



Comhairle na nDochtúirí Leighis
Medical Council

**Medical Council
Report on Accreditation Inspection of
University College Cork's
Direct Entry Medical Programme**

22nd & 23rd November 2017

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VISITING TEAM

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A. Statement with regard to the Freedom of Information Act, 2014

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

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

B. THE DECISION OF THE MEDICAL COUNCIL IS THAT:

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

THIS APPROVAL SHOULD BE FOR AN INITIAL PERIOD OF FIVE YEARS FROM THE DATE OF APPROVAL BY COUNCIL.

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

THIS APPROVAL SHOULD BE FOR AN INITIAL PERIOD OF FIVE YEARS FROM THE DATE OF APPROVAL BY COUNCIL

C. PREFACE

1. Context of the visit

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

The Medical Council Accreditation Team visited on 22nd & 23rd November 2017. Its remit was to assess the programme and to formulate a recommendation on accreditation to the Medical Council's Education, Training and Professional Development Committee.

2. The Team

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

The Medical Council also thanks the UCC Team, led by Professor Stephen Cusack, Interim Dean / Head of the Medical School, for their co-operation and hospitality. The Team was particularly impressed by the high turnout of medical school staff and clinicians, and wishes to thank Dr Deirdre Bennett, Colette Spicer, Rachel Hyland and Rose-Mary Walsh for the work involved in coordinating the visit. In addition, the Medical Council wishes to thank the students who met the Team, whose feedback is most helpful in formulating this Report.

3. Documentation

Prior to the visit, the Team reviewed the *Accreditation of Existing Medical Programmes – WFME Questionnaire*, dated September 2017. This questionnaire is based on the World Federation of Medical Education's *Global Standards for Quality Improvement; Basic Medical Education*.

The Team also reviewed all documentation supplied by UCC both in advance and at the time of the visit.

4. Schedule

The accreditation visit included a UCC presentation by Dr Deirdre Bennett. An in-depth discussion ensued between the Medical Council Accreditation Team and representatives of the University. This was followed by private and confidential sessions with students representing all stages of the course. Under Section 88 (2)(f) of the Medical Practitioners Act 2007, an inspection of the facilities was also undertaken at Cork University Hospital, South Infirmary Victoria University Hospital, the Bon Secours Hospital Cork and Mercy University Hospital. At each site inspection we also met with Management, Clinician Teachers and Students.

5. The Report

The Medical Council's policy is to use the World Federation of Medical Education's Standards to assess medical programmes. The section headings used in part 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'*.

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D. SUMMARY AND GENERAL ASSESSMENT

1) Conclusion and main recommendations of Medical Council

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

The Team's main recommendations are that:

1. University College Cork's Direct Entry medical programme should be approved by Council under the terms of Section 88(2)(a)(i)(I) of the Medical Practitioners Act 2007. This recommendation is made on the grounds of the Medical Council Team's finding that the programme adheres to the rules, criteria, guidelines and standards approved by Council, as specified in Section 88(2)(a) and 88(2)(d) of the Medical Practitioners Act 2007.

This approval should be for an initial period of five years from the date of approval by Council (see Recommended Further Action below).

2. University College Cork should be approved under Section 88(2)(a)(II) of the Medical Practitioners Act 2007 as the body which may deliver that programme. This recommendation is made on the grounds of the University College Cork's ongoing compliance with the rules, criteria, guidelines and standards approved by Council as specified in Section 88(2)(a)(i)(II) and 88(2)(e) of the Medical Practitioners Act 2007.

This approval should be for an initial period of five years from the date of approval by Council (see Recommended Further Action below).

2) Findings of Council Team based on evidence provided by UCC and students interviewed

Based on the evidence provided by UCC and the information provided by the staff and students interviewed, the Team make 19 recommendations for UCC:

1. 1.3 Educational Outcomes, there were deficits in the delivery of the mission statement (3 and 4) in the future role of the Health Sector, the health needs of the community, need of healthcare delivery system and other aspects of social accountability. The Team noted a deficit in the attention drawn to global health related intended outcomes.

2. The Team found no evidence of direct observation of consultation with patients in clinics or ward settings. This inhibits feedback on core skills acquired in years one and two. The team recommends that the opportunity to reinforce these skills is carried forward into the clinical settings.
3. The Team found that there was inconsistent delivery of clinical teaching on the sites visited, in particular a number of tutorials were cancelled and not rescheduled. It is recommended that UCC work with the clinical site partners on the delivery of the education programme ensuring that teaching is mapped to the curriculum and learning outcomes.
4. The Team found that there was a lack of meaningful opportunities for inter-professional education except that occur with Pharmacy students. It is recommended that UCC maximise the opportunities presented by sitting within the School of Health Sciences and continue this interaction into the Clinical Sites.
5. The Team recommends that UCC review the content and delivery of the Preparedness for Professional Practice module. The Team also recommends that UCC should define the content and delivery of the Intern-Shadowing component.
6. The Team noted the full breakdown of assessment outcomes for the MSPR for North-American Students, however, this detail was not available to other students. The Team recommends that UCC review feedback at all stages/assessment processes and feedback is made available to all students.
7. The Team recommends that UCC consider the introduction of a student portfolio. The student portfolio (e-portfolio) would lead to consistent record keeping and effective sharing/transfer of key progress markers.
8. The Team recommends that consideration be given to creating an overarching Academic Tutor system that oversees the progress of students in the programme.
9. The Team recommends that UCC introduces benchmarking for clinical teachers and assessors.
10. There is a need to manage actively the expectations of International Students in relation to obtaining Internships in Ireland and the Team recommends that this information be revised and implemented.
11. The Team found no evidence of review of intake under Standard 4.2 based on local health needs and recommends that UCC work with its partner organisations to review student intake.
12. The Team recommends that UCC publishes a clear protocol for the recognition and support of a student in difficulty.

