# MEDICAL COUNCIL REPORT ON ACCREDITATION INSPECTION
# UNIVERSITY COLLEGE CORK - DIRECT ENTRY TO MEDICINE

**DATE:** Tuesday 12 March – Thursday 14 March 2024

### VISITING TEAM - ASSESSORS

Mr Graham Knowles (Chair of the Visiting Team & Education and Training Committee Member)
Prof John Jenkins (Medical Assessor)
Prof Barry Lewis (Medical Assessor)
Prof Hisham Khalil (Medical Assessor)
Ms Ger Feeney (Non-Medical Assessor)

### VISITING TEAM - EXECUTIVE

Ms Denise Carroll – Head of Undergraduate and Intern Programmes and Clinical Learning Environments
Ms Aoise O'Reilly – Professional Development Manager, Undergraduate
Ms Hannah McGrath – Professional Development Executive, Undergraduate

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## A. STATEMENT WITH REGARD TO THE FREEDOM OF INFORMATION ACT 2014, GENERAL DATA PROTECTION REGULATION ('GDPR') AND THE DATA PROTECTION ACTS 1988 – 2018.

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

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## B. PREFACE

### 1. Context of the visit

University College Cork 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 WFME terminology). The Medical Council Assessor Team held meetings with management, academic & clinical staff, and students on Tuesday 12, Wednesday 13 & Thursday 14 March 2024.

Inspections of the facilities and observation of teaching were also undertaken. The Medical Council Assessor teams' remit was to assess the programmes and to formulate a recommendation on accreditation to the Medical Council's Education and Training Committee.

### 2. The Team

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

The Medical Council would also like to thank the University College Cork Team, led by Professor Paula O'Leary, Head of the School of Medicine, Professor Deirdre Bennett, Head of the Medical Education Unit and Director of the Undergraduate Programme and Mr Robert O'Mahony, School of Medicine Administrative Assistant, for the work involved in coordinating the visit. In addition, the Medical Council would like to thank the staff and students who met with the Team, whose feedback was most helpful in formulating this Report.

### 3. Documentation

Prior to the visit, the Team reviewed the completed *Accreditation of Existing Medical Programmes – WFME Questionnaire*, and information submitted in the form of a survey of University College Cork medical students, academic teaching staff and clinical site teaching staff. The questionnaire completed by University College Cork is based on the World Federation of Medical Education's *Global Standards for Quality Improvement: Basic Medical Education.*

### 4. Schedule

The accreditation visit included a presentation by Professor Paula O'Leary, Head of School, and Professor Deirdre Bennett; an in-depth discussion between the Medical Council Assessor Team and representatives of the University; along with private sessions with students representing all stages of the course, clinical teaching staff, and academic staff. Under Section 88 (2)(f) of the Medical Practitioners Act 2007 an inspection of the facilities and observation of teaching was also undertaken at the University College Cork Medical School, Cork University Hospital, South Infirmary Victoria University Hospital (SIVUH), Bon Secours Cork, Mercy University Hospital, Kidscope Community Child Development Clinic and Kinsale Medical Centre.

### 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*.

## C. SUMMARY AND GENERAL ASSESSMENT

### Conclusion and main recommendations of Medical Council

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

This approval should be for a period of five years from the date of approval by the Education and Training Committee (see Recommended Further Action below).

The University College Cork 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 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 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 University College Cork, surveys and the information provided by the staff and students interviewed it is recommended that University College Cork addresses the following:

- **(B.1.4.1)** It is recommended that the School ensures the participation of principal stakeholders in formulating the mission and intended educational outcomes. This should be completed as part of the current curriculum review and no later than 2027. Timelines to be negotiated with Council at the Action and Implementation Plan meeting.
- **(B.2.4.3/4)** The School should review the delivery and assessment of medical ethics and especially jurisprudence. The review should be completed by the end of 2024 with the delivery of an enhanced module in the next academic year. Timelines to be negotiated with Council at the Action and Implementation Plan meeting.
- **(B.2.6.1)** In order to reduce information overload, the School should seek to ensure teaching materials are pertinent, up to date and appropriate for the undergraduate curriculum. The review should be completed by the end of 2024 and implemented in the next academic year.
- **(B.2.8.1)** The School should further develop opportunities for interprofessional learning, including in the clinical setting, in preparation for participation in multidisciplinary practice. This should be completed as part of the current curriculum review and no later than 2027. Timelines to be negotiated with Council at the Action and Implementation Plan meeting.
- **(B.3.1.2)** The School should ensure that there is a regular documented assessment of clinical examination skills for both formative and summative purposes at all stages of the programme. The review should be completed by the end of 2024 and implemented in the next academic year. Timelines to be negotiated with Council at the Action and Implementation Plan meeting.
- **(B.3.1.2)** It was noted that the Prescribing Safely Assessment (PSA), is not mandatory for graduation at present. As this is a critical patient safety issue, successful completion of the PSA should be made mandatory. This should be completed as part of the current curriculum review and no later than 2027. Timelines to be negotiated with Council at the Action and Implementation Plan meeting.
- **(B.3.2.2)** The School should review the effectiveness of the use of logbooks as a learning tool and work towards the implementation of an effective and transferrable record of learning and

progress. This should be completed as part of the current curriculum review and no later than 2027. Timelines to be negotiated with Council at the Action and Implementation Plan meeting.

