's General Hospital & Cavan General Hospital.

The Report

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

Summary of Findings and General Assessment

Conclusion and main recommendations of Medical Council

1. The Medical Council's main recommendations are that the RCSI 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's team 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 five years from the date of approval by the Education and Training Committee (see Recommended Further Action below).

2. The RCSI Medical School 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 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 a period of five years from the date of approval by the Education and Training Committee (see Recommended Further Action below).

Based on the evidence provided by RCSI Dublin, survey results, and the information provided by the staff and students interviewed it is recommended that RCSI Dublin addresses the following:

- **(B.2.5)** The School of Medicine should review the implementation of the current paediatric curriculum across clinical sites to ensure that the new curriculum will be effectively and consistently delivered. This should be completed within one year of the date of approval of the report.
- **(B.2.5)** Prescribing safely assessment (PSA) should be made mandatory going from the next academic year.
- **(B.3.1)** Review consistency and enhance communication with students regarding assessments. This should be actioned in advance of the next academic year.

Recommendations that the Medical Council makes to all medical schools.

The RCSI Dublin 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*** guidelines in Ireland before students have attachments in the specialty area of paediatrics.
- The World Health Organisation ***Patient Safety Guidelines***
- The ***National Open Disclosure Framework***
- The RCSI Dublin 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.

The Medical Council commends the RCSI Dublin for:

- The adoption and involvement of Patient Educators to support the learning of students
- The structured support provided to the students taking the USMLE was noted.
- The large number and variety of student societies is to be commended.
- The investment into student wellbeing supports and facilities across sites.
- The recent creation and filling of the post of Director of Curriculum Implementation is commended.
- The dedicated IT department staff provided excellent support that was timely and responsive to both the main campus and peripheral sites.
- The support for academic and clinical teaching staff to complete postgraduate educational higher degrees and courses is commendable. This is evident by the high staff uptake and positive feedback heard from staff.
- There were many excellent examples of continuous renewal and community outreach encountered during the accreditation visit.

Evaluation of the Programme, based on the World Federation of Medical Education's 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 Medical Council has identified the following levels of compliance:

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

	WFME Global Revision 2015 Sub-Area Compliance							
1. Mission and Outcomes	1.1	1.2	1.3	1.4				
2. Educational Programme	2.1	2.2	2.3	2.4	2.5	2.6	2.7	2.8
3. Assessment of Students	3.1	3.2						
4. Students	4.1	4.2	4.3	4.4				
5. Academic Staff/Faculty	5.1	5.2						
6. Educational Resources	6.1	6.2	6.3	6.4	6.5	6.6		
7. Programme Evaluation	7.1	7.2	7.3	7.4				
8. Governance and Administration	8.1	8.2	8.3	8.4	8.5			
9. Continuous Renewal	9.0							

Area 1: Missions and Outcomes

Overall Level of Compliance	**Fully Compliant**
Criteria	
1.1 Mission The medical school must state its mission. (B 1.1.1) make it known to its constituency and the health sector it serves. (B 1.1.2) in its mission outline the aims and the educational strategy resulting in a medical doctor - competent at a basic level. (B 1.1.3) - with an appropriate foundation for future career in any branch of medicine. (B 1.1.4) - capable of undertaking the roles of doctors as defined by the health sector. (B 1.1.5) - prepared and ready for postgraduate medical education. (B 1.1.6) - committed to life--long learning. (B 1.1.7)consider that the mission encompasses the health needs of the community, the needs of the health care delivery system and other aspects of social accountability. (B 1.1.8)	**FC**
1.2 Institutional Autonomy and Academic Freedom The medical school must have institutional autonomy to formulate and implement policies for which its faculty/academic staff and administration are responsible, especially regarding - design of the curriculum. (B 1.2.1) - use of the allocated resources necessary for implementation of the curriculum. (B 1.2.2)	**FC**
1.3 Educational Outcomes The medical school must define the intended educational outcomes that students should exhibit upon graduation in relation to - their achievements at a basic level regarding knowledge, skills, and attitudes. (B 1.3.1) - appropriate foundation for future career in any branch of medicine. (B 1.3.2) - their future roles in the health sector. (B 1.3.3) - their subsequent postgraduate training. (B 1.3.4) - their commitment to and skills in life--long learning. (B 1.3.5) - the health needs of the community, the needs of the health care delivery system and other aspects of social accountability. (B 1.3.6) - ensure appropriate student conduct with respect to fellow students, faculty members, other health care personnel, patients and their relatives. (B 1.3.7) - make the intended educational outcomes publicly known. (B 1.3.8)	**FC**
1.4 Participation in Formulation of Mission and Outcomes The medical school must ensure that its principal stakeholders participate in formulating the mission and intended educational outcomes. (B 1.4.1)	**FC**
Description of documentary evidence of compliance with this standard provided by RCSI Dublin: - WFME completed questionnaire - 9 additional documents were provided as evidence of compliance with this standard. They can be found in **Appendix 1.**	
Comments:	

The vision and the mission were clearly stated in the documentation provided by RCSI. There was a good understanding of the mission by the staff and students. The RCSI logo and mission statement is clearly displayed and visible in multiple clinical and learning environments. The strength of the vision and mission statement were clearly articulated by the CEO of RCSI in his opening address. RCSI as a University of Health Sciences enjoys academic and financial autonomy, without the constraints of being part of a large tertiary education institution. The WFME completed questionnaire describes the engagement of a range of relevant stakeholders in formulating the outcomes.
Recommendations: ▪ No recommendations were made by the assessor team.
Commendations: ▪ No commendations made were made by the assessor team.

Area 2: Educational Programme

Overall Level of Compliance	**Partially Compliant**
Criteria	
2.1 Framework of the Programme The medical school must - define the overall curriculum. (B 2.1.1) - use a curriculum and instructional/learning methods that stimulate, prepare and support students to take responsibility for their learning process. (B 2.1.2) - ensure that the curriculum is delivered in accordance with principles of equality. (B 2.1.3)	**FC**
2.2 Scientific Method The medical school must throughout the curriculum teach - the principles of scientific method, including analytical and critical thinking. (B 2.2.1) - medical research methods. (B 2.2.2) - evidence-based medicine. (B 2.2.3)	**FC**
2.3 Basic Biomedical Sciences The medical school must in the curriculum identify and incorporate the contributions of the basic biomedical sciences to create understanding of - scientific knowledge fundamental to acquiring and applying clinical science. (B 2.3.1 - concepts and methods fundamental to acquiring and applying clinical science. (B 2.3.2)	**FC**
2.4 Behavioural and Social Sciences, Medical Ethics and Jurisprudence The medical school must in the curriculum identify and incorporate the contributions of the: - behavioural sciences. (B 2.4.1) - social sciences. (B 2.4.2) - medical ethics. (B 2.4.3) - medical jurisprudence. (B 2.4.4)	**FC**

2.5 Clinical Sciences and Skills In the curriculum identify and incorporate the contributions of the clinical sciences to ensure that students - acquire sufficient knowledge and clinical and professional skills to assume appropriate responsibility after graduation. (B 2.5.1) - spend a reasonable part of the programme in planned contact with patients in relevant clinical settings. (B 2.5.2) experience health promotion and preventive medicine. (B 2.5.3) - specify the amount of time spent in training in major clinical disciplines. (B 2.5.4) - organise clinical training with appropriate attention to patient safety. (B 2.5.5)	**PC**
2.6 Programme Structure, Composition and Durations The medical school must describe the content, extent and sequencing of courses and other curricular elements to ensure appropriate coordination between basic biomedical, behavioural and social and clinical subjects. (B 2.6.1).	**FC**
2.7 Programme Management - The medical school must have a curriculum committee, which under the governance of the academic leadership (the dean) has the responsibility and authority for planning and implementing the curriculum to secure its intended educational outcomes. (B 2.7.1) - in its curriculum committee ensure representation of staff and students. (B 2.7.2)	**FC**
2.8 Linkage with Medical Practice and the Health Sector The medical school must ensure operational linkage between the educational programme and the subsequent stages of education or practice after graduation. (B 2.8.1).	**FC**
Description of documentary evidence of compliance with this standard provided by RCSI Dublin: - WFME completed questionnaire - 16 additional documents were provided as evidence of compliance with this standard. They can be found in **Appendix 2**.	
Comments: RCSI has two medical programmes – a Direct Entry to Medicine (DEM) programme (+/- a foundation year) and a Graduate Entry to Medicine (GEM) programme. In the academic year 2022/2023, a new curriculum was introduced and has been implemented for DEM Years 1, 2 and 3 and GEM Years 1 & 2 to date. A legacy curriculum is currently in place for Years 4 and 5 of the DEM programme and Years 3 & 4 of the GEM programme. It was evident throughout the visit that areas in the legacy curriculum that are being delivered effectively include general medicine, general surgery, obstetrics and gynaecology, psychiatry and general practice. The new curriculum introduced in 2022/2023 focuses on three pillars of vertical learning including knowledge, skills and personal and professional identity (Head, Hands and Heart) which is underpinned by a clear focus on early patient contact. The framework is centred around case-based learning (CBL). Opportunities for interprofessional learning were described.	