13. The Team recommends that there be a Medical School specific careers guidance service.
14. The Team found that the SIVUH and MUH were the only sites which gave students full swipe access for their clinical placements. The Team recommends that UCC ensures students have full swipe access for all their clinical placements.
15. The Team recommends that UCC works with its clinical partners in developing an academic staff development strategy.
16. The Team encountered a range of resources at the Clinical Training Sites and note the plans for development at each site, however, some of the current available resources are below acceptable standards. The Team recommends that UCC works with its clinical partners to mitigate these deficiencies notwithstanding the development plans for future resources.
17. The Team recommends that UCC work with all its clinical partners in delivering "read only" access to clinical records.
18. The Team recommends that the introduction of an academic tutor system as highlighted previously would facilitate the analysis and monitoring of student performance.
19. The Team recommends that Dean/Head of Medical School works with the Head of College of Medicine and Health and HSE to coordinate the utilisation of available resources to maximise the benefits to students.

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

1. UCC 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*

2. UCC 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

4) The Team commends UCC for:

1. The Team commend UCC for the mission, ethos and professionalism being actively promoted and generally embraced by staff and students.
2. The breadth and exposure to patients throughout the various clinical sites
3. Good mapping of the summative assessment through the curriculum.
4. The Team commends the Medical Education Programme which is in its early stages.
5. The Team commends UCC on the support mechanisms in place within the school for pastoral, health and academic needs.
6. The Team commends UCC on its state of the art resources at Brookfield Health Science Complex which is acknowledged as an exceptional work environment for both staff and students.

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

Compliance level rating

The levels of compliance are categorised as follows:

Non- compliance (NC)



No compliance with required
criteria

Partial compliance (PC)



Partial compliance with required
criteria

Full compliance (FC)



Full compliance with required
criteria

The Team has identified the following levels of compliance:

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

Area 1: Mission and Outcomes

MISSION AND OBJECTIVES	Level of compliance:	PC
<i>Description of documentary evidence of compliance with this standard provided by UCC:</i>		
UCC provided the Team with the following documentary evidence of compliance with this standard: UCC College Undergraduate Calendar.		
<i>Description of evidence of compliance with this standard found during the inspection visit:</i>		
It is evident in UCC and all Clinical Sites that mission, ethos and professionalism were actively promoted and generally embraced by staff and students. This was particularly evident in South Infirmary Victoria University Hospital, Bon Secours and Mercy University Hospital.		
<u>Compliance</u> The Team found that UCC is partially complying with this standard.		
<u>Observation(s) & Recommendation(s)</u> The Team makes the following recommendations: 1.3 Educational Outcomes, there were deficits in the delivery of the mission statement (3 and 4) in the future role of the Health Sector, the health needs of the community, need of healthcare delivery system and other aspects of social accountability. The Team noted a deficit in the attention drawn to global health related intended outcomes		
<u>Commendation(s)</u> The Team commend UCC for: The mission, ethos and professionalism being actively promoted and generally embraced by staff and students.		

Area 2: Educational programme

EDUCATIONAL PROGRAMME	Level of compliance:	PC
<i>Description of documentary evidence of compliance with this standard provided by UCC:</i>		
UCC provided the Team with the following documentary evidence of compliance with this standard: Book of Modules, Curriculum Composition, Medicine Course Structure, Student Handbook, Clinical Practice Handbook, Emergency Medicine Attachment, Anaesthesia Attachment and Final Med Surgery Log Book.		
<i>Description of evidence of compliance with this standard during the inspection visit</i>		
The Team is satisfied that the learning environment and teaching in UCC was conducive to a good student experience and in particular notes the following clinical sites, Cork University Maternity Hospital, South Infirmary Victoria University Hospital and the Bon Secours. The breadth and exposure to patients throughout the various clinical sites was highlighted by students as a positive experience. The Team found that there is a structured programme involving the use of role-players in developing medical consulting skills, however, during clinical placements in a Hospital setting the Team found no evidence of direct observation of consultation with patients in clinics or ward settings. This inhibits feedback on core skills acquired in years one and two.		

The Team would like to highlight the following areas for improvement; induction in to clinical placements was variable between sites; there was a degree of uncertainty regarding the timing and relevance of aspects of the curriculum in the final year programme, including the Final Year Project and the Preparedness for Professional Practice Module.

The spiral nature of the curriculum was not particularly evident to a number of students.

The current module for Preparedness for Practice does not appear to meet the students' and Interns' requirements for transition into Internships. In particular, there is a lack of a formal module of student assistantship where students are given increasing responsibility of patient care.

The Team found that there was inconsistent delivery of clinical teaching on the sites visited, in particular a number of tutorials were cancelled and not rescheduled.

The Team found that there was a lack of meaningful opportunities for inter-professional education except that occur with Pharmacy students.

The timing of the modules in the first year of the programme was less than optimal for example, the first module of the year was quite intense when students were still adapting to their learning environment. There also seemed to be a degree of disconnect between the module content and other learning/teaching activities.

Compliance

The Team found that UCC is partially complying with this standard

Observation(s) & Recommendation(s)

The Team makes the following recommendations:

- The Team found no evidence of direct observation of consultation with patients in clinics or ward settings. This inhibits feedback on core skills acquired in years one and two. The team recommends that the opportunity to reinforce these skills is carried forward into the clinical settings.
- It is recommended that UCC work with the clinical site partners on the delivery of the education programme ensuring that teaching is mapped to the curriculum and learning outcomes.
- It is recommended that UCC maximise the opportunities presented by sitting within the School of Health Sciences and continue this interaction into the Clinical Sites.
- The Team recommends that UCC review the content and delivery of the Preparedness for Professional Practice Module.
- The Team also recommends that UCC should define the content and delivery of the Intern-Shadowing component.