- **(B.3.2.3)** The School should review the delivery of feedback on assessments to ensure appropriate timeliness and effectiveness. The review should be completed by the end of 2024 and implemented in the next academic year.
- **(B.3.2.4)** The School should ensure consistent and balanced delivery of formative and summative assessment with a view to supporting learning through assessment for all students. . This should be completed as part of the current curriculum review and no later than 2027. Timelines to be negotiated with Council at the Action and Implementation Plan meeting.
- **(B.5.1.1)** The role of and appointment process for Adjunct Clinical Lecturers should be reviewed in association with all relevant clinical sites in order to ensure their visibility to students and appropriate work planning as a key resource for student learning. The review should be completed by the end of 2024 and implemented in the next academic year.
- **(B.5.2.5)** The School should implement the peer review policy to ensure consistency of student experience in relation to academic support. This should be completed as part of the current curriculum review and no later than 2027. Timelines to be negotiated with Council at the Action and Implementation Plan meeting.
- **(B.6.1.1)** The School should continue to work with clinical placement providers to ensure adequate physical facilities. This should be reviewed on an annual basis.
- **(B.6.3.2)** The School should review the utility of the Virtual Learning Environment. The review should be completed by the end of 2024 and implemented in the next academic year.
- **(B.6.4.1)** The School should undertake a full review of the current timescale, organisation, and identification of supervisors for the students to complete the research requirement of the current curriculum. The review should be completed by the end of 2024 and implemented in the next academic year. Timelines to be negotiated with Council at the Action and Implementation Plan meeting.
- **(B.6.4.1)** The School should ensure parity of preparation for DEM and GEM students to meet the research requirement of the curriculum. This should be completed as part of the current curriculum review and no later than 2027. Timelines to be negotiated with Council at the Action and Implementation Plan meeting.
- **(B.6.5.1)** The School should ensure consistent educational expertise across the faculty regarding consistent and balanced delivery of formative and summative assessment. The review should be completed by the end of 2024 and implemented in the next academic year.
- **(B.7.1.5)** The School should ensure uniform delivery of mechanisms for data collection and analysis in order to ensure effective and consistent delivery of the curriculum on an ongoing basis. The review should be completed by the end of 2024 and implemented in the next academic year.
- **(B.7.3.1)** The development and delivery of a mechanism for more detailed school level data collection on student and graduate cohorts is encouraged, including academy level indicators. The review should be completed and implemented in the next academic year.
- **(B.7.4.1)** The School should evaluate and further develop the role of the recently established clinical sites group to ensure effective and consistent delivery of learning outcomes. Progress should be reported to the Medical Council as part of the annual returns process. This should be completed by the end of 2024.
- **(B.7.4.1)** The process of collecting MCPI responses should be reviewed, and assurance given to students regarding the effectiveness of measures in place to ensure the complete anonymity of their responses. The review should be completed by the end of 2024 and implemented in the next academic year.
- **(B.8.3.1)** The School should work with the university to make the processes relating to business planning and income surplus management more transparent and timelier. Ongoing updates to be provided to the Medical Council through the annual returns process.
- **(B.8.3.2)** The School should work with the University to recruit into the significant level of current vacancies with immediate effect.

- **(B.8.5.1)** The School should ensure a higher level of engagement with local and national government and other bodies involved with the health of the community. . This should be completed as part of the current curriculum review and no later than 2027. Timelines to be negotiated with Council at the Action and Implementation Plan meeting.
- **(B.9.0.1)** The current curriculum review should be expanded to include both the DEM and GEM programmes in their entirety, with immediate effect and no later than 2027. Timelines to be negotiated with Council at the Action and Implementation Plan meeting.
- **(B.9.0.1)** The School should continue to update the Medical Council on the development of the review of the curriculum, including submission of a significant change application within the indicated timeline.

## 1. Recommendations that the Medical Council makes to all medical schools.

The University College Cork 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 University College Cork 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.

## 2. The Medical Council commends the University College Cork for:

- **(B.1.1.2)** The high level of awareness of the mission statement amongst students and staff is commendable.
- **(B.2.6)** The merging of the DEM and GEM programme
- **(Q.4.4.1)** There is evidence of strong and effective student representative mechanisms and support and facilitation of a range of student activities.
- **(B.4.3.1)** The quality and visibility of the support structure and its leadership is to be commended.
- **(B.6.2.3)** The management of Kidscope Community Child Developmental Clinic are to be commended for their dedication to undergraduate medical education within the context of their clinical offering.
- **(B.6.4.1)** There were some examples of supervisors who demonstrated exceptional dedication and support to individual students in achieving success in this regard.

## D. EVALUATION OF THE PROGRAMME, BASED ON THE WORLD FEDERATION FOR MEDICAL EDUCATION 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 | X | X | X | | X | X | X | X | X | 8 |
| FC | | | | X | | | | | | 1 |

| | 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: MISSION AND OUTCOMES

**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)

**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)

**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)

**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)

| **Level of compliance** | **Partially Compliant** |
|---|---|

**Description of documentary evidence of compliance with this standard provided by University College Cork**

- WFME Questionnaire
- 23 additional documents were provided as evidence of compliance with this standard. They can be found in **Appendix 1**.

**Comments**

Following the self-assessment documentary review and accreditation visit, Area 1: Mission and Outcomes was deemed to be Partially Compliant.

There continues to be a high-level awareness of the mission, ethos and professionalism by staff and students in UCC and at all clinical sites. There was little reference to global health in the submission and during the visit.

**Further Observations**

**Criteria deemed fully compliant were as follows: 1.1; 1.2 and 1.3.**

**1.4 Participation in Formulation of Mission and Outcomes**

**Partially Compliant:** There was no evidence of constructive interaction with the health and health related sectors of society and government in formulating mission and educational outcomes.

**Recommendations**

- **(B.1.4.1)** It is recommended that the School ensures the participation of principal stakeholders in formulating the mission and intended educational outcomes. This should be completed as part of the current curriculum review and no later than 2027. Timelines to be negotiated with Council at the Action and Implementation Plan meeting.