Whilst current facilities are of a high standard in comparative terms, the School of Medicine have plans in place for further enhancement with regard to accessibility.

The new curriculum in its early years places emphasis on multi-modality large and small group learning and teaching. There has been an introduction of case-based learning that underpins foundational knowledge with key clinical knowledge.

The pedagogical principles of the anatomy component of the legacy curriculum continues to be delivered in the new curriculum.

2.5 Clinical Sciences and Skills

This sub-standard was deemed to be partially compliant. Concerns were heard regarding the organisation and delivery of the paediatric component. Students reported a perceived deficiency in the number of tutor led teaching sessions (tutorials) across sites and an overdependency on student led tutorials in a variety of topics in paediatrics. This is at odds with the Medical Schools clearly articulated emphasis on tutor led sessions. Variability in the clinical teaching with "real" patients was also described by students. There was description of online learning material which may not reflect current practice.

The medical school reported that student feedback, both good and bad, is a critical resource for the Paediatric department, and is reviewed it in real time after each rotation. Positive and negative comments are forwarded as appropriate to colleagues. They also reported that the changes made to the delivery of the paediatric curriculum have largely originated in response to student feedback. During the accreditation process, finding on the delivery of the legacy curriculum in years 4 and 5 has shown areas that should be prioritised for review by the School of Medicine before students on the new curriculum move into those placements.

Recommendations:

- **(B.2.5)** The School of Medicine should review the implementation of the current paediatric curriculum across clinical sites to ensure that the new curriculum will be effectively and consistently delivered. This should be completed within 12 months of the date of approval of the report.
- **(B.2.5)** Prescribing safely assessment (PSA) should be made mandatory going from the next academic year.

Commendations:

- The adoption and involvement of Patient Educators to support the learning of students was commendable.
- The structured support provided to the students taking the USMLE was noted.

Area 3: Assessment of Students

Overall Level of Compliance	**Partially Complaint**
Criteria	
3.1 Assessment Methods The medical school must - define, state and publish the principles, methods and practices used for assessment of its students, including the criteria for setting pass marks, grade boundaries and number of allowed retakes. (B 3.1.1) - ensure that assessments cover knowledge, skills and attitudes. (B 3.1.2)	**PC**

- use a wide range of assessment methods and formats according to their "assessment utility". (B 3.1.3) - ensure that methods and results of assessments avoid conflicts of interest. (B 3.1.4) - ensure that assessments are open to scrutiny by external expertise. (B 3.1.5) - use a system of appeal of assessment results. (B 3.1.6)	
3.2 Relation between Assessment and Learning The medical school must use assessment principles, methods and practices that - are clearly compatible with intended educational outcomes and instructional methods. (B 3.2.1) - ensure that the intended educational outcomes are met by the students. (B 3.2.2) - promote student learning. (B 3.2.3) - provide an appropriate balance of formative and summative assessment to guide both learning and decisions about academic progress. (B 3.2.4)	**FC**
Description of documentary evidence of compliance with this standard provided by RCSI Dublin: - WFME completed questionnaire - 15 additional documents were provided as evidence of compliance with this standard. They can be found in **Appendix 3**.	
Comments: There has been no change in the assessment strategy for the legacy curriculum. Students in SC1 and SC2 have had opportunities for formative assessments and feedback on their performance in various clinical environments. Students reported that they were able to present patient cases during their clinical placements and receive feedback, which would be beneficial for their long case in the final examinations. Additionally, SC2 students at some sites were connected with interns to help them access patients with clinical conditions relevant to their final assessments. In the 2023/2024 academic year, "new" long-case patient assessments were introduced for Year 4 students. However, some students felt they did not receive adequate orientation for this form of assessment. The new curriculum features a revised assessment strategy focusing on three pillars: knowledge (progress tests, knowledge checks, and oral exams), skills (OSCEs), and personal & professional identity (portfolios). This includes the introduction of programmatic assessment with frequent assessments and rapid remediation, as well as the implementation of a Grade Point Average (GPA) to support student progression. Students responded positively to the concept of frequent assessments rather than a single high-stakes exam at the end of the academic year. However, some students expressed concerns that errors in answers could disproportionately affect their grades due to the limited number of questions in the knowledge checks. There were reports of inconsistencies in the implementation of the oral exams at the end of Years 1 and 2. Students noted that there was only one examiner present for the oral exams, and some examiners asked follow-up questions whilst others did not. This led to a perception among some students that the oral exams were not standardized and varied in difficulty depending on the examiner. The school's initial presentation during the visit indicated that all such assessments should	

have two examiners. Students expressed concerns regarding the inconsistency and potential perverse incentives inherent in peer assessment of Case Based Learning. In Year 1, case-based learning includes facilitator assessments of individual contributions. In Year 2, these assessments are conducted by peers. Although there is a guidance document on how to mark, some students expressed reluctance to use the marking process.
Recommendations: ▪ **(B.3.1)** Review consistency and enhance communication with students regarding assessments. This should be actioned in advance of the next academic year.
Commendations: ▪ No commendations made.

Area 4: Students

Overall Level of Compliance	**Fully Complaint**
Criteria	
4.1 Admission Policy and Selection The medical school must - formulate and implement an admission policy based on principles of objectivity, including a clear statement on the process of selection of students. (B 4.1.1) - have a policy and implement a practice for admission of disabled students. (B 4.1.2) - have a policy and implement a practice for transfer of students from other national or international programmes and institutions. (B 4.1.3)	**FC**
4.2 Student Intake The medical school must define the size of student intake and relate it to its capacity at all stages of the programme. (B 4.2.1)	**FC**
4.3 Student Counselling and Support The medical school and/or the university must - have a system for academic counselling of its student population. (B 4.3.1) - offer a programme of student support, addressing social, financial and personal needs. (B 4.3.2) - allocate resources for student support. (B 4.3.3) - ensure confidentiality in relation to counselling and support. (B 4.3.4)	**FC**
4.4 Student Representation The medical school must formulate and implement a policy on student representation and appropriate participation in - mission statement. (B 4.4.1) - design of the programme. (B 4.4.2) - management of the programme. (B 4.4.3) - evaluation of the programme. (B 4.4.4) - other matters relevant to students. (B 4.4.5)	**FC**
Description of documentary evidence of compliance with this standard provided by RCSI Dublin: - -WFME completed questionnaire - 10 additional documents were provided as evidence of compliance with this standard. They can be found in **Appendix 4.**	

Comments:
During the meeting with management, it was noted that the current RCSI student intake is ~~operating~~ at full capacity for its existing clinical training sites. This was confirmed by several clinical training sites. However, management and clinical tutors at University Hospital Waterford indicated that they could accommodate additional students, provided there is an increase in the number of academic tutor appointment. University Hospital Waterford would also benefit from an expanded capacity through the modernization of the current medical education center on a joint basis between the HSE, RCSI, and UCC.

The GP clinic in Mercer provides healthcare services to RCSI medical students and hosts student learners on clinical placements. To address this, students are informed of the situation when registering with the practice and the practice informs all students booking GP appointments for health purposes about the presence of student learners and specifically asks if they consent to having student learners in their consultations. Additionally, medical students on placement do not have access to electronic patient records while at the practice.

The CoMPPAS and SARA services are accessible and responsive to students both on the main campus and at clinical training sites. Students have reported positive experiences with these services. It was noted the service was shortlisted in the 'Outstanding Support for Students' category, in 2021'. The imminent introduction of Spectrum Life 24 should further enhance student support.

Observations:

- The School should consider alerting all medical students upon enrolment that there will be fellow medical students on placement in the Mercer Clinic.
- The valuable service provided by the Mercer Clinic, both in terms of educational placement and as a provider of health care services for students is acknowledged. Unfortunately, however learning is inhibited through the practice limiting access to clinical records. It is suggested that this be reviewed with a view to enhancing the student learning experience whilst preserving patient confidentiality.

Recommendations:

- No recommendations were made for this standard.

Commendations:

- The large number and variety of student societies is to be commended.
- The investment into student wellbeing supports and facilities across sites.