Commendation(s)

The Team commend UCC for:

- The breadth and exposure to patients throughout the various clinical sites

Area 3: Assessment of students

ASSESSMENT OF STUDENTS	Level of compliance:	PC
<i>Description of documentary evidence of compliance with this standard provided by UCC:</i> UCC provided the Team with the following documentary evidence of compliance with this standard: Marks and Standards, Assessment Summary, SREO Examination Regulations, Plagiarism Policy and Examination Appeals Process and Policy.		

<i>Description of evidence of compliance with this standard found during the inspection visit:</i> The Team noted that there is good mapping of the summative assessment through the curriculum. The Team noted students concerns about the assessment load in terms of the number and timing of assessments. The Team found that there was inconsistency in the frequency and quality of feedback for summative and formative assessment both in the School and across the Clinical Sites. The Team noted the full breakdown of assessment outcomes for the MSPR for North-American Students, however, this detail was not available to other students. The Team recommends that UCC review feedback at all stages/assessment processes and feedback is made available to <u>all</u> students. The absence of a student portfolio of learning and assessment inhibits the ability of both students and the school to monitor progress. The training of clinical teachers in assessment across the clinical sites appear to be variable.		
<u>Compliance</u> The Team found that UCC is partially complying with this standard		
<u>Observation(s) & Recommendation(s)</u> The Team makes the following recommendations: • The Team recommend that UCC should review the balance of formative and summative assessments at all stages of the programme. • The Team noted the full breakdown of assessment outcomes for the MSPR for North-American Students, however, this detail was not available to other students. The Team recommends that UCC review feedback at all stages/assessment processes and feedback is made available to <u>all</u> students. • The Team recommends that UCC consider the introduction of a student portfolio. The student portfolio (e-portfolio) would lead to consistent record keeping and effective sharing/transfer of key progress markers. • The Team recommends that UCC introduces benchmarking for clinical teachers and assessors.		
<u>Commendation(s)</u> the team commend UCC for: • Good mapping of the summative assessment through the curriculum.		
Area 4: Students		
STUDENTS	Level of compliance:	PC
<i>Description of documentary evidence of compliance with this standard provided by UCC:</i> UCC provided the Team with the following documentary evidence of compliance with this standard: Guidance for Class Reps.		
<i>Description of evidence of compliance with this standard found during the inspection visit:</i> The Team was impressed by the large numbers of students and Interns (at Clinical Sites) that attended our meetings. Their motivation, enthusiasm and engagement were evident.		

The students were aware of the Committee support structure for example, the Medical Student Board, Curriculum Committee and Programme Oversight Committee and their representation. The Students also highlighted the support mechanisms in place within the school for pastoral, health and academic needs.

Although the Management advised that the University Calendar clearly outlines the restricted opportunities for Internship in Ireland, the Team heard very mixed views from International students. There is a need to manage actively the expectations of International Students in relation to obtaining Internships in Ireland.

The Team found that the capacity was an issue with the increased intake to 90. The Team heard of small teaching spaces and tutorial rooms where over-crowding was happening.

The Team found no evidence of review of intake under standard 4.2 based on local health needs.

The Team noted that there is a lack of an overarching Academic Tutor system that oversees the progress of students in the programme.

The well-intentioned mentorship system as outlined by UCC and described by students appeared to be fragmented and inconsistent in delivery. The Team recognises the role of the year and site coordinators in providing support for students.

The Team found that there is a lack of a structured remediation process for struggling students that is triggered by UCC. The Team also met International students who described a deficit in pastoral support at times of personal difficulty.

The Team found that there is a lack of careers strategy and structured guidance for students in both programmes, in particular there is a lack of information regarding national health care needs and career opportunities.

The Team found that the SIVUH and MUH were the only site who gave students full swipe access for their clinical placements. The Team recommends that UCC ensures students have full access on all clinical sites.

Students from Year One

The Team met with 28 students from Year One of the Direct Entry Programme. They were assured of confidentiality and advised of the Medical Council's role. The students all confirmed that they had volunteered to meet with the Medical Council Team.

The students were having a positive experience to date. The Student co-ordinator was highly commended on the work she has done with the students thus far. The co-ordinator was illustrated as a very helpful individual and that she was very receptive to any information the students has to offer. The students did however feel that the mentoring system with second year students was not beneficial as their mentors were not initiating any activities e.g. study sessions. This was in direct contrast to the International student who were allocated a faculty mentor to support them regarding cultural assimilation in addition to a second year student mentor.

The students felt that it was very beneficial if a lecturer recorded their teaching session as they then had access to this resource in the future for revision purposes. The students felt that it should be mandatory for all lectures to be recorded.

The students were complimentary of their Anatomy lecturers as they felt that there was an opportunity to query any of the material learned throughout the session as there was a designated time for questioning at the end of every lecture. However, the students illustrated that they would like more access to cadavers and Anatomy labs for self-guided learning purposes. The International students illustrated that access to the flame labs was very beneficial.

The students felt that the number of hours they had to invest in the particular modules were not adequately reflected in the credits allocated.

The team was pleased that ethics and professionalism are evidentially being taught. Students felt that some information was not being filtered through from the class representative and as a result it was recommended that the Class Representative communicate more efficiently with their students.

Students from Year Two

The Team met with 24 students from Year Two of the Direct Entry Programme. They were assured of confidentiality and advised of the Medical Council's role. The students all confirmed that they had volunteered to meet with the Medical Council Team.

The students felt that they had the relevant structural information about their second year of medical education. It was evident that the general information had been provided on an informal basis from their peers rather than through a formal method. However, the information was available within UCC's database. Individual lecturers would provide an oversight of the marking system specific to their teaching modules.

The students were very complimentary of the family attachment scheme. The students appreciated the patient contact element in addition the access to the patients' family as they felt they gained a greater understanding of how a condition can affect the patient and their support network. The students felt that it was important to have ownership of a task at an early stage.

The students felt comfortable overall with history taking in a community based setting and also the feedback they received as a result.