**Commendations**

- **(B.1.1.2)** The high level of awareness of the mission statement amongst students and staff is commendable.

## AREA 2: EDUCATIONAL PROGRAMME

**2.1 Framework of the Programme**

The medical school must

- Define the overall curriculum.
- Use curriculum and instructions.

**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)

**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)

**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)

### 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)

### 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).

### 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)

### 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).

| Level of compliance | Partially Compliant |
|---|---|

**Description of documentary evidence of compliance with this standard provided by University College Cork**

- WFME Questionnaire
- 23 additional documents were provided as evidence of compliance with this standard. They can be found in **Appendix 2**.

**Comments:**

Following the accreditation visit the Assessor Team found Area 2: Education Programme to be Partially Compliant.

**Further observations:**

**Criteria deemed fully compliant were as follows: 2.1; 2.2; 2.3; 2.5; 2.6; 2.7.**

### 2.4 Behavioural and Social Science, Medical Ethics and Jurisprudence

**Partially Compliant:** Concerns were expressed by students about the quality of content and assessment of medical ethics and jurisprudence throughout the programme.

### 2.5 Clinical Sciences and Skills

**Fully Compliant:** The utilisation of the high-quality ASSERT simulation facilities should be developed. Consideration should be given to the further development and utilisation of simulation facilities on other sites.

### 2.6 Programme Structure, Composition and Durations

**Fully Compliant:** There were examples of postgraduate level material being delivered to students which was of limited direct relevance to the learning outcomes of the undergraduate curriculum.

### 2.8 Linkage with Medical Practice and Health Sector

**Partially Compliant:** The School should enhance its communication and liaison with future employers and Postgraduate Training Bodies. Despite the clear enthusiasm of individual faculty members, there was insufficient evidence of consistent delivery of interprofessional learning.

### Recommendations

- **(B.2.4.3/4)** The School should review the delivery and assessment of medical ethics and especially jurisprudence. The review should be completed by the end of 2024 with the delivery of an enhanced module in the next academic year. Timelines to be negotiated with Council at the Action and Implementation Plan meeting.
- **(B.2.6.1)** In order to reduce information overload, the School should seek to ensure teaching materials are pertinent, up to date and appropriate for the undergraduate curriculum. The review should be completed by the end of 2024 and implemented in the next academic year.
- **(B.2.8.1)** The School should further develop opportunities for interprofessional learning, including in the clinical setting, in preparation for participation in multidisciplinary practice. This should be completed as part of the current curriculum review and no later than 2027. Timelines to be negotiated with Council at the Action and Implementation Plan meeting.

### Commendations

- **(B.2.6)** The merging of the DEM and GEM programme.

## AREA 3: ASSESSMENT OF STUDENTS

### 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)
- 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)

| Level of Compliance | Partially Compliant |
|---|---|

**Description of documentary evidence of compliance with this standard provided by University College Cork**

- WFME Questionnaire

- 4 additional documents were provided as evidence of compliance with this standard. They can be found in **Appendix 3**.

**Comments**

Following the accreditation visit the Assessor Team found Area 3: Assessment of Students to be Partially Compliant.

**Further observations:**

**3.1 Assessment Methods**

**Partially Compliant:** It was heard that there was some inconsistent assessment of clinical examination skills for both formative and summative purposes.

**3.2 Relation between Assessment and Learning**

**Partially Compliant:** Assessors heard that the delivery of formative assessment and feedback to enhance learning was inconsistent. Students also reported a lack of feedback given in various learning environments. Students would like to have detailed and timely feedback on assessments, including MCQ's and OSCEs.

Students described the logbook as a recording and signature process and rarely as an effective learning tool.

It was noted that the Prescribing Safely Assessment (PSA), is not mandatory for graduation at present. As this is a critical patient safety issue, successful completion of the PSA should be made mandatory.

**Recommendations**

- **(B.3.1.2)** The School should ensure that there is a regular documented assessment of clinical examination skills for both formative and summative purposes at all stages of the programme. The review should be completed by the end of 2024 and implemented in the next academic year. Timelines to be negotiated with Council at the Action and Implementation Plan meeting.
- **(B.3.1.2)** It was noted that the Prescribing Safely Assessment (PSA), is not mandatory for graduation at present. As this is a critical patient safety issue, successful completion of the PSA should be made mandatory. This should be completed as part of the current curriculum review and no later than 2027. Timelines to be negotiated with Council at the Action and Implementation Plan meeting.
- **(B.3.2.2)** The School should review the effectiveness of the use of logbooks as a learning tool and work towards the implementation of an effective and transferrable record of learning and progress. This should be completed as part of the current curriculum review and no later than 2027. Timelines to be negotiated with Council at the Action and Implementation Plan meeting.
- **(B.3.2.3)** The School should review the delivery of feedback on assessments to ensure appropriate timeliness and effectiveness. The review should be completed by the end of 2024 and implemented in the next academic year.
- **(B.3.2.4)** The School should ensure consistent and balanced delivery of formative and summative assessment with a view to supporting learning through assessment for all students. This should be completed as part of the current curriculum review and no later than 2027. Timelines to be negotiated with Council at the Action and Implementation Plan meeting.

**Commendations**

- No commendations were made for this standard.

## AREA 4: STUDENTS

### 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)

### 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)

### 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)

### 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)

| Level of Compliance | Fully Compliant |
|---|---|

**Description of documentary evidence of compliance with this standard provided by University College Cork**

- WFME Questionnaire
- 11 additional documents were provided as evidence of compliance with this standard. They can be found in **Appendix 4**.

**Comments**

Following the accreditation visit the Assessor Team found Area 4: Students to be Fully Compliant.