Area 5: Academic Staff/Faculty

Overall Level of Compliance	**Fully Compliant**
Criteria	
5.1 Recruitment and Selection Policy - The medical school must formulate and implement a staff recruitment and selection policy which outline the type, responsibilities and balance of the academic staff/faculty of the basic biomedical sciences, the behavioural and social sciences and the clinical sciences required to deliver the curriculum adequately, including the balance between medical and non--medical academic staff, the balance between full-time and part-time academic staff, and the balance between academic and non--academic staff. (B 5.1.1) - address criteria for scientific, educational and clinical merit, including the balance between teaching, research and service functions. (B 5.1.2)	**FC**

- specify and monitor the responsibilities of its academic staff/faculty of the basic biomedical sciences, the behavioural and social sciences and the clinical sciences. (B 5.1.3)	
5.2 Staff Activity and Staff Development The medical school must formulate and implement a staff activity and development policy which - allow a balance of capacity between teaching, research and service functions. (B 5.2.1) - ensure recognition of meritorious academic activities, with appropriate emphasis on teaching, research and service qualifications. (B 5.2.2) - ensure that clinical service functions and research are used in teaching and learning. (B 5.2.3) - ensure sufficient knowledge by individual staff members of the total curriculum. (B 5.2.4) - include teacher training, development, support and appraisal. (B 5.2.5)	**FC**
Description of documentary evidence of compliance with this standard provided by RCSI Dublin: - WFME completed the questionnaire. - 24 additional documents were provided as evidence of compliance with this standard. They can be found in **Appendix 5**.	
Comments: This area is fully compliant with the basic standard. There is a concurrent recruitment and selection policy in place, with comprehensive supporting protocols and guidelines.	
Recommendations: ▪ No recommendations made for this standard.	
Commendations: ▪ **(B.5.1)** The recent creation and filling of the post of Director of Curriculum Implementation is commended.	

Area 6: Educational Resources

Overall Level of Compliance	**Fully Compliant**
Criteria	
6.1 Physical Facilities The medical school must - have sufficient physical facilities for staff and students to ensure that the curriculum can be delivered adequately. (B 6.1.1) - ensure a learning environment, which is safe for staff, students, patients and their relatives. (B 6.1.2)	**FC**
6.2 Clinical Training Resources The medical school must ensure necessary resources for giving the students adequate clinical experience, including sufficient - number and categories of patients. (B 6.2.1) - clinical training facilities. (B 6.2.2) - supervision of their clinical practice. (B 6.2.3)	**FC**

6.3 Information Technology The medical school must formulate and implement a policy which addresses effective and ethical use and evaluation of appropriate information and communication technology. (B 6.3.1) and ensure access to web--based or other electronic media. (B 6.3.2.)	**FC**
6.4 Medical Research and Scholarship The medical school must - use medical research and scholarship as a basis for the educational curriculum. (B 6.4.1) - formulate and implement a policy that fosters the relationship between medical research and education. (B 6.4.2) - describe the research facilities and priorities at the institution. (B 6.4.3)	**FC**
6.5 Educational Expertise The medical school must - have access to educational expertise where required. (B 6.5.1) - formulate and implement a policy on the use of educational expertise in • curriculum development. (B 6.5.2) • development of teaching and assessment methods. (B 6.5.3)	**FC**
6.6 Education Exchanges The medical school must formulate and implement a policy for - national and international collaboration with other educational institutions, including staff and student mobility. (B 6.6.1) - transfer of educational credits. (B 6.6.2)	**FC**

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

- WFME completed questionnaire
- 9 additional documents were provided as evidence of compliance with this standard. They can be found in **Appendix 6**.

Comments:

6.1 Physical Facilities

It was clear to the team that there has been differential infrastructure investment in learning facilities across clinical sites, with some noticeably more recent and modern than others. We also recognise that on some sites where investment may be required there may be complex partnership arrangements involving both the HSE and other medical schools.

6.2 Clinical Training Resources

It was noted that over recent years, there has been the development of a number of simulation centres that offer training opportunities across multiple sites.

6.3 Information Technology

The move to Kaizen and Practique as online platforms has been positively received by staff and students.

6.3 Medical Research and Scholarship

The students are actively encouraged to undertake research as part of their programme. It was evident that there is ample information and opportunities staff to undertake medical research and to incorporate into their teaching. There are a number of tutors undertaking PhDs and MDs with funding opportunities attached to across both clinal and educational areas.

6.4 Educational Expertise
No further observations made.

6.5 Education Exchanges
No further observations made.

Recommendations:
- No recommendations made.

Commendations:
- The dedicated IT department staff provided excellent support that was timely and responsive to both the main campus and peripheral sites.
- The support for academic and clinical teaching staff to complete postgraduate educational higher degrees and courses is commendable. This is evident by the high staff uptake and positive feedback heard from staff.

Area 7: Programme Evaluation

Overall Level of Compliance	**Partially Compliant**
Criteria	
7.1 Mechanisms for Programme Monitoring and Evaluation The medical school must have a programme of routine curriculum monitoring of processes and outcomes. (B 7.1.1). Establish and apply a mechanism for programme evaluation that - addresses the curriculum and its main components. (B 7.1.2) - addresses student progress. (B 7.1.3) - identifies and addresses concerns. (B 7.1.4) - ensure that relevant results of evaluation influence the curriculum. (B 7.1.5)	**FC**
7.2 Teacher and Student Feedback The medical school must systematically seek, analyse and respond to teacher and student feedback. (B 7.2.1)	**FC**
7.3 Performance of Students and Graduates The medical school must analyse performance of cohorts of students and graduates in relation to - mission and intended educational outcomes. (B 7.3.1) - curriculum. (B 7.3.2) - provision of resources. (B 7.3.3)	**FC**
7.4 Involvement of Stakeholders The medical school must in its programme monitoring and evaluation activities involve its principal stakeholders. (B 7.4.1)	**FC**
Description of documentary evidence of compliance with this standard provided by RCSI Dublin: - WFME completed questionnaire - 13 additional documents were provided as evidence of compliance with this standard. They can be found in **Appendix 7**.	
Comments: **7.1 Mechanisms for Programme Monitoring and Evaluation** The programme evaluation is clearly described and employs a variety of methods. Small group learning is a focus of ongoing evaluation and research, with several PhD research projects dedicated to this area.	

7.2 Teacher and Student Feedback Feedback from both teachers and students is systematically collected regarding learning and assessment. **7.3 Performance of Students and Graduates** Student performance is monitored using the Kaizen database. The School of Medicine analyses and publishes data on progression and attrition rates. **7.4 Involvement of Stakeholders** The School of Medicine has recruited external examiners with expertise in programmatic assessment. However, the Manchester Clinical Placement Index (MCPI) is not being utilized at all clinical sites.
Recommendations: ▪ No recommendations made.
Commendations: ▪ No commendations made

Area 8: Governance and Administration

Overall Level of Compliance	**Fully Compliant**
Criteria	
8.1 Governance The medical school must define its governance structures and functions including their relationships within the university. (B 8.1.1)	**FC**
8.2 Academic Leadership The medical school must describe the responsibilities of its academic leadership for definition and management of the medical educational programme. (B 8.2.1)	**FC**
8.3 Educational Budget and Resource Allocation The medical school must - have a clear line of responsibility and authority for resourcing the curriculum, including a dedicated educational budget. (B 8.3.1) - allocate the resources necessary for the implementation of the curriculum and distribute the educational resources in relation to educational needs. (B 8.3.2)	**FC**
8.4 Administration and Management The medical school must have an administrative and professional staff that is appropriate to - support implementation of its educational programme and related activities. (B 8.4.1) - ensure good management and resource deployment. (B 8.4.2)	**FC**
8.5 Interaction with Health Sector The medical school must have constructive interaction with the health and health related sectors of society and government. (B 8.5.1).	**FC**
Description of documentary evidence of compliance with this standard provided by RCSI Dublin: - WFME completed questionnaire - 24 additional documents were provided as evidence of compliance with this standard. They can be found in **Appendix 8**.	
Comments: During the initial meeting with management, it was confirmed that Memoranda of Understanding (MOUs) are in place with all clinical training sites and were subject to annual reviews. Evidence of these	

agreements were found at some smaller clinical sites. However, for the larger sites, no current MOUs had been in place for several years. The governance structures within the School of Medicine were clearly demonstrated in their submission and were confirmed during meetings with faculty.
Observations: ▪ Medical school should ascertain the current status of MOUs across all clinical sites and develop a common core MOU for adoption across all sites with local (agreed) adaptation to reflect specific circumstances
Recommendations: ▪ No recommendations were made for this standard.
Commendations: ▪ No commendations were made by the assessor team.

Area 9: Continuous Renewal

Overall Level of Compliance	**Fully Compliant**
Criteria	
The medical school must as a dynamic and socially accountable institution - initiate procedures for regularly reviewing and updating the process, structure, content, outcomes/competencies, assessment and learning environment of the programme (B 9.0.1). - rectify documented deficiencies (B 9.0.2). - allocate resources for continuous renewal (B 9.0.3).	**FC**
Description of documentary evidence of compliance with this standard provided by RCSI Dublin: - WFME completed questionnaire - 16 additional document was provided as evidence of compliance with this standard. They can be found in **Appendix 9.**	
Comments: It was evident that there is continuous evaluation of the process, structure, content, outcomes / competencies, assessment and learning environment of the programmes.	
Recommendations: ▪ No recommendations were made for this standard.	
Commendations: ▪ There were many excellent examples of continuous renewal and community outreach encountered during the accreditation visit.	