The students felt that they could have been better prepared for assessments through the use of sample papers. In conjunction with the students' continuous assessments, it was evident that feedback is being provided. However, feedback is not provided after final exams which resulted in the students feeling dissatisfied.

The students felt that there was a lack of inquisition into how satisfactory their learning outcomes were. The students felt that upwards feedback is a fundamental element that was not being facilitated.

Dr Quan was commended highly for her approachability and encouragement of feedback regarding the structure of the course overall. The student felt very passionate about the work being undertaken by Dr Quan. Students are aware of the appeals process which is currently in place.

It was evident that the students were happy with the facilities provided by UCC. Students were satisfied with the allocated access to tutorial rooms for second year students to aid self-directed learning.

Students from Year Three

The Team met with 21 students from Year Three of the Direct Entry Programme. They were assured of confidentiality and advised of the Medical Council's role. The students all confirmed that they had volunteered to meet with the Medical Council Team.

The students were provided with a general induction into third year but similarly to the second year students, they were briefed by their peers. There was also confusion surrounding the structure after the first semester was completed.

The students were very complimentary of the Class Representatives' work thus far. Feedback is evidentially welcomed and redirected to the relevant parties. Students are also aware of the Medical Board and the Curriculum Committee.

The students felt at this stage that they were prepared for the community settings in which they were being placed in the second semester. However, the students were not notified of the location of their placement thus far, and, will only be made aware of this one month before clinical placement commences. Students also requested more engagement with patients in the community sessions, rather than the larger hospitals.

The students felt that the marking of clinical essays was not standardised. The students also felt that the workload was extremely high as the final year project was moved from fourth year to the third year. This also resulted in high levels of competition for assessors. In addition to this, the students felt that the credit allocation of the Pharmacology module was not balanced adequately.

The students were dissatisfied with not getting their first choice of electives.

The students were satisfied with the use of 'Blackboard' as they felt that lecturers uploaded the relevant information in a timely manner. The students also felt positive about the facilities provided. However, the team was advised that more literature would be beneficial. The students evoked the need for a study week prior to Christmas exams.

Students were aware of the support mechanisms in place within UCC.

UCC were commended by the students on how the University prepares Doctors to approach the patients from a humanist perspective.

Students from Year Four

The Team met with 26 students from Year Four of the Direct Entry Programme. They were assured of confidentiality and advised of the Medical Council's role. The students all confirmed that they had volunteered to meet with the Medical Council Team.

When the students were asked about their clinical practice, it was evident that there were some inconsistencies in attendance and whether it would be taken note of by the Consultant. The students also expressed their concern regarding quality assurance and its variability across the various clinical sites.

It was apparent that feedback was being provided in a clinical placement setting. Although general feedback was provided when students were in groups, more specific and individualised feedback was provided when there were less students in the session. However, there was no feedback provided after the clinical assessment.

The students were happy with the induction they received in the initial lectures of fourth year. The students were complimentary of the Class Representatives involvement in the Committees.

Overcrowding in the various clinical placements was vocalised during this session. Students felt that because there were high numbers of other fourth year students in addition to final year students in specific specialties, that there was very little opportunity for fourth year students to be involved in procedures.

The students felt there was an imbalance in the allocation of placements. It was suggested that this is restructured for future years.

Multi-disciplinary training was portrayed as a positive experience overall. It was evident that students found this very beneficial as it gave an insight into the roles of different disciplines e.g. midwifery students and pharmaceutical students.

It was brought to the teams' attention that International students have to conduct a vast amount of self-directed learning ahead of their Internship interviews in Singapore for example. The International Students felt ill-prepared for this and think that more preparation for this process should be accommodated for.

Students from Year Five

The Team met with 21 students from Year Five of the Direct Entry Programme. They were assured of confidentiality and advised of the Medical Council's role. The students all confirmed that they had volunteered to meet with the Medical Council Team.

The students illustrated a very positive experience with regards to simulation training and felt that more access to this style of training would be beneficial through the entirety of their training.

When asked about 'Intern acting – up' opportunities, it was mentioned that this was not evident within the current structures. The students felt that it would be beneficial to care for 1-2 patients in order to utilise the theoretical knowledge gained in the 'professional practice' module and adapt it to a real-life setting. The students also felt that an induction into the theatre environment would be beneficial going forward.

When the team enquired about inter-professional learning, the students encouraged the idea of working with the various directives more frequently.

When the team queried if there were any changes the students would make to the current structures, the students expressed deep concern that they did not have access to patient records e.g. MRI scans. It was also illustrated that the students did not have any access to patient charts in the Maternity Hospital due to their paperless record policy. This in turn has effected follow – up. The students have fed this information to the Medical Society but there has been no further action as a result. Students felt that feedback should be initiated by the lecturer rather than the student. The students requested that more one-to-one feedback be provided going forward.

The students would like more career guidance. A desire for the University to provide more information on the national healthcare needs and more specific guidance was expressed by the students. They felt that the gaps in the healthcare system were not being focused upon and therefore a holistic healthcare system is unachievable at this time.

Students request that more preparedness to practice should be evident in the curriculum. The simulations were illustrated as being a very positive attribute to the course but the students felt that more exposure to this environment, earlier on in their learning would be optimal UCC tutors were commended on their level of clinical information that they provide to the students.

The students expressed the need for NCHD's to be provided with an induction on how to integrate into the regional hospitals.

The team enquired if the students had swipe card access, to which the students confirmed that with the exception of the Mercy Hospital, they do not have full swipe card access to all facilities within the hospitals e.g. surgery theatres.

Students from various years who were on Clinical Placements at the time of visit

The Team met with students from various years of the Direct Entry Programme, who were on clinical placements in Cork University Hospital, South Infirmary Victoria University Hospital, Mercy University Hospital, Bon Secours, St Stephens Hospital, Bantry General Hospital, St Mary's Orthopaedic Hospital, University Hospital Waterford, South Tipperary General Hospital and St Finbarr's Hospital. They were assured of confidentiality and advised of the Medical Council's role. The students all confirmed that they had volunteered to meet with the Medical Council Team.