**Further observations:**

**4.3 Student Counselling and Support:** A number of international students expressed concern about options for first posts after graduation and how to apply outside of Ireland. Many students indicated they would appreciate more structured careers advice.

**4.4: Student Representation:** In relation to the quality standard 4.4.1, there is evidence of strong and effective student representative mechanisms and support and facilitation of a range of student activities.

**Considerations**

- **(Q.4.3.2)** The School of Medicine should consider enhancing advice and support offered to students regarding career pathways nationally and internationally.

**Commendations**

- **(B.4.3.1)** The quality and visibility of the student support structure and its leadership is to be commended.
- **(Q.4.4.1)** There is evidence of strong and effective student representative mechanisms and support and facilitation of a range of student activities.

## AREA 5: ACADEMIC STAFF/FACULTY

### 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)
- 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)

| Level of Compliance | Partially Compliant |
|---|---|

**Description of documentary evidence of compliance with this standard provided by University College Cork**

- WFME Questionnaire
- 11 additional documents were provided as evidence of compliance with this standard. They can be found in **Appendix 5**.

**Comments:** Following the accreditation visit the Assessor Team found Area 5: Academic Staff/Faculty to be Partially Compliant.

**Further observations:**

**5.1 Recruitment and Selection Policy.**

**Fully Compliant**. No further observations made.

**5.2 Staff Activity and Staff Development**

**Partially Compliant:** It was heard from some staff that they have experienced challenges in participating in the Masters. Students reported variable experience of teaching delivery by academic staff. Some academic staff were highly commended by students. Effective implementation of the peer review policy would ensure consistency of student experience in relation to academic support.

It is not currently clear to students what the role of Clinical Adjunct Lecturers is. Job planning for newly appointed individuals in these roles was challenging at clinical site level.

**Recommendations**

- **(B.5.1.1)** The role of and appointment process for Adjunct Clinical Lecturers should be reviewed in association with all relevant clinical sites in order to ensure their visibility to students and appropriate work planning as a key resource for student learning. The review should be completed by the end of 2024 and implemented in the next academic year.
- **(B.5.2.5)** The School should implement the peer review policy to ensure consistency of student experience in relation to academic support. This should be completed as part of the current curriculum review and no later than 2027. Timelines to be negotiated with Council at the Action and Implementation Plan meeting.

**Commendations**

- No commendations were made for this standard.

## AREA 6: EDUCATIONAL RESOURCES

### 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)

### 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)

### 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.)

### 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)

### 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)

### 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)

| Level of Compliance | Partially Compliant |
|---|---|

**Description of documentary evidence of compliance with this standard provided by University College Cork**

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

**Comments**

Following the accreditation visit the Assessor Team found Area 6: Educational Resources, to be Partially Compliant.

**Further observations:**
**Criteria deemed fully compliant were as follows: 6.2 and 6.6.**

**6.1 Physical Facilities**

**Partially Compliant:** There were deficits in relation to physical facilities at some clinical sites, for example, there was no swipe access on some sites and a lack of changing facilities and locker spaces resulting in some students going between the university campus and clinical sites wearing scrubs. Brookfield has adequate facilities. In particular, the FLAME lab offers a high-quality, purpose-built learning environment which provides an excellent student experience.

**6.3 Information Technology**

**Partially Compliant:** Students raised concerns around the search capability and utility of Canvas. There was a variability in the quality of the resources on Canvas.

**6.4 Medical Research and Scholarship**

**Partially Compliant:** The School is encouraged as part of the curriculum review to develop a repository of education scholarship and research that informs the delivery of the revised curriculum.
Students and (potential) clinical staff supervisors described wide variability in the process of identifying and matching students and supervisors and also the completion of research projects in the time frame set within the context of other priorities. Furthermore, there is a disparity in the preparation of DEM and GEM students to meet the research requirement of the curriculum.

**6.5 Educational Expertise**

**Partially Compliant:** There is inconsistent educational expertise across the faculty regarding consistent and balanced delivery of formative and summative assessment.

**Recommendations**

- **(B.6.1.1)** The School should continue to work with clinical placement providers to ensure adequate physical facilities. This should be reviewed on an annual basis.
- **(B.6.3.2)** The School should review the utility of the Virtual Learning Environment. The review should be completed by the end of 2024 and implemented in the next academic year.
- **(B.6.4.1)** The School should undertake a full review of the current timescale, organisation, and identification of supervisors for the students to complete the research requirement of the current curriculum. The review should be completed by the end of 2024 and implemented in the next academic year. Timelines to be negotiated with Council at the Action and Implementation Plan meeting.

- **(B.6.4.1)** The School should ensure parity of preparation for DEM and GEM students to meet the research requirement of the curriculum. This should be completed as part of the current curriculum review and no later than 2027. Timelines to be negotiated with Council at the Action and Implementation Plan meeting.
- **(B.6.5.1)** The School should ensure consistent educational expertise across the faculty regarding consistent and balanced delivery of formative and summative assessment. The review should be completed by the end of 2024 and implemented in the next academic year.

**Commendations**

- **(B.6.2.3)** The management of Kidscope Community Child Developmental Clinic are to be commended for their dedication to undergraduate medical education within the context of their clinical offering.
- **(B.6.4.1)** There were some examples of supervisors who demonstrated exceptional dedication and support to individual students in achieving success in this regard.

## AREA 7: PROGRAMME EVALUATION

**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)

**7.2 Teacher and Student Feedback**

The medical school must systematically seek, analyse and respond to teacher and student feedback. (B 7.2.1)

**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)

**7.4 Involvement of Stakeholders**

The medical school must in its programme monitoring and evaluation activities involve its principal stakeholders. (B 7.4.1)

| Level of Compliance | Partially Compliant |
|---|---|

**Description of documentary evidence of compliance with this standard provided by University College Cork**

- WFME Questionnaire
- 7 additional documents were provided as evidence of compliance with this standard. They can be found in **Appendix 7**.