Clinical Training Sites – Summary Following Accreditation Visit

RCSI Dublin Campus

The team met with the management, academic staff, and students of the School of Medicine at RCSI and appreciated the time taken by staff and students to meet with them. They also greatly valued the presentation by Professor Arnold Hill and Professor Gerry McElvaney, which provided insight into the full scope of education at the School of Medicine and its governance structures.

RCSI Dublin - Facilities

The team was highly impressed with the new and outstanding educational facilities at York Street, which include recreational amenities, a new gym, tutorial rooms, a lecture theatre, communal areas, and break-out spaces. Security-controlled access is maintained throughout all campus facilities. The library offers silent study zones and collaboration spaces and remains open until 11 pm. The state-of-the-art simulation suites on the top floor received high praise from students.

The team was also shown a sensory room for neurodivergent students, which is set to open imminently. This impressive space will greatly benefit neurodiverse students. The sensory room provides a calming environment, offering respite from overwhelming stimuli and promoting relaxation. It includes soft rest areas, soft LED lights, bean bags, and vibration pads.

RCSI Dublin - Student Representatives

The Team met with Student Representatives from the RCSI School of Medicine. They were assured of confidentiality and advised of the Medical Council's role.

The personal tutors are good and very approachable. Only one meeting between the students and personal tutors had occurred to date, but it was only a few weeks into the term.

The student representatives described a lack of study spaces on campus and a difficulty in getting lockers. Student feedback is sought through detailed feedback forms. There are no IT problems. The IT department are very efficient and supportive.

The OSCEs in Med 1 is very beneficial. The progress exam and the knowledge exam are unfairly weighted. The progress exams are worth 16 credits while the knowledge exams are worth 1 credit. Progress tests are useful for preparing for undertaking the USMLE, as students are always studying. They also help students feel more prepared for clinical placements as the information is easier to remember and they are more confident.

Students who fail exams receive very in-depth feedback.

The real time information on Kaizen is great and helps the students in goal setting and motivation.

Online lectures are made available at the end of the week. No lectures are recorded in Year 1 due to high failure rare in previous years and to increase attendance rates at in-person lectures.

An interprofessional learning experience takes places with the pharmacy students. This went well.

RCSI Dublin - Year 1 DEM Students

The team met with student representatives from the year 1 direct entry programme, assuring them of confidentiality and explaining the Medical Council's role.

When asked about the allocations of personal tutors, all students confirmed they were assigned one and had 2 formal meetings scheduled per year and were also advised that additional meetings could be held should they need them. Students spoke positively of the personal tutor system.

Student representatives highlighted a lack of study spaces on campus and difficulties in obtaining lockers. Student feedback is collected through detailed forms. There were no reported IT problems, and the IT department was praised for being efficient and supportive.

There was a perception that UCD medical students received priority at Holles Street, but this was likely a scheduling issue that lasted only two days.

The OSCEs in Med 1 were found to be very beneficial. However, the progress exams and knowledge exams were perceived as unfairly weighted, with progress exams worth 16 credits and knowledge exams worth only 1 credit. Progress tests were seen as useful for preparing for the USMLE, as they encourage continuous studying. They also help students feel more prepared for clinical placements, making information easier to remember and boosting confidence.

Students who fail exams receive very detailed feedback. Real-time information on Kaizen was appreciated for helping students with goal setting and motivation. Online lectures are made available at the end of the week. No lectures are recorded in Year 1 in order to to increase attendance at in-person lectures. An interprofessional learning experience takes place in Year 2 with pharmacy students, which was reported to have gone well.

RCSI Dublin - Year 2 DEM Students

A meeting with a number of year 2 Students from the RCSI's direct entry programme was held. They were assured of confidentiality and advised of the Medical Council's role.

When asked if the personal tutor system was working well, the students all confirmed they have a personal tutor and have 1-2 meetings scheduled with them each year. They also said that the tutors were available to them if they needed more meetings and they were very approachable.

The students also mentioned that RCSI is very receptive to feedback, changes to the delivery of the course were made for year two.

International students were asked about the level of support provided to them for both careers guidance and USMLE preparation. While the students planning on going back to North America were very positive about the level of support provided to them by RCSI, the students planning on going to the Middle East and South-East Asia said they given little or no support or advice on how to return after graduation. Given the large numbers of students from these areas, they would welcome some guidance from RCSI on prospects other than America/North America. They also asked that consideration be given to those who need a 5-year GPA if returning to the Middle East.

RCSI Dublin - Year 1GEM Students

A meeting with a number of year 1 Students from the RCSI's graduate entry programme was held. They were assured of confidentiality and advised of the Medical Council's role.

The students are enjoying the programme so far. It is very busy, fair, and student-oriented, with assessments regularly dispersed. The ability to enter clinical settings so quickly was very much welcomed. Students described being thrown in at the deep end but felt this was beneficial and that they were well prepared. Each student has a personal academic tutor.

There is a heavy workload in semester two, making it challenging to balance time. Some lectures are perceived as "fillers" with unclear benefits. The course is varied, and some days can be challenging. Recorded lectures are helpful, though some content is abstract. Working in clinics is beneficial, as students can see the real-world application of their learning. Interdisciplinary learning also takes place.

Students know they can approach their year coordinator with issues, who will direct them appropriately. There is very good support for wellbeing and mental health, and good opportunities to join societies and clubs. Learning support for those with additional needs are available, but reasonable accommodation is not always implemented efficiently. Some examiners lack understanding of reasonable accommodation, though some lecturers are more understanding. Students feel that reasonable accommodation needs improvement.

The lack of loans for the GEM programme is an issue. Students would like flexible payment options. As this is an undergraduate degree, Student Universal Support Ireland (SUSI) grants are not available to Irish and EU students, as eligibility requires undertaking a degree leading to a higher qualification than any already held. Students would like this barrier addressed and other funding options to be explored for the GEM programme.

RCSI Dublin - Year 2 GEM Students

A meeting with a number of year 2 Students from the RCSI's graduate entry programme was held. They were assured of confidentiality and advised of the Medical Council's role.

Students are finding Year 2 to be stressful due to the extensive content. Content is delivered in various formats, which students find helpful. Tutorials are more applicable and less "tick box" than in Year 1, though standardization across tutorials and tutors is needed due to variance in length and quality of tutorials. Tutorials are graded, but the grading is inconsistent, and students would like more transparency. Requests to remove the cohort average from Kaizen were denied.

The exams are very fair. The students appreciate that they have three days of study time before exams. However, feedback following exams is often quite late. Better access to study space is needed at peripheral sites. Students would like slides to be available online before lectures.

There are amazing wellbeing resources available. The learning space is quite competitive. Financial aid and counselling are available. The GP service is highly regarded by students, as is the student mentor programme for first years.

Exams are considered fair, and students appreciate having three days of study time. However, feedback following exams is often delayed. Better access to study space is needed at peripheral sites, and students would like slides to be available online before lectures.

RCSI Dublin - Interns

The Team met with interns from the RCSI School of Medicine. They were assured of confidentiality and advised of the Medical Council's role.

The interns felt well-prepared for their intern year, finding the clinical placements highly valuable. The sub-internship was particularly beneficial, allowing them to "pretend" to be interns and understand the administrative demands of an intern's workload. Interns described great support for students undertaking the USMLE, with numerous resources available. Students must sit a diagnostic test before taking the USMLE to ensure they are ready for the exam.

RCSI does not have a good reputation at Connolly Hospital regarding student attendance. Students seem to prioritise study and feel overlooked at Connolly Hospital. While students would not report classmates for non-attendance at clinical sites, they are confident that consultants would address attendance issues.

Interns found the RCSI campus generally had sufficient space and good library facilities, though finding space to practice clinical skills was challenging. The interns would like more opportunities to practice clinical skills.

During their time at RCSI, interns knew where to go for support if they had any issues. There are good support systems in place, including free counselling and academic breaks. It was noted that some students did not have any peripheral rotations, while others had such rotations.

Students described the TOSBA exam as a great opportunity for bedside teaching but as an exam it was of limited value due to its 'random nature' and seemingly putting 'the cart before the horse' examining at this point.

Observation of Teaching

Session: Case Based Learning – Large Group Activity.
Assessor & Executive Observing Teaching: Prof Barry Lewis & Ms Denise Carroll.

Format of Teaching

The session observed was a Case-Based Master Class delivered by one Professor to a class of approximately 100 students. An 'actor' patient was seated at the top of the class with a student playing the role of the doctor, taking the patients history. The student role was rotated at various stages throughout the session to give other students the experience of taking the lead as the doctor and taking the patients history.
The space was appropriate for delivery in terms of the lay out to meet the attending class size. There was a large screen placed behind the patient and student to facilitate visuals of the patent doctor role play activity to the wider class, particularly beneficial to those seated at the back of the class.