When asked about the induction on each of the site, there were mixed views. Some students confirmed that they had a good induction, other sites had no induction. The students also felt that the exposure varied depending on the clinical sites. But felt that the matching process was well balanced.

The students advised the Team of the variances in teaching at the clinical sites and felt that some of the tutors were more engaged than others.

The students currently on placements in Cork University Hospital advised the Team of a number of lectures being cancelled due to work commitments. The most affected being the small group teaching, where approximately 50% of these tutorials are being cancelled.

The final year students on placement in Cork University Hospital feel much more involved in patient care and the Team, however, no swipe access or access to patient records limits the student's ability to learn.

The students currently on placements in South Infirmary Victoria University Hospital were having a very positive experience to date. The in-depth induction given to students by Dr Noelle was praised and the students felt prepared beginning their placements.

The students felt the tutorials are working well on this clinical placement and regular feedback was being given, however, when asked if they were observed taking case histories the students advised that they were not and were only observed when presenting it.

The students currently on placement in Mercy University Hospital reiterated the issues that were occurring in Cork University Hospital whereby up to 50% of tutorials were being cancelled and not rescheduled.

Despite availability clearly described by the hospital management, students currently on placement in Mercy University Hospital felt that there was no pastoral support available to them and if they were having any problems they would go back to the student support network in UCC.

The students on placement in the Bon Secours felt the tutorials were well orchestrated. They commended the hospital on their attention to detail with regards to student attendance. The students also illustrated that they found the ad-hoc interaction with Interns to be very beneficial, however, there was no specified time for this interaction. The staff were commended for encouraging students to ask questions during clinical activities.

Similarly to Cork University Hospital, the students currently on placement in the Bon Secours illustrated that third year students on a 5 week placements did have swipe card access whereas, students on a 2 week placement did not. In turn, the students felt this inhibited their learning ability in the Clinical environment.

Across all sites, the students advised the Team that there is little or no multi-disciplinary teaching taking place with other professions.

Meeting with Interns who are UCC graduates

The Team met with a number of Interns currently on placements throughout the teaching hospitals who are graduates of UCC. They were assured of confidentiality and advised of the Medical Council's role.

The key objective of meeting with these Interns was to get a clear understanding of their preparedness for practice. The Interns we met in SIVUH felt that the intern-shadowing component in final med was not timed correctly and was too close to final exams, which meant that students were not giving their full attention to the shadowing.

Although the Preparedness for Practice module was helpful, it did not prepare them for their day to day responsibilities as interns.

The Interns in the Bon Secours felt there was not enough preparation ahead of practice. They felt that there was a significant contrast between the learning environment and Clinical placement.

Compliance

The Team found that UCC is partially complying with this standard

Observation(s) and Recommendation(s)

The Team makes the following recommendations:

- There is a need to manage actively the expectations of International Students in relation to obtaining Internships in Ireland and the Team recommends that this information be revised and implemented.
- The Team found no evidence of review of intake under Standard 4.2 based on local health needs and recommends that UCC work with its partner organisations to review student intake.
- The Team recommends that consideration be given to creating an overarching Academic Tutor system that oversees the progress of students in the programme.
- The Team recommends that UCC publishes a clear protocol for the recognition and support of a student in difficulty.
- The Team recommends that there be a Medical School specific careers guidance service.
- The Team found that the SIVUH and MUH were the only sites which gave students full swipe access for their clinical placements. The Team recommends that UCC ensures students have full swipe access for all their clinical placements

Commendation(s)

- The Team commends UCC on the support mechanisms in place within the school for pastoral, health and academic needs.

Area 5: Academic staff/faculty

ACADEMIC STAFF/FACULTY	Level of compliance	PC
Description of documentary evidence of compliance with this standard provided by UCC:		

UCC provided the Team with the following documentary evidence of compliance with this standard: Staff Promotion to Senior Lecturer.		
<i>Description of evidence of compliance with this standard found during the inspection visit:</i> The Team noted the motivation and enthusiasm of all teaching staff in the medical school and across clinical sites. School appointed Clinical Fellows and Clinical Senior Lecturers received bespoke training in medical education. The School offers through its medical education unit, courses across the clinical sites. However, the school does not have a record of clinical site staff who take up these courses.		
<u>Compliance</u> The Team found that UCC is partially complying with this standard		
<u>Observation(s) and Recommendation(s)</u> The Team makes the following recommendations: The Team recommends that UCC works with its clinical partners in developing an academic staff development strategy		
<u>Commendations</u> The Team commends: The Medical Education Programme which is in its early stages.		
Area 6: Educational Resources		
EDUCATIONAL RESOURCES	Level of Compliance	PC
<i>Description of documentary evidence of compliance with this standard provided by UCC:</i> UCC provided the Team with the following documentary evidence of compliance with this standard: Physical Facilities and Student IT Handbook.		
<i>Description of evidence of compliance with this standard found during the inspection visit</i> Physical Facilities: The Team encountered a range of resources at the Clinical Training Sites and note the plans for development at each site, however, some of the current available resources are below acceptable standards. Information Technology: The Team noted that overall good IT resources were available to academic staff and students. The Team found that students did not have access to electronic clinical records. This impedes their ability to learn from patient interactions. The Team note that the Students found that Blackboard is a useful and easily accessed resource, however, the Team note that clinical site teaching staff do not have access to Blackboard, access to this resource would enhance the delivery and planning of teaching.		

Medical Research and Scholarship:

The Team felt that Research and Scholarship were prompted in the school and across the clinical sites. Students were given ample opportunities to participate in research projects and examples of these projects were shared with the Team.

The Team met with very enthusiastic and supportive library staff at UCC and the Clinical Sites and the Team noted that the library facilities in UCC were excellent and satisfactory on the clinical sites.