**Comments:**

Following the accreditation visit the Assessor Team found Area 7: Programme Evaluation, to be Partially Compliant.

**Further observations:**

**Criteria deemed fully compliant were as follows: 7.2.**

### 7.1 Mechanisms for Programme Monitoring and Evaluation

**Partially Compliant:** Learning outcomes are provided during placements, and logbooks are kept by students. The School did not describe consistent monitoring activity to ensure reliable achievement of the learning outcomes. There is limited evidence of quality management processes in place in some of the clinical sites.

### 7.2 Teacher and Student Feedback

**Fully Compliant:** The School carries out several evaluation activities including student and staff surveys and logbooks.

### 7.3 Performance of Students and Graduates

**Partially Compliant:** The School does not collect data on future career progression of their graduates in order to support current and future students.

### 7.4 Involvement of Stakeholders

**Partially Compliant:** The School recently set up a clinical sites group which includes all clinical placement providers. They meet virtually to discuss a range of cross organisational issues in relation to the delivery of the programme.

There is extensive use of the MCPI to evaluate student perception of the quality of the clinical experience at all sites. Students advised that they had to include their student number in their responses, which sometimes led to concerns regarding individual identification and discouraged some from contributing.

**Recommendations**

- **(B.7.1.5)** The School should ensure uniform delivery of mechanisms for data collection and analysis in order to ensure effective and consistent delivery of the curriculum on an ongoing basis. The review should be completed by the end of 2024 and implemented in the next academic year.
- **(B.7.3.1)** The development and delivery of a mechanism for more detailed school level data collection on student and graduate cohorts is encouraged, including academy level indicators. The review should be completed and implemented in the next academic year.
- **(B.7.4.1)** The School should evaluate and further develop the role of the recently established clinical sites group to ensure effective and consistent delivery of learning outcomes. Progress should be reported to the Medical Council as part of the annual returns process. This should be completed by the end of 2024.
- **(B.7.4.1)** The process of collecting MCPI responses should be reviewed, and assurance given to students regarding the effectiveness of measures in place to ensure the complete anonymity of their responses. The review should be completed by the end of 2024 and implemented in the next academic year.

**Commendations**

- No commendations were made for this standard.

## AREA 8: GOVERNANCE AND ADMINISTRATION

### 8.1 Governance

The medical school must define its governance structures and functions including their relationships within the university. (B 8.1.1)

**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)

**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)

**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)

**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).

| Level of Compliance | Partially Compliant |
|---|---|

**Description of documentary evidence of compliance with this standard provided by University College Cork**

- WFME Questionnaire
- 5 additional documents were provided as evidence of compliance with this standard. They can be found in **Appendix 8**.

**Comments:**

Following the accreditation visit the Assessor Team found Area 8 - Governance and Administration to be Partially Compliant.

**Further observations:**

**Criteria deemed fully compliant were as follows: 8.1; 8.2 and 8.5.**

**8.3 Educational Budget and Resource Allocation**

**Partially Compliant:** The School has been carrying a significant level of academic and administrative staff vacancies on an ongoing basis. The current University processes for approval of posts and release of funding are having an adverse effect on the delivery of the programme and the student experience.

There is not a clear process through which the school requests and submits business plans to the University for income surplus to the annual running cost budget.

**8.4 Administration and Management**

**Fully Compliant:** It was noted that the current University performance management policy in relation to both academic and administrative staff precludes appraisal of staff who are employed on a WTE of 0.5 or less.

**8.5 Interaction with Health Sector**

**Partially Compliant:** The School has established a clinical sites network that meets regularly. There are MOUs in place with private providers and GP practices. The intern network coordinator is housed within

the medical school. There is limited interaction described with local and national government and other bodies involved with the health of the community.

**Recommendations**

- **(B.8.3.1)** The School should work with the university to make the processes relating to business planning and income surplus management more transparent and timelier. Ongoing updates to be provided to the Medical Council through the annual returns process.
- **(B.8.3.2)** The School should work with the University to recruit into the significant level of current vacancies with immediate effect.
- **(B.8.5.1)** The School should ensure a higher level of engagement with local and national government and other bodies involved with the health of the community. This should be completed as part of the current curriculum review and no later than 2027. Timelines to be negotiated with Council at the Action and Implementation Plan meeting.

**Commendations**

- No commendations were made for this standard.

## Area 9: Continuous Renewal

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)

| Level of Compliance | Partially Compliant |
|---|---|

**Description of documentary evidence of compliance with this standard provided by University College Cork**

- WFME Questionnaire
- 1 additional document was provided as evidence of compliance with this standard. They can be found in **Appendix 9.**

**Comments:**

Following the accreditation visit the Assessor Team found Area 9: Continuous Renewal, to be Partially Compliant.

**Further observations:**

The School recently undertook a university quality review. It is evident that the School is in the process of a curriculum review. The School has made a commitment to undertake stakeholder engagement in the curriculum review. It is particularly important to ensure that this planned process is robust and extensive.

The School has engaged in a number of continuous renewal activities, including an Athena Swan application, an internal review and an external quality review. It is important that these continue to form part of an ongoing continuous quality improvement process.

The current curriculum review includes the entirety of the DEM programme and aspects of the GEM programme (when the two programmes merge). It does not currently address the initial phase of the GEM programme. It is essential that the mission and outcomes of the curricula post review continue to apply equally to both the DEM and GEM programmes.