The session was delivered in modern, large classroom with appropriate lighting and ventilation. A microphone was used to facilitate the audio levels of the Professor asking questions. Some of the student responses were difficult to hear. A roaming microphone would have been beneficial to sufficiently hear the students' responses / wider classes learning experience.

The ratio of students to tutors was particularly large, approximately 100 students :1 tutor; but given the nature of the session 'Master Class' and the supporting visual aids' the session was manageable.

Quality of Facilitation & Student Engagement

The Professor seemed well versed in the delivery style with a large number of students in attendance and at ease and prepared for the delivery of the session.

Given the early stage of the students (GEM Year 1), some students seemed a bit uneasy when asked to take the role of the doctor in the role play activity. Starting the session with clear aims and objectives may help prepare the students more for what to expect in the session and offer a level of reassurance (e.g., not expected to know everything). The teaching approach was open and encouraging with various areas of the room addressed for the Q&A throughout the session.

A good opportunity for using 'reframing of language' was observed e.g., when introducing oneself, say 'student doctor', and not 'first year medical student' etc. The Professor used the opportunity to bring in the importance of the 'Human Skills' when practising as a doctor and how students communicate to students is something patients never forget., e.g. breaking bad news of a cancer diagnosis, and the importance of how this news is delivered.

Overall Observations based on the Session Observed

If intended learning outcomes (ILO's) were presented it was prior to the observers' arrival. ILOs were not displayed.

Changing the student interviewer at each stop increased the pressure on students without encouraging skill development.

The clinical condition was a common but complex presentation with a potential for severe morbidity. The observed session was an introduction to a Case Based Learning small group meetings and, as such, was being used to 'set the scene'. It was not clear how the areas the small groups were to consider was to be divided between clinical and pathology knowledge, therapeutic interventions and clinical history taking and consultation – each area would benefit from careful facilitation and guidance towards further learning.

The session given the size of learners to facilitators worked well overall. Consideration's to be given to audio levels in a large room for Q&A sessions in particular and managing learners' expectations before commencing a session.

There was a good use of Q&A used throughout to identify the correct order of taking a patient's history and to extract the wider students' insights into the cause for the patient's condition. Reference was also made to other exploratory questions doctors can ask patients to extract relevant insight needed to make an informed decision/treatment management plan. The Professor also offered good practical experience and tips e.g., the 'respectful' way of summarising a patient's history to another professional to show you know them (by name, length time in profession etc).

Enhancing the patient centred experience with a key emphasis placed on not what to say but the importance of how doctors communicate with patients and the impact this can have on patients. Mixing the academic with real life clinical experience and tips to enhance patient engagement and experience was good insight offered to the students at the start of their medical learning journey.

Beaumont Hospital

The Team met with the Clinical Staff and Management of Beaumont Hospital and appreciate the time the staff took to meet with them and give them insight into the full scope of practice at the hospital and the hospital's involvement with education and training.

Beaumont Hospital - Facilities

Excellent facilities observed throughout. The facilities observed have been further developed in recent years and this has resulted in bright, modern spaces for students to study in both small and large groups. Innovative learning space utilisation in one room, where the room can divide to facilitate small groups. The Case Based Learning (CBL) sessions currently take place here and we were further informed that a new bespoke space is being developed in the new RCSI building under construction which will accommodate CBL sessions.

There are ample lockers available for students, along with a spacious canteen. The facilities include a very large computer room and smaller teaching classrooms. Each floor is equipped with toilet facilities and there is also a research room. The learning space is very well designed and well-maintained for students.

Beaumont Hospital - Year 4 Students

Students described Beaumont Hospital as a very busy hospital with numerous opportunities. They appreciated the flexibility in their schedules and the chances to practice skills and observe various procedures. Typically, there are two students per team, though this varies by rotation. Unlike at peripheral sites, students do not have swipe access at Beaumont and did not receive an introduction upon arrival.
Students expressed a desire for better communication between RCSI and the teams at Beaumont Hospital. Sometimes, students arrive to find that teams are not expecting them, or the consultant is on holiday. Students reported that doctors have complained about poor communication from RCSI and would like to be better prepared for student arrivals. This lack of communication sometimes makes students feel like a burden. They crave learning opportunities but often do not feel like part of the team. Some doctors merely sign off on students' attendance to keep them satisfied.

Students felt that clinical skills teaching should be more integrated with their rotations, rather than being limited to one week of stand-alone teaching. They would like more clinical skills sessions, such as bedside teaching or labs.

Students feel that their feedback is not acted upon and that there is a poor reception to their input. Students described the peripheral sites as very good, noting that it is easier to find learning opportunities at smaller sites.

The lack of accommodation in Drogheda and the resulting two-hour commute each way for some students made them reluctant to stay for elective opportunities, significantly diminishing their experience there.

Beaumont Hospital - Year 5 Students

Students felt very welcomed at Beaumont Hospital and found the doctors and nurses to be very helpful. As final-year students and future interns, they appreciated the increased responsibility, viewing it as a great opportunity. The final semester of the final year is heavily focused on intern skills.

However, many consultants expect students to have seen certain things that they may not have had the opportunity to observe. Students expressed a desire for more guidance on what they should be seeing. They find the learning objectives to be very broad and the rotations to be non-standardised

The rotation at Drogheda Hospital is a great experience, with consultants eager to teach and offering excellent one-to-one opportunities. However, the long commutes diminish the potential for full participation for students at Drogheda. There are numerous on-the-spot tutorials at peripheral sites, though there is a lack of student facilities at some of these locations.

Observation of Teaching

Session: Respiratory Master Class
Assessor & Executive Observing Teaching: Dr Julia Hynes & Ms Denise Carroll

Format of Teaching

The session was a large Master Class session delivered in a lecture room with over 100 students in attendance in person and 117 noted joining online at various points. The space was appropriate for the large number of students in attendance with the support of a large screen for all attendees to see the role play activity. A microphone was also used by the Professor leading the session to ensure suitable audio throughout. Another facilitator was in attendance supporting from an IT and sound perspective from observation. (We were uncertain if this was a student from the class also).

The space was appropriate from both a lighting and ventilation perspective and had sufficient seating and desk space (lecture style) for all those in attendance.

Quality of Facilitation & Student Engagement

The Professor was speaking to a real-life patient called 'Gary'. It appeared Gary was a known patient to the Professor with the Professor having extensive historic insight into the patient's health history. The Professor seemed well versed in his delivery style and well prepared and knowledgeable. The session covered the stages of taking a patient's history. A series of Q&A was used by the Professor throughout to discuss the stages of taking a patient's history, and a discussion with the group on answers uncovered relating to the patient's treatment plan (e.g. medication; what could certain symptoms mean? etc).

The Professor took turns with rotating students to play the role of doctor asking Gary and series of questions. An examination also took place with Gary lying on a bed and the Professor asking a series of questions to guide the right order for an examination.
The session was heavily engaged in Q&A with the Professor asking the students questions on the patients' symptoms (e.g., what does it mean if the phlegm is green?') and importance of pausing and summarising information heard (e.g., summarise the medication Gary has mentioned). A good emphasis was also placed on Q&A with the patient and the Professor (e.g., how did that medication make you feel?') a clever way to incorporate the importance to remember 'the person in the patient'.

Overall Observations based on the Session Observed

The session observed was preparing students for clinical assessment. We observed part of the patient engagement element of the curriculum when observing the session entitled 'Master class'.

The session demonstrated how medical educationists and clinicians can recruit a patient through their clinical work for the purposes of learning. This session offered the students the lived experience

of a patient who was suffering from the illness Cystic Fibrosis (CF). Many aspects were addressed including signs and symptoms and management of CF through various pharmaceutical means. A detailed explanation was offered at each point of the merits and demerits of the chosen drug therapy.

The leading Professor interviewed the patient at the outset to set the context. Students were then called upon at random to inquire about various aspects of the patient's history.
The use of the patient-centred pedological framework and a patient as an educator, was most effective in demonstrating the overall lived experience of a patient suffering from cystic fibrosis.
Using a real-life patient added to the level of engagement of students in the session and added a layer focus to the learning experience. The Professor was well versed in his delivery.

We were not present at the outset of the session and therefore did not see the learning outcomes. We would recommend a blanket is given to the patient to cover the upper part of body when not being examined.

Considerations to audio levels would be valuable. At times the Professor handed the microphone to students, when he spoke, the audio was low in a room that was quite large, and consideration for those also joining online. An additional roaming microphone / or a facilitator handing out the additional microphone for the Q&A elements of the session would enhance the audio and the learning experience.

Overall, a well-organised and informative session with a very large attendance and a real-life patient supporting the learning association.