Educational Exchange:

There are educational exchange programmes available to the students and the majority felt supported through the process.

Compliance

The Team found that UCC is partially complying with this standard

Observation(s) and Recommendation(s)

The Team makes the following recommendations:

- The Team recommends that UCC works with its clinical partners to mitigate these deficiencies notwithstanding the development plans for future resources.
- The Team recommend that UCC works with its clinical partners in delivering "read only" access to clinical records.

Commendation(s)

The Team commends UCC on:

- Its state of the art resources at Brookfield Health Science Complex which is acknowledged as an exceptional work environment for both staff and students.

Area 7: Programme evaluation

PROGRAMME EVALUATION

Level of compliance

PC

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

UCC provided the Team with no documentary evidence of compliance with this standard

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

The Team noted that there was a systematic approach to collecting feedback from the student body via student representatives and validated questionnaires. The Team noted the responsiveness of the School to evidence from the feedback.

Compliance

The Team found that UCC is partially complying with this standard

Observation(s) and Recommendation(s)

The Team makes the following recommendations:

- The introduction of an academic tutor system as highlighted previously would facilitate the analysis and monitoring of student performance.

Commendation(s)

No commendations made.

Area 8: Governance and Administration

GOVERNANCE AND ADMINISTRATION

Level of compliance

FC

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

UCC did not provide the Team with documentary evidence of compliance with this standard

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

The Team found that overall Governance and Administration is established and effective.

However, the Team did find that there was variability in the delivery of tutorials and the rate of cancellation as well as the monitoring of the student attendance and recommends that a process of standardised record keeping and reporting be established.

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

Compliance

The Team found that UCC is fully complying with this standard

Observation(s) and Recommendation(s)

The Team makes the following recommendations:

The Team recommend that Dean/Head of Medical School works with the Head of College of Medicine and Health and HSE to coordinate the utilisation of available resources to maximise the benefits to students

Commendation(s)

No commendations made.

Area 9: Continuous Renewal

CONTINUOUS RENEWAL

Level of compliance

FC

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

UCC did not provide the Team with documentary evidence of compliance with this standard

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

The Team believe that the medical school at UCC is committed to a process of continuous improvement and renewal.

The Team has seen evidence of review of the programme, introducing change and further review.

Compliance

The Team found that UCC is fully complying with this standard

Observation(s) and Recommendation(s)

The Team makes no recommendations:

Commendation(s)

No commendations made

F. INSPECTION OF CLINICAL TRAINING SITES

Cork University Hospital and Cork University Maternity Hospital

The Team met with the Clinical Staff and Management of Cork University Hospital (CUH) and Cork University Maternity Hospital (CUMH) and appreciate the time staff took to meet with them. They also appreciate the presentation made by Professor Paula O'Leary which gave them insight into the full scope of practice at the hospital, and the hospitals' involvement with education and training.

The Team were advised that CUH is the largest teaching hospital in Ireland with 500 Doctors employed and 150 students on clinical placements at any one time.

The Team were informed of the future plans to develop educational facilities for UCC students in CUH, however, at present the facilities available to the students are below acceptable standard.

Whilst inspecting the facilities at CUMH, the Team were impressed by the educational facilities available to the students.

The Clinicians commended UCC on the training programmes available to them for developing their teaching skills and examining skills.

The Clinicians also feed back into the curriculum through the Curriculum Committee and benchmark assessments through the Assessment Working Group in UCC.

The Clinicians currently in CUH and CUMH evidently have a keen interest in teaching and take on students in the summer research programmes as well as taking part in careers open days for CUH. They felt that students get good exposure during their rotations there.

The Team noted that swipe access for students in CUH and CUMH is restricted.

South Infirmary Victoria University Hospital

The Team met with the Clinical Staff and Management of South Infirmary Victoria University Hospital (SIVUH) and appreciate the time staff took to meet with them. They also appreciate the presentation made by Professor Brad Noelle which gave them insight into the full scope of practice at the hospital, and the hospitals' involvement with education and training.

The Team were impressed by the enthusiasm and dedication of the staff at SIVUH to teaching. Professor Noelle is a member of the Medical Education Unit in UCC and spends 50% of his time in UCC and feeds back any issues to help streamline teaching at SIVUH.

Students on placement in SIVUH spend two weeks there, the induction programme is well developed and delivered at the beginning of each rotation. Full swipe access is given to students and good inter-professional learning opportunities with nursing staff and students.

The DREEM survey is used at the end of each module and the results have now been fed back to SIVUH for each year of teaching for comparison and standardisation of teaching.

The Clinicians felt that students get good exposure to one on one teaching in SIVUH and tutorials are well organised and structured.

The Team inspected the facilities available to the students on site and felt that there was adequate study space and library facilities with good video-link facilities. The team felt that it would be beneficial to increase the size of the locker facilities and to consider a space that can be utilized for down time e.g. a breakout room.

Bon Secours Hospital Cork

The Team met with the Clinical Staff and Management of the Bon Secours Hospital and appreciate the time staff took to meet with them. They also appreciate the presentation made by Doctor Brian Bird which gave them insight into the full scope of practice at the hospital, and the hospitals' involvement with education and training.

The Team was pleased with the staff development strategy in place. They felt that the weekly meetings with various specialties were very beneficial.

The students were complimentary of the detailed case discussion which take place and commended the Oncology Unit on being a positive learning environment. Interns found the medical assessment very beneficial as they were supported by the Consultant.

The Team was impressed by the contingency plan in place in the case of a cancelled tutorial.

The Team felt that it would be beneficial for all students on placement to have swipe card access in order to enhance and streamline their experience.

Students on placement in the Bon Secours felt that staff were very approachable which stimulated their ability to question procedures to gain clarity and understanding.

The team inspected the sites facilities available to students on site and felt that there were good library facilities with a large catalogue. However, it was noted that not all students were aware of this on site facility.