**Recommendations**

- **(B.9.0.1)** The current curriculum review should be expanded to include both the DEM and GEM programmes in their entirety, with immediate effect and no later than 2027. Timelines to be negotiated with Council at the Action and Implementation Plan meeting.
- **(B.9.0.1)** The School should continue to update the Medical Council on the development of the review of the curriculum, including submission of a significant change application within the indicated timeline.

**Commendations**

- No commendations were made for this standard.

# A. CLINICAL TRAINING SITES – SUMMARY FOLLOWING INSPECTION VISIT.

## University College Cork Campus

The Team met with the Management, Academic Staff and Students of the School of Medicine at University College Cork (UCC) and appreciate the time staff and students took to meet with them. They also greatly appreciated the presentation made by Professor Paula O'Leary and Professor Deirdre Bennett which gave them insight into the full scope of education at the School of Medicine, and the school's governance structures.

### University College Cork - Facilities

On inspecting the facilities, there are sufficient lecture rooms, small teaching spaces, simulation rooms, computer facilities, a canteen, breakout spaces, an anatomy laboratory, and a simulation centre.

The state of art facilities within the anatomy laboratory and simulation centre were noted. These significantly enhance the effective delivery of the programmes. The enthusiasm, dedication and extensive expertise of the anatomy and simulation teams were noted.

### University College Cork - Student Representatives.

The Team met with student representatives from the Programme. They were assured of confidentiality and advised of the Medical Council's role.

The student representatives advised that they all meet regularly and have representation on a number of committees. They confirmed that there were two representatives on the Curriculum Review Board and they carry out focus group sessions with the students as part of their role on the Committee.

The student representatives provide an anonymous feedback form to students to submit any concerns or issues they might have in advance of the meetings the representatives have with the School. The students are also given the opportunity to meet directly with the class representatives to raise any individual concerns or issues.

The student representatives have seen a number of student issues addressed and the school was generally reactive to all concerns.

It is evident that there is clear guidance for those who are struggling, be-it financially, mentally, or academically and the student representative group felt they had clear guidance pathways to provide to students. The School supported the student representatives in managing any student concerns they might be faced with.

Overall, the student representative group were extremely enthusiastic and generally happy with their experience to-date.

### University College Cork - Year 1 DEM Students.

The Team met with students from Year 1 of the Direct Entry Programme. They were assured of confidentiality and advised of the Medical Council's role.

The students described their first few weeks in the programme as a positive experience. There were a number of tours of the campus, introductions to the online platform and to each of the core subjects.

The students explained they had access to all their lecture material online so they could read and revise in their own time.

They commended the anatomy teaching and said it was extremely well organised and included weekly formative assessments and spot quizzes before each lab teaching session.

The students described the Peer Support structure in place with the Year 3 students with each peer support person having ten Year 1 students.

The students also felt the staff within the School always made themselves available to them should they need them and described UCC School of Medicine as the top in Ireland for student experience.

**University College Cork - Year 2 DEM Students.**

The Team met with students from Year 2 of the Direct Entry Programme. They were assured of confidentiality and advised of the Medical Council's role.

The students described their experience in Year 1 as a positive experience overall and felt the year was well spaced out. However, their experience to-date in Year 2 was completely different. They felt it was an extremely intense year and they felt the two years could be spaced out more evenly.

The students described the difficulties with an assessment in one module crossing over with the start of a new module and advised that it has been an ongoing issue for a number of years.

The students advised that there was no feedback provided on exams which they passed and they felt that not having feedback was restricting them from learning from where they could improve or went wrong.

The students described their experience with their GP tutors to be variable. Some had an amazing experience, however, some didn't, and they felt there was a need for standardisation across the GP component.

The students advised that there was no handbook available to them for each subject, so they depended on the tutors to fill in any gaps.

**University College Cork - Observation of teaching**
**Session: Department of Physiology – Testing of Metabolic Rate.**
**Assessor & Executive Observing Teaching: Prof Hisham Khalil & Ms Denise Carroll**

**Format of Delivery/Learning Environment**

The session topic was on Testing Metabolic Rate and delivered via a lecture with a live demonstration included. The session was supported by two large screens projecting different information as the lecturer spoke. One screen contained the lecture notes/points whilst another screen had the 'live' changing stats of the changing oxygen levels and gases from the live demonstration of a student on a bike exercising. The session took place in a large, well lit, ventilated room and was an appropriate physical space for the session format. The space easily accommodated for the large numbers (~50 students), with sufficient tables, chairs, PC's, and equipment in place. The physical space was appropriate for the format of the session.

**Ratio of Students**

The ratio of students to teaching staff seemed appropriate. There were approximately 50 students in the session with 3 teaching staff and one person completing the demonstration. The resources (2 large screens) supported the delivery.

**Quality of Teaching/Engagement**

The session was delivered via lecture with good visual aids of key messaging and 'live' stats of changes in oxygen and gas level as the exercise on the bike increased. Good use of question and answers used throughout to aid engagement and interaction e.g., 'hands up' questions were asked and addressed. Good use of positive reinforcement of knowledge was noted. Having someone exercise and seeing the changes in the various oxygen and gas levels also made the learning more relevant and memorable.

The lecturer finished his slides and mentioned that he 'encourages the students to ask questions as he walks around' allowing ample opportunity of any areas of uncertainty to be addressed. Overall, good session observed in a well-equipped learning environment.

## Cork University Hospital

The Team met with the Clinical Staff and Management of Cork University Hospital (CUH) 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.

### Cork University Hospital – Facilities

On inspecting the facilities at Cork University Hospital, including Cork University Maternity Hospital and the Acute Mental Health Unit, it was found that relative to other large tertiary teaching hospitals in the state, CUH has very limited space for students – locker rooms, washing facilities recreational facilities, reading / learning spaces. This will be addressed with the forthcoming purposed build. The site accommodates circa 225 students on placement as well as many more attending for lectures and case-based teaching. The students have access to patient records on a read-only basis and have sufficient resources for self-directed learning. The students have access to patient records on a read-only basis and have sufficient resources for self-directed learning.