Our Lady of Lourdes Hospital, Drogheda

The Team met with the Clinical Staff and Management of Our Lady of Lourdes Hospital and appreciate the time the staff took to meet with them and give them insight into the full scope of practice at the hospital and the hospital's involvement with education and training.

Our Lady of Lourdes Hospital - Facilities

The Team was brought on a facilities walk-around of the Hospital. The hospital is well equipped with teaching and study space. Students have access to a library (which includes study spaces, a wellness section, sit/stand desks, portable tablets and a soundproof booth for two people), changing facilities and sufficient lockers.

Our Lady of Lourdes Hospital - Students

The rotation at Our Lady of Lourdes, Drogheda is enjoyable, though the long commute is challenging. RCSI has listened sensitively to students' complaints about accommodation issues in Drogheda and has made efforts to address them. All the staff are friendly and willing to answer students' questions. Students receive good hands-on experience, with their time on the orthopaedic ward reinforcing what they have learned in lectures. They rotate between clinics, wards, and the theatre.

Our Lady of Lourdes, Drogheda was noted to be particularly effective in its communications to students in advance of their rotation at that site.

Students feel well-prepared for Year 4. They described a significant leap from Year 4 to Year 5, noting that Year 4 is the most challenging due to exams every six weeks and extensive travel The focus on learning to be an intern in Year 5 is appreciated by students. The Prescribing Safety Assessment (PSA) is optional, but student uptake is high, with about two-thirds of students choosing to undertake it.

Support for the PSA is provided through monthly classes and access to online materials. Additionally, there is a well-structured week dedicated to prescribing in Year 4.

The personal tutor system is more established for students on the new curriculum. Personal tutors have 8-10 students assigned to them. Personal tutors have access to the results of the students assigned to them. Meetings between students and their personal tutors are scheduled.
There are good student support services available through the Student, Academic, and Regulatory Affairs (SARA) office and the Centre for Mastery: Personal, Professional & Academic Success (CoMPPAS). Students mentioned that there is always a tutor available to address their concerns, but they are unsure where to go with issues involving classmates.

Children's Health Ireland @ Crumlin

The Team met with the Clinical Staff and Management of Crumlin Hospital and appreciate the time the staff took to meet with them and give them insight into the full scope of practice at the hospital and the hospital's involvement with education and training.

Children's Health Ireland, Crumlin - Facilities

The team was given a tour of the hospital facilities, which are well-equipped with teaching and study spaces, and lockers for all students. Students have access to a library, a canteen, breastfeeding facilities, and changing rooms. There are sufficient lockers for all students. Additionally, students can use the lecture and seminar rooms when they are not being used for teaching.

Children's Health Ireland, Crumlin - Students

The rotation at Crumlin Hospital is both good and interesting, offering good learning opportunities and access to a broad range of specialties. Students are assessed regularly and participate in workshops and simulation days.

Feedback varies depending on who gives it, with students noting that feedback at peripheral sites tends to be better than at tertiary sites., Some students reported that they had to find a consultant themselves for the IMCE. (Although it is important to note that the School reported that students are assigned to teams, not individual consultants for this reason).

Pediatric rotations are inconsistent; some teams welcome students, while others are surprised by their presence. Frequent consultant changes on some pediatric rotations make it difficult for students to find their teams in the mornings. The RCSI department coordinator at Crumlin Hospital is visibly present every day, knows all the RCSI students by name, and is the go-to person for any problems. The Year 4 coordinator is also highly regarded.

There is a perception that the new curriculum increases competition among students.

The Student, Academic, and Regulatory Affairs (SARA) office is very approachable, and students know who to contact with issues, though it is not clearly signposted. Student representatives are "phenomenal," but it can feel like their feedback is not acted upon.

Our Lady of Lourdes Hospital, Drogheda, is now considered commutable from Dublin, so no accommodation is provided to students during their placement there. Communication between staff and students has deteriorated this year.

RCSI is committed to supporting students undertaking the USMLE, with the diagnostic exam being a great help for passing STEP 1. Students would like the USMLE exam talks to be scheduled earlier in their studies.

Observation of Teaching

Session: Bedside Teaching of Examination Skills
Assessor & Executive Observing Teaching: Prof Barry Lewis & Ms Denise Carroll

Format of Teaching

The session observed was four learning stations split across two rooms, with 17 students split into two groups in one session and 21 students split across the two groups in the second session. Each group had a set time, for each learning activity, after the time was up the groups rotated.

One station related to a fussy and not feeding 6-month-old baby; another station related to an older child with respiratory difficulties. The second room had one station relating to data and another station relating to taking a patient's history.

Both spaces were appropriate for delivery with sufficient space between the groups. Even though each group were discussing their own activity, no group seemed distracted by the other group, and all appeared fully engaged in their own learning station. Both rooms had appropriate lighting and ventilation. Resources such as flip charts for patient history, mannequin models, and medical equipment (e.g., oxygen masks) were used for the patient case scenarios.

Each learning station had a tutor assigned to facilitate the session and ask appropriate Q&A and prompts where needed. Students were rotated at the relevant station they were assigned to, allowing for a mix of students taking the lead role of doctor. There was a set timeframe assigned to each station and the groups moved once their time was up to the next station, meaning each student had the opportunity to engage and learn from each learning station. A good amount of time was assigned at the end of each session for concluding on the case presented and to allow the students to ask any clarifying questions.

Quality of Facilitation & Student Engagement

Each tutor seemed well prepared and knowledgeable on their area of focus. Given the small group size of each learning stations, all students seemed actively engaged in observing fellow students' part-taking and responding to the Q&A part of the sessions. A very comfortable, open and encouraged learning opportunity observed. Students appeared engaged throughout, gave thoughtful answers and were not afraid to express gaps in knowledge. Each station was facilitated well.

Overall Observations based on the Session Observed

Intended Learning Outcomes were clearly stated at the beginning of each session. Rotation through the 'stations' was well managed in a small space. Facilitators at each station were well prepared, started promptly and managed time in the session well – all students were given the opportunity and encouragement to participate.

The learning stations involved real life patient scenarios with medical mannequins and medical resources were on hand to use, helping to bring the real-life clinical experience to life.

The small group set up per station really supported engagement and attention of the learners observed and enabled good use of Q&A by both tutors and students when discussing the patients' issues and treatment management plan.

Cluain Mhuire Service

The Team met with the Clinical Staff and Management of Cluain Mhuire Service and appreciate the time the staff took to meet with them and give them insight into the full scope of practice at the clinic and the staff's involvement with education and training.

Cluain Mhuire Service - Facilities

The building, though old, is well-kept and maintained, featuring innovative use of space, particularly with the one-to-one clinical space pods at the back. It has a welcoming reception and waiting area. There is a staff kitchen where students can take breaks and eat, as well as a space for students to store their belongings and access computers for checking patients' digital records and learning. The building includes suitable spaces for small group teaching and study areas for the limited number of students attending. Toilet facilities throughout each floor and there are several spaces for one-to-one consultations and one area for any high-risk assessments with CCTV in place. Suitable learning environment for students with adequate facilities in place.

Cluain Mhuire Service - Students

Students undertake a six-week placement in psychiatry, which is well-aligned with what is taught in class. There is good teaching at Cluain Mhuire, with a nice variety of cases and substantial patient exposure. Tutorials are held at Beaumont Hospital on Fridays, causing students to miss a ward round. The weekly teaching themes are well structured, with Friday lectures being more theory-based and the placement at Cluain Mhuire more practical. Students attend MDT meetings weekly and have a good timetable. They would like more exposure to CBT sessions with patients.

There is some disconnect between the clinical team and tutors signing off on logbooks. Registrars and consultants take time to review patient charts with students, fostering active learning at Cluain Mhuire.

There is no clinical exposure in Years 1 and 2, and Year 3 offers unstructured hospital exposure through shadowing. There is a perception that doctors were not expecting them in Year 3.

Students found it complicated to access their grades on Kaizen and described Moodle as not user-friendly. The new curriculum appears to be much better, and they believe that future students will be better prepared as a result. Pastoral care is good, with easy access to GP appointments and therapy sessions.

St Luke's General Hospital Carlow Kilkenny

The Team met with the Clinical Staff and Management of St Luke's General Hospital and appreciate the time the staff took to meet with them and give them insight into the full scope of practice at the hospital and the hospital's involvement with education and training.

St Luke's General Hospital - Facilities

Each floor has breakout rooms, and there are four teaching spaces on each ward. The lecture room comfortably accommodates 70 people. There is a library which is shared between RCSI and UL students. There is "café style" seating available for students to use for studying. There are computer

facilities available. There are adequate lockers available. Students have access to showers. Students have access to a 24/7 study room.

St Luke's General Hospital - Students

Students are having a good rotation at St. Luke's General Hospital, with placements lasting either 4 or 6 weeks. The doctors are engaged, and the teaching is good. Each team in the hospital has doctors willing to teach students, who are involved in rounds and receive good patient exposure. Students are allowed to visit patients to practice history taking. However, teaching and long OSCE cases are not standardised across the hospitals.