The Team was satisfied with the classroom and tutorial facilities.

The Team recommends that a more adequate space be allocated for personal belongings.

Mercy University Hospital

The Team met with the Clinical Staff and Management of Mercy University Hospital (MUH) and appreciate the time staff took to meet with them. They also appreciate the presentation made by Dr Aislinn Joy which gave them insight into the full scope of practice at the hospital, and the hospitals' involvement with education and training.

MUH clearly outlines its core values in the learning environment for students and have a well-established welcome pack available to students prior to their arrival.

The facilities at MUH are limited for students as they are currently sharing the Nurses education facilities.

The Clinicians in MUH are enthusiastic in teaching, however, it was noted that some scheduled tutorials were not taking place due to the high clinical demands on clinicians and were not being rescheduled.

The overall governance is an ongoing challenge for MUH, however, the recent appointment of the Chief Academic Officer will help with standardising and maximising supports.

The Clinicians in MUH were aware of the training opportunities available from UCC, however, the clinical challenges they face restricts their ability to attend these courses.

The Clinicians also identified the importance of inter-disciplinary teaching between the nurses, pharmacy and medical staff and students that is currently taking place.

End of report

APPENDIX 1

The UCC staff who took part in the process is set out in a list provided by UCC.

Attendance at opening meeting

Helen Whelton	Head of College - College of Medicine and Health
Stephen Cusack	Interim Dean/Head School of Medicine, Professor of Emergency Medicine
Deirdre Bennett	Director Five Year Programme and Head of Medical Education Unit
Paula O'Leary	Professor - Medical Clinical Education/Final Year Co-ordinator
Mary Cahill	Chairperson - Undergraduate Curriculum Committee
Rose Walsh	Manager, School of Medicine
John Cryan	Head of Department - Anatomy and Neuroscience/Director Stream 1
Henry Smithson	Head of Department - General Practice
Fergus Shanahan	Head of Department - Medicine
John Higgins	Head of Department - Obstetrics and Gynaecology
Jonathan Hourihane	Head of Department - Paediatrics and Child Health
Mike Prentice	Head of Department - Pathology/Medical Microbiology
Thomas Walther	Head of Department - Pharmacology and Therapeutics
Ken O'Halloran	Head of Department - Physiology
Ted Dinan	Head of Department - Psychiatry
Paul Redmond	Head of Department - Surgery
Mairead O'Riordan	Senior Lecturer - Obstetrics and Gynaecology
Fiona Quinn	Lecturer - Third Year Co-ordinator
Pat Henn	Lecturer - Second Year Co-ordinator
Kathy Quane	Lecturer - First Year Co-ordinator
Helen Hynes	Lecturer - GEM2 Co-ordinator
Paul Gallagher	Senior Clinical Lecturer - Director Stream 2
Colm O Tuathaigh	Lecturer - Director Stream 4
Eileen Duggan	Lecturer - Student Welfare Officer
Deirdre Murray	Senior Lecturer - Paediatrics and Child Health
Louise Gibson	Senior Lecturer - Paediatrics and Child Health
Louise Burke	Professor - Pathology
Aishling Campbell	Senior Lecturer - Psychiatry
Juliette Buckley	Lecturer - Surgery
George Shorten	Professor - Anesthetics and Intensive Care Medicine
Emmett Andrews	Senior Lecturer - Surgery
Gabriella Iohm	Senior Lecturer - Anesthetics
Denis O'Mahony	Professor - Medicine
Michael Maher	Professor - Radiology
OJ O'Connor	Senior Lecturer - Radiology

REPORT OF INSPECTION OF UCC's DIRECT ENTRY MEDICAL PROGRAMME

John MacSharry	Deputy Director - GEM Lecturer
Niall Hyland	Lecturer - Pharmacology and Therapeutics; GEM1 Co-Ordinator
David Kerins	Professor - Pharmacology
Micheal O'Riordain	Clinical Senior Lecturer - Surgery
Margaret O'Rourke	Director of Behavioural Science and Medicine, Director Stream 3

Attendance of Clinical/Honorary Staff

Attendance of Clinical/Honorary staff (CUH)

Prof William Plant	(Clinical Professor of Renal Medicine
Prof Denis O'Mahony	Professor in Medicine and Consultant Geriatrician
Dr Desmond Murphy	[Medical Consultant, CUH]
Mr Chris Cotter	ENT Consultant
Dr Anna Durand O'Connor	CUMH NCHD SPR
Dr Aisling Ryan	Senior Clinical Lecturer and Consultant Neurologist
Dr Michael Pead	[Consultant Anaesthetist, CUH,
Dr Seila O'Callaghan	(CUH Anaesthetics)
Dr Gabreilla Rizzo	Lecturer/Clinical Tutor
Dr Patricia Fitzgerald	Lecturer
Dr Niamh Coakley	Clinical Tutor
Dr Aoife Ni Chorcain	[Consultant Psychiatrist
Mr Tony McNamara	Chief Executive Officer, CUH
Dr Jason van der Velde	Consultant in Emergency Medicine
Prof Paula O'Leary	Professor in Medicine and Consultant Physician and Immunologist

Attendance of Clinical/Honorary staff (SIVUH)

Dr Brad Noel	UCC Clinical Lecturer
Dr Michelle Murphy	Senior Clinical Lecturer in Medical Education/UCC, National Specialist Director in Dermatology
Prof Patrick Sheehan	ENT Consultant
Mr Colm Taylor	Orthopaedic Surgeon
Ms Margaret Lynch	Risk Manager
Dr Mark James	Lecturer in Ophthalmology/Module Co-ordinator CP4007/UCC
Mr Stephen Mannion	Consultant Anaesthetist
Mr Eamon O'Connell	Consultant Ophthalmologist
Ms Helen Donovan	CEO
Ms Anita Regan	Human Resources Manager
Stephanie White	
Mr Chris Cotter	ENT Consultant
Dr John Bourke	Consultant Dermatologist/Chairman Medical Staff / Intern Tutor SIVUH
Mr Anthony Hennessy	Consultant Anaesthetist
Dr Damian Murphy	Consultant in Pain Medicine