### Cork University Hospital – DEM Students

The Team met with students from various years of the Direct Entry Programme who are currently on clinical placement at Cork University Hospital. They were assured of confidentiality and advised of the Medical Council's role.

The students described their experience to-date and felt that there was a lack of clear guidance on how much they should self-learn. They felt that a lot of the online tutorials were out-of-date and dating back to Covid-19.

When asked about their experience within the hospital, the students felt they were not adequately assigned to a team. They described being placed with a junior member of staff and had no direct contact to the consultant on their team. The only time they interacted with the consultant was during sign-off of their rotations.

The students felt that the school was "survey heavy" and some described a lack of interest in completing the surveys as there were too many and they felt the surveys were not anonymised which also deterred them from completing them.

## Observation of teaching

**Session: Pediatrics Simulated Activity**

**Assessor & Executive Observing Teaching: Prof Barry Lewis & Ms Denise Carroll**

### Format of Delivery/Learning Environment

The Tutor led the session by outlining what to expect in terms of the role play and advised 10 minutes would be assigned to the activity.

The session was a simulated bedside teaching activity. There were seven students in the session. The students selected pieces of paper which had roles they had to play on the paper. For the activity observed, one student was a nurse, one student was the SHO, and one student was the SPR on duty. The remaining four students were observing but two were given direction to watch for positive points/feedback; and the other two students were asked to watch for areas of improvement. Therefore, all students had a direct focus/engagement in the activity.

The learning environment contained three beds, with 'dummy' patients for role play/simulated activity. The room was well lit, ventilated, and had seating for all students. The physical space was appropriate for the format of the session.

**Ratio of Students**

The ratio of students to tutor was excellent, seven students to one tutor. The tutor prompted the students throughout the activity on points to consider and reminded them of the time remaining.

**Quality of Teaching/Engagement**

The session delivered was very engaging to observe and all students seemed actively engaged. The case study given to the students in this instance was a case of a six-year-old boy presenting with a severe case of asthma. All three students started working in their roles to treat the patient. Throughout the tutor prompted the students on points to consider. The group of 3 students worked well together to try and support and figure out the next steps in terms of the right treatment plan. Good use of questioning by the tutor supported and prompted the student's progression. Towards the end of the session one student placed a simulated call with a consultant for further advice. The role of the consultant was played by the tutor. At this point, clinical investigations and risk not raised by the students were captured.

When the time assigned to the activity was up, the role-playing students first gave their own feedback on how they felt the activity went. The debrief from the fellow students then occurred following Pendleton's feedback model with areas of good practice noticed first (good teamwork, communication etc); then areas to work on were mentioned (wash hands, look up medication if unsure of doses etc).

The session ended with a recap from the tutor covering Asthma and Sepsis in children. Overall, very engaging, and relevant session for the students delivered in a good learning environment.

**South Infirmary Victoria University Hospital (SIVUH)**

The Team met with the Clinical Staff and Management of SIVUH 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.

**SIVUH – Facilities**

The inspection found the facilities available to students at SIVUH to be satisfactory. The Education Centre had several small tutorial rooms and IT facilities. The main hospital was small but gave students the experience of small group teaching and multi-disciplinary teaching in the Ear, Nose and Throat (ENT) department and A&E department.

**SIVUH – Students**

The Team met with students from the Year 4 of the Direct Entry Programme. They were assured of confidentiality and advised of the Medical Council's role.

Overall, the students were happy with their experience to-date, they described the programme as a "DIY Degree" but were happy to have the amount of self-directed learning they had. They felt the exposure to patients at SIVUH was great.

They confirmed there is a set structure for their placement whereby they attend lectures in the morning and then have ward access in the afternoon.

When asked if their experience was different on other sites, the students felt the specialties placements were a better experience and the clinical tutors were more enthusiastic when it comes to teaching.

When asked about feedback on assessments, the students advised they did not receive feedback and would welcome the opportunity to help them improve on the required areas.

They did raise concerns relating to the final year project, thy felt that the basic research skills were not taught in the earlier years, and it made it difficult for them to get their project up and running. They also described mixed experiences with the projects they got. They felt the project selection process was very self-directed which meant that not everyone got a project they wanted or a consultant that was research focused.

**SIVUH – Interns**

The Team met with interns from the UCC 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. The interns noted that a lot of emphasis is put on practical skills in the final year of the medicine programme in UCC. The intern shadowing in the final year is very good but it could be longer. However, they noted that they never learned about hospital structures, such as the responsibilities of the intern and "who's who". The interns felt that an interprofessional communication skills lesson would be beneficial. The interns had a small amount of interprofessional learning with pharmacists during their studies, but they didn't realise how valuable pharmacists were until they started their internship.

The interns did not feel that there were enough study resources during their time at UCC and relied on the RCSI handbooks a lot.

The interns noted that they had a great experience on their obstetrics and gynaecology rotation in Waterford. They received great teaching from midwives and consultants. They received lots of hands-on experiences.

## Observation of teaching

**Session: Dermatology – Student Presentations.**
**Assessor & Executive Observing Teaching: Prof Hisham Khalil & Ms Denise Carroll**

**Format of Delivery/Learning Environment**

The session was on various skin conditions delivered via students' presentations in groups of two. Throughout this teaching observation session - two student presentations were observed. The room the session took place was suitable for the format of delivery, sufficient in size, good lighting, and ventilation. A large projector screen was used for displaying the two PowerPoint Presentations. The physical space was appropriate for the format of the session.