Students do not have a personal academic tutor, although they did in their foundation year. They feel that having a personal academic tutor would be very helpful. There are welfare officers available. UL students are also on rotation at St. Luke's, and there are enough learning opportunities for both UL and RCSI students. While they do not interact much, they share locker space and the library.

The students described the commute to Drogheda and accommodation not being available there as an issue. It puts students off attending and they feel that there is no support offered. The students find the teaching in Drogheda to be really good. The students enjoy the "very hands on" experience in Cappagh Hospital. Depending on their supervising doctor, they get the opportunity to cannulate. The students found it hard to get people to supervise them and give them feedback in Beaumont Hospital. The students feel that their feedback isn't always welcomed. Assessment results can be slow to be released and this impacts on the student's ability to plan their electives and make travel arrangements.

Cavan General Hospital

The Team met with the Clinical Staff and Management of Cavan General Hospital and appreciate the time the staff took to meet with them and give them insight into the full scope of practice at the hospital and the hospital's involvement with education and training.

Cavan General Hospital - Facilities

Space is very much at a premium in Cavan General Hospital. Clinical teachers stated that they need a simulation space and study room that is separate to the library. There is a lack of changing rooms and lockers. The few lockers that are available are not practically located, as they are far away from the student spaces. Rooms are made available to students to store their items. There is a lecture hall that has space for 50 people and some small teaching space. Students have 24/7 access to a library.

Cavan General Hospital - Students

Students usually spend 3-4 weeks on rotation at Cavan General Hospital. They have praised the doctors there for being excellent teachers. The hospital offers numerous learning opportunities, with interactive and holistic teaching methods The doctors serve as great role models, making the rotation highly focused. Each student is assigned to a consultant who guides them towards various learning opportunities.

The students noted that more tutorial rooms are needed and that the study spaces fill up very quickly. There are better student areas at other sites.

There is good teaching in Drogheda but there is no accommodation. Some students are commuting two hours each way, which makes attendance difficult. The rotation at the Royal Victoria Hospital was very well organised, flexible and had great teaching.

Students know who to talk to with any issues that they have, but they often feel that their concerns are dismissed. There is a clear wellbeing pathway with a quick response to wellbeing issues. Students on the new curriculum have a personal academic tutor, who they meet with a few times a year. The personal academic tutors encourage students to set goals.

Connolly Hospital

The team met with the Clinical Staff and Management of Connolly Hospital and appreciate the time the staff took to meet with them and give them insight into the full scope of practice at the hospital and the hospital's involvement with education and training.

Connolly Hospital - Facilities

The newly opened state-of-the-art education facilities at Connolly Hospital are impressive. Students have access to large lecture theatres, multiple tutorial rooms, and ample study spaces. Once completed, the simulation suite on the third floor will be an excellent teaching facility.

Additionally, students can enjoy various amenities, including a gym, canteen, locker facilities, and shower and changing area.

Observation of Teaching

Session: Upper GI Tutorial
Assessor & Executive Observing Teaching: Mr Graham Knowles & Ms Aoise O'Reilly

Format of Teaching

The session observed was a small group teaching session on the Upper GI System with a patient actor. Lead by the tutor, the group was split into 4 groups of 2 to carry out observations of different aspects of the upper GI system. Before each group commenced, the tutor reminded them of their communication and professionalism skills when speaking to the patient and during examination they were given guidance as appropriate.

Quality of Facilitation & Student Engagement

The tutor seemed well prepared and knowledgeable on the subject. Given the small nature of the group, all students appeared actively engaged throughout the session and were actively part-taking and responding to the Q&A part of the sessions.

Overall Observations based on the Session Observed

Intended Learning Outcomes were clearly stated at the beginning of each session. Rotation of students was well managed in a timely manner, ensuring any issues or unknowns were addressed fully before moving on. All students were given the opportunity and encouragement to participate.

The Rotunda Hospital, Dublin

The Team met with the Clinical Staff and Management of The Rotunda Hospital and appreciate the time the staff took to meet with them and give them insight into the full scope of practice at the hospital and the hospital's involvement with education and training.

The Rotunda Hospital - Facilities

The staff provided an in-depth tour of the facilities available to students throughout the Rotunda Hospital. There were several small tutorial rooms throughout and several large teaching spaces. The students also have access to the on-site library, canteen facilities and the Intern/Trainee on-call res. The students have swipe access to all areas in the hospital and read-only access to patient records.

The Rotunda Hospital - Students

Several Year 4 students are currently on rotation at the Rotunda, and they all praised their experience so far. They felt that the teams they were assigned to were very welcoming and made them feel like part of the team.

However, during their time on the delivery ward, some students felt they were given less priority compared to the nursing students, making it challenging to get the required exposure to three deliveries. Despite this, they appreciated that the on-site tutor was very accommodating, arranging additional time for them on the delivery ward when needed.
They did feel their time on this rotation was very short and would welcome a longer rotation.
Overall, the students were happy with their experience and had very little negative feedback about their time at the Rotunda.

Observation of Teaching

Session: Small Group Teaching
Assessor & Executive Observing Teaching: Prof Hisham Kahlil and Ms Zoe Travaskis

Format of Teaching

The session observed was a small group teaching session on monitoring heart rates during labour. The session was led by a single tutor with an additional tutor taking individual students aside periodically for one-on-one discussions. The session was a lecture style with the tutor providing materials for the group to interact with and comment on.

Quality of Facilitation & Student Engagement

The tutor seemed well prepared and knowledgeable on the subject. Most students seemed actively engaged throughout the session and were actively part-taking and responding to the Q&A part of the sessions. The students appeared to respond well to the introduction of materials for input and comment.

Overall Observations based on the Session Observed

Observed Session was well managed by the tutor to encourage participation by the students. All students were given the opportunity and encouragement to participate. Tutor appeared knowledgeable.

The session took place in a hall with a section cordoned off for the session to take place. There was other activity in the hall happening at the same time as the class. The students may benefit from the teaching happening in a less open location without other activity happening at the same time.

The purpose of the additional tutor taking individual students aside for one-on-one discussions was not clear as an observer. Multiple students were taken to one side prior to rejoining the session. This appeared to be a distraction during the session. Consideration should be given to whether these side discussions would be more appropriate to take place at an alternate time to when a teaching session is underway.

University Hospital Waterford

The Team met with the Clinical Staff and Management of University Hospital Waterford and appreciate the time the staff took to meet with them and give them insight into the full scope of practice at the hospital and the hospital's involvement with education and training.

University Hospital Waterford - Facilities

The facilities throughout the hospital were satisfactory, however, it was evident that investment in upgrading and expanding the current teaching facilities is required. The Education building located beside the main hospital is quite small and dated. While the staff are very willing and open to taking more students, they would not be able to do so without an expansion of the current facilities.

University Hospital Waterford - Students

There were several students from years 3 and 5 of the program. Overall, the students have had a positive experience so far. They are on either a 4- or 6-week placement in Waterford. They felt the doctors are very engaged, and the teaching is good with plenty of exposure to a diverse case mix. Students are involved in ward rounds and get good patient exposure. They are also allowed to visit patients to practice history taking.

However, teaching and long OSCE cases do not appear to be standardised across the hospitals. The staff involved in teaching were described as supportive, providing both academic and pastoral support, and were very approachable.

Overall, the students' experience at Waterford has been very positive, and they would love to spend more time there.

Mercer's Medical Centre

The Team met with the Clinical Staff and Management of Mercer's Medical Centre and appreciate the time the staff took to meet with them and give them insight into the full scope of practice at the clinic and the staff's involvement with education and training.

Mercer's Medical Centre - Facilities

Mercer's Medical Centre boasts ample facilities, including several GP consultant rooms where students can observe patient interactions. Additionally, there are multiple nurses' rooms with an advanced nurse practitioner on site. Throughout their rotation at Mercer's, students had the opportunity to work alongside the advanced nurse practitioner. The teaching team at Mercer's is highly dedicated and passionate about educating students.

Mercer's Medical Centre - Students

A small number of students were on rotation at Mercer's, and they spoke highly of their experience so far. They felt they were given good exposure to a variety of case mixes and had the opportunity to take histories and observe patients during their rotation. The students praised the chance to work alongside

the advanced nurse practitioner, noting that they got to see patients they wouldn't typically encounter at a GP site.

Although being on rotation at a clinic where they also receive GP care can be challenging, the students felt the clinic handled confidentiality exceptionally well. They appreciated being given the option to have their peers step out while they were attending as patients, which worked very effectively.

END.