APPENDIX 2**Agenda:****Medical Council
Accreditation Visit to
University College Cork****Wednesday 22nd & Thursday 23rd November****VISITING TEAM**

Ms Anne Carrigy (Chair of the Visiting Team and Medical Council Member)
 Ms Katharine Bulbulia (Medical Council Member)
 Dr Consilia Walsh (Medical Council Member)
 Prof Hisham Khalil (Assessor)
 Prof Barry Lewis (Assessor)
 Ms Úna O'Rourke (Director of Education, Training and Professionalism)
 Ms Aoise O'Reilly (Accreditation Manager, Education, Training & Professionalism)
 Ms Poppy Nolan (Accreditation Executive, Education, Training & Professionalism)

Time:	Event:	Details:
Wednesday 22nd November		
7.30	Ground Transportation: Collection to be arranged by UCC from Kingsley Hotel Meeting Location: Brookfield Health Sciences Complex (BHSC), College Road. Room number 2.47	
08.00	Private meeting of Assessor Team BHSC_247	
8.30	Welcome & Introductory Meeting Visiting Team to meet with UCC faculty for Plenary Session including a formal presentation to the Assessor Team by Head of School of approximately 20 minutes followed by a Question and Answer Session BHSC_121	

REPORT OF INSPECTION OF UCC's DIRECT ENTRY MEDICAL PROGRAMME

10.00	Direct Entry Programme	Graduate Entry Programme	<i>Groups of 36 students invited to meet with the Teams</i>
	Meeting with Students from 1st Year DEM (45 mins) ASSERT LG1.01	Meeting with Students from 1st Year GEM (45 mins) BHSC_225	
10.45	Meeting with students from Year 2 DEM (45 mins) ASSERT LG1.01	Meeting with students from Year 2 GEM (45 mins) BHSC_225	
11.30	Meeting with students from Year 3 DEM (45 mins) ASSERT LG1.01	Meeting with students from Year 3 GEM (45 mins) BHSC_225	
12.15	Lunch meeting for Medical Council Team in Private BHSC_247		
13.00	Meeting with students from Year 4 DEM (45 mins) ASSERT LG1.01	Meeting with students from Year 4 GEM (45 mins) BHSC_102	<i>Groups of 36 students invited to meet with the Teams</i>
14.00	Meeting with students from Year 5 DEM (45 mins) ASSERT LG1.01	Meeting with students from clinical sites (45 mins) BHSC_102	<i>Groups of 36 students invited to meet with the Teams</i>
15.00	Ground Transportation: Collection to be arranged by UCC to Cork University Hospital		
15.30	Private meeting of the Assessor Team Consultants Common Room, CUH		
16.00	Meeting of Assessor Team with hospital management, clinicians and staff involved in education and training at CUH and CUMH CUH Lecture theatre		Please see attached list of invited CUH & CUMH staff
16.45	Meeting with Students CUH Lecture Theatre		<i>73 Students invited to meet with the Team</i>

17.45	Facilities walk-around CUH: Prof. Paula O'Leary 087-6395613 CUMH: Dr. Mairead O'Riordan 087-2329572	One Team to inspect CUH facilities, other to inspect CUMH facilities
18.30	Departure of the Team Ground Transportation: Collection to be arranged by UCC from CUH main entrance to The Kingsley Hotel	
Thursday 23rd November		
08.00	Ground Transportation: Collection to be arranged by UCC from campus 9 Assessors to go to SIVUH	
08.30	Private meeting of Medical Council Team SIVUH: Conference Centre (Conference Centre is across from Main Reception SIVUH on right hand side past Educational Centre & Oncology. It is the room to the right of the library)	
09.00	Meeting of Assessor Team with hospital management, clinicians and staff involved in education and training at both sites SIVUH: Conference Centre	Please see attached list of invited SIVUH staff
09.45	Meeting with Students and interns SIVUH: Conference Centre	<i>26 Students to meet with the Team</i>
10.30	Facilities walk-around Dr. Michelle Murphy 0879273327	
11.15	Ground Transportation: Collection to be arranged by UCC Team split - 4 Assessors to go to Bon Secours Cork 4 Assessors to go to Mercy University Hospital	
11.30	Private meeting of Medical Council Team Bon Secours: Restaurant Meeting Room MUH: Ground Floor Parlour	

REPORT OF INSPECTION OF UCC's DIRECT ENTRY MEDICAL PROGRAMME

12.00	Meeting of Assessor Team with hospital management, clinicians and staff involved in education and training Bon Secours: Classroom 1 MUH: First Floor Drawing Room	Please see attached lists of invited Bon Secours and MUH staff
13.00	Private Lunch Bon Secours: Restaurant Meeting Room MUH: Ground floor parlour	
13.45	Meeting with Students and interns Bon Secours: Classroom 1 MUH: First Floor drawing room	<i>36 Students to meet with the Team</i> <i>37 Students to meet with the Team</i>
14.30	Facilities walk-around Bon Secours: Ms. Joanne McCarthy MUH: Dr. Nora McCarthy 0866088387	
15.00	Ground Transportation: Collection to be arranged by UCC from BONS and MUH to BHSC Campus	
15.30	BHSC Campus facilities – Facilities walk-around Dr. Rob Gaffney Dr. John MacSharry	
16.30	Private meeting of the Assessor Team BHSC_247	
17.00	Exit meeting – All available faculty members, Management, Dean, Programme Coordinators etc. to attend. BHSC_101	Please see attached list of invited UCC faculty
17.30	Departure of Team Ground Transportation: Collection to be arranged by UCC to The Kingsley Hotel	