Appendices

Appendix 1: documentary evidence of compliance with **Area 1: Mission and Outcome** provided by RCSI

- **Appendix 1** RCSI Medical Graduate Profile
- **Appendix 2** RCSI Student Code of Conduct
- **Appendix 3** RCSI Strategic Plan 2023-2027
- **Appendix 4** RCSI Strategic Plan 2018-2022
- **Appendix 5** RCSI Strategic Plan 2013-2017
- **Appendix 6** RCSI Engage Strategy 2023-2027
- **Appendix 7** School of MedicineExecutive Terms of Reference
- **Appendix 8** Director of Curriculum
- **Appendix 9** Learning Teaching and Assessment Committee Terms of Reference

Appendix 2: documentary evidence of compliance with **Area 2: Educational programme** provided by RCSI

- **Appendix 1** RCSI Medical Graduate Profile
- **Appendix 8** Director of Curriculum
- **Appendix 9** Learning Teaching and Assessment Committee Terms of Reference
- **Appendix 10** THEP Governance Model
- **Appendix 12** Curriculum and Assessment Steering Committee Terms of Reference
- **Appendix 13** Learning and Teaching Strategy
- **Appendix 14** 2023 Learning and Teaching Strategy
- **Appendix 15** International Education Forum 2022
- **Appendix 16** International Education Forum 2023
- **Appendix 17** THEP Committee
- **Appendix 18** The Curriculum Framework for the Internship Programme in Ireland
- **Appendix 19** Definition of Medical Professionalism
- **Appendix 21** A Student Guide to the Learning Environment and Communities
- **Appendix 22** Instructional Methods at RCSI
- **Appendix 23** Case Based Learning Faculty Case Handbook
- **Appendix 24** Case Based Learning Student Case Handbook

Appendix 3: documentary evidence of compliance with **Area 3: Assessment of students** provided by RCSI

- **Appendix 9** Learning Teaching and Assessment Committee Terms of Reference
- **Appendix 10** THEP Governance Model
- **Appendix 12** Curriculum and Assessment Steering Committee Terms of Reference
- **Appendix 13** Learning and Teaching Strategy
- **Appendix 14** 2023 Learning and Teaching Strategy
- **Appendix 17** THEP Committee
- **Appendix 21** A Student Guide to the Learning Environment and Communities
- **Appendix 22** Instructional Methods at RCSI
- **Appendix 23** Case Based Learning Faculty Case Handbook
- **Appendix 24** Case Based Learning Student Case Handbook
- **Appendix 27** RCSI Examinations and Assessment Regulations
- **Appendix 28** Samples of Year Specific Marks and Standards
- **Appendix 29** Exceptional Circumstances Policy

- **Appendix 30** Appeals Policy
- **Appendix 31** Assessment Strategy Document

Appendix 4: documentary evidence of compliance with **Area 4: Students** provided by RCSI

- **Appendix 25** RCSI Race Equality Action Plan
- **Appendix 26** UPENN Resilience Staff Training Programme
- **Appendix 33** Undergraduate Admissions Policy
- **Appendix 34** Undergraduate Admissions Complaints and Appeals Procedure
- **Appendix 35** Key Student Policies
- **Appendix 36** CoMPPAS Student Assistance Programme
- **Appendix 37** Student Welfare Brochure
- **Appendix 38** Student Union Constitution
- **Appendix 39** Student Affairs Committee Terms of Reference
- **Appendix 40** Student Clubs and Societies

Appendix 5: documentary evidence of compliance **Area 5: Academic Staff/Faculty** provided by RCSI

- **Appendix 7** School of MedicineExecutive Terms of Reference
- **Appendix 8** Director of Curriculum
- **Appendix 9** Learning Teaching and Assessment Committee Terms of Reference
- **Appendix 10** THEP Governance Model
- **Appendix 11** Year Specific Committees Terms of Reference
- **Appendix 12** Curriculum and Assessment Steering Committee Terms of Reference
- **Appendix 26** UPENN Resilience Staff Training Programme
- **Appendix 41** Job Description for Senior Lecturer
- **Appendix 42** Job Description for Joint Appointment consultant Role
- Appendix **43** Guidelines for Academic Promotion
- **Appendix 44** StAR Recruitment Brochure
- **Appendix 45** Research, Career and Development Framework Policy
- **Appendix 46** Clinical Lecturers and Tutors Benefits
- **Appendix 47** Staff Learning and Development Policy
- **Appendix 48** RCSI SSG Campus
- **Appendix 49** Emergency Response Crisis Management Plan
- **Appendix 52** RCSI International Engagement Strategy
- **Appendix 53** RCSI International Engagement Framework
- Appendix **55** RCSI Institutional Profile
- **Appendix 56** DVCAA Candidate Brochure
- **Appendix 57** Dean of Medical Programmes Job Description
- **Appendix 58** RCSI Undergraduates Deans Roles
- **Appendix 59** Hospital Liaison Committee ToR and membership
- **Appendix 60** Deputy Deanship Roles

Appendix 6: documentary evidence of compliance **Area 6: Educational Resources** provided by RCSI

- **Appendix 42** Job Description for Joint Appointment consultant Role
- **Appendix 43** Guidelines for Academic Promotion
- **Appendix 44** StAR Recruitment Brochure
- **Appendix 46** Clinical Lecturers and Tutors Benefits
- **Appendix 47** Staff Learning and Development Policy

- **Appendix 48** RCSI SSG Campus
- **Appendix 49** Emergency Response Crisis Management Plan
- **Appendix 50** Library Space
- **Appendix 59** Hospital Liaison Committee ToR and membership

Appendix 7: documentary evidence of compliance **Area 7: Programme evaluation** provided by RCSI

- **Appendix 8** Director of Curriculum
- **Appendix 9** Learning Teaching and Assessment Committee Terms of Reference
- **Appendix 10** THEP Governance Model
- **Appendix 11** Year Specific Committees Terms of Reference
- **Appendix 12** Curriculum and Assessment Steering Committee Terms of Reference
- **Appendix 13** Learning and Teaching Strategy
- **Appendix 17** THEP Committee
- **Appendix 18** The Curriculum Framework for the Internship Programme in Ireland
- **Appendix 20** Stakeholders and External Agencies
- **Appendix 21** A Student Guide to the Learning Environment and Communities
- **Appendix 22** Instructional Methods at RCSI
- **Appendix 54** Quality Enhancement Repository Template
- **Appendix 61** RCSI Engage Strategy 2019-2023

Appendix 8: documentary evidence of compliance **Area 8: Governance and Administration** provided by RCSI

- **Appendix 7** School of MedicineExecutive Terms of Reference
- **Appendix 8** Director of Curriculum
- **Appendix 9** Learning Teaching and Assessment Committee Terms of Reference
- **Appendix 10** THEP Governance Model
- **Appendix 11** Year Specific Committees Terms of Reference
- **Appendix 12** Curriculum and Assessment Steering Committee Terms of Reference
- **Appendix 13** Learning and Teaching Strategy
- **Appendix 14** 2023 Learning and Teaching Strategy
- **Appendix 17** THEP Committee
- **Appendix 20** Stakeholders and External Agencies
- **Appendix 21** A Student Guide to the Learning Environment and Communities
- **Appendix 33** Undergraduate Admissions Policy
- **Appendix 34** Undergraduate Admissions Complaints and Appeals Procedure
- **Appendix 35** Key Student Policies
- **Appendix 52** RCSI International Engagement Strategy
- **Appendix 53** RCSI International Engagement Framework
- **Appendix 54** Quality Enhancement Repository Template
- **Appendix 55** RCSI Institutional Profile
- **Appendix 56** DVCAA Candidate Brochure
- **Appendix 57** Dean of Medical Programmes Job Description
- **Appendix 58** RCSI Undergraduates Deans Roles
- **Appendix 59** Hospital Liaison Committee ToR and membership
- **Appendix 60** Deputy Deanship Roles
- **Appendix 61** RCSI Engage Strategy 2019-2023

Appendix 9: documentary evidence of compliance **Area 9: Continuous Renewal** provided by RCSI

- **Appendix 1** RCSI Medical Graduate Profile
- **Appendix 3** RCSI Strategic Plan 2023-2027
- **Appendix 4** RCSI Strategic Plan 2018-2022
- **Appendix 5** RCSI Strategic Plan 2013-2017
- **Appendix 6** RCSI Engage Strategy 2023-2027
- **Appendix 8** Director of Curriculum
- **Appendix 9** Learning Teaching and Assessment Committee Terms of Reference
- **Appendix 10** THEP Governance Model
- **Appendix 14** 2023 Learning and Teaching Strategy
- **Appendix 17** THEP Committee
- **Appendix 20** Stakeholders and External Agencies
- **Appendix 21** A Student Guide to the Learning Environment and Communities
- **Appendix 23** Case Based Learning Faculty Case Handbook
- **Appendix 24** Case Based Learning Student Case Handbook
- **Appendix 32** Publications referred to in this submission
- **Appendix 63** RCSI Annual Report