**Ratio of Students**

The ratio of students to teaching staff seemed appropriate. There were approximately 14 students in the session with 1 lead tutor.

### Quality of Teaching/Engagement

The session delivered was primarily student presenting information on skins conditions via PowerPoint slides with the tutor at the end giving feedback. Timing wise, the tutor held the students accountable. The session which was led by students was informative and students got exposure to two different skin conditions (wound infections/dressings and Chronic Urticaria) and the possible treatment plans during the time of the observation.

## Bon Secours Cork

The Team met with the Clinical Staff and Management of Bon Secours Cork 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.

It was evident that there are extremely dedicated consultants within the hospital who provide an excellent teaching experience to students. It was further noted that there is an unusually large full time consultant body in the hospital given the fact that it is a private facility. When asked about their involvement in the final year project, some of the consultants had UCC students currently working on a project. It was felt that UCC should streamline the process for students on how they identify a consultant and project. The current process is time consuming for both students and consultants and inefficient.

The team were advised that the teaching staff were never made aware of any struggling students in advance by UCC, however, they were confident that they could identify struggling students quickly and put the appropriate measures in place.

The staff described their desire to become a teaching hospital for postgraduate trainees and their applications for same.

The staff advised they were not involved in the current curriculum review and indicated they would welcome the opportunity to be involved.

### Bon Secours Cork – Facilities

The inspection of the facilities available to students at the Bon Secours Cork was satisfactory. The state-of-the-art Oncology facilities and dedicated staff gave students an excellent experience. There was good access to IT facilities, study space and lecture halls.

### Bon Secours Cork Students

The Team met with a number of students from both programmes who were on clinical placement at the Bons Secours. They were assured of confidentiality and advised of the Medical Council's role. The students all said they felt like they had a good knowledge base from the pre-clinical years of the programme. They did feel however, that the programmes were very self-directed learning based and felt some students struggled with that.

When asked about their experience at the Bons Secours to-date, there were mixed reviews. The students said that the experience depended on what team they were assigned to and their willingness to teach.

The students described the difficulties in access to on-site locker facilities, canteen, and restricted swipe access. They said when attending the clinical site, they first had to go to the UCC campus to change into their scrubs and leave their belongings in the lockers there before arriving to the Bons Secours. This was

particularly difficult if they needed to change or access belongings throughout the day as they would have to leave the hospital and potentially miss some teaching.

When asked about their assessments, they commended the Year 4 module coordinator for the clear and comprehensive breakdown of assessments. They were also provided with a breakdown of topics to study for each assessment. The lack of a study week in Year 3 of the programme made the lead-up to final year exams very stressful.

The students felt that they were lacking in clinical skills experience and would welcome more hands-on experience while on clinical placement. The students described the difficulties they had navigating the online platform and said that a lot of the material available online was outdated. They advised that they found searching for material online themselves was more beneficial to their learning.

The GEM students described the integration with the DEM students as positive. They didn't feel in any way behind or ahead of the DEM students. The students expressed their concerns regarding the final year project. They felt the consultant list they were provided by the school was outdated and the timing of the project is wrong. They felt it was extremely stressful having to finalise and submit their project so close to final-med exams and feel the school should reconsider the timings around the project.

When asked about career guidance, the students advised they had no career guidance to-date and would welcome the opportunity.

**Bon Secours Cork – Interns**

The Team met with interns from the UCC 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. The intern shadowing in the final year is very good but it could be longer. The Interns advised that the Prescribing Safely Assessment was not mandatory and feel that it should be as it is a key responsibility of an Intern when in post.

The interns did not feel that there were enough study resources during their time at UCC and relied on the RCSI handbooks a lot. The interns advised of the varied experiences on each of their clinical placements throughout the programme and felt that the school needs to focus on some of the peripheral sites who need to improve their teaching skills based on student feedback.

## Observation of teaching

**Session: Cardiology.**

**Assessor & Executive Observing Teaching: Prof Hisham Khalil & Ms Denise Carroll**

**Format of Delivery/Learning Environment**

The session was delivered in a classroom with students and doctors in attendance. There were approximately 12 people in attendance. The room was sufficient in size, well-ventilated and laid out appropriately, with sufficient seating and tables for all those in attendance. The session was a lecture style session delivered via PowerPoint presentation slides with the tutor taking the class through the session. The physical space was appropriate for the format of the session.

**Ratio of Students**

There was a mix of students, doctors and consultants present for this lunch and learn session. There were approximately 12 in total in attendance with one tutor.

**Quality of Teaching/Engagement**

The session delivered was primarily via PowerPoint slides with the tutor asking questions throughout to support engagement and challenging/drawing out knowledge from those in attendance. There were good visual images throughout for example, one of a Supraventricular Tachycardia (SVT) coupled with a good discussion around SVT and the physical causes in the patients 'fluttering in the neck' with accompanying hand signalling emphasising the neck area. Another good example was a visual of the heart with emphasis on the PowerPoint slide on the effect of sinus node, the travel of direction and looking at the possible causes.

There was great use and range of visual slides used when looking at various ECG readings. Approximately 8 slides with different readings were shown with the tutor asking those in attendance 'what does this type of reading tell us'? A good range of examples and causes were discussed from Atrial Fibrillation, Atrial flutter, non-typical flutter, flutter, VT etc. Having the readings on the slide made this more relevant and engaging for students to participate.

The session moved onto treatment options and dropping in key questions for patient care 'What do you tell a patient before giving D-fib treatment' and going through the possible consequences bringing the real-life realities into the teaching for the students.

Overall, very well delivered session with great use of Q&A for extracting answers from the students and including 'challenging questions' 'Why did I put that there' enabling students to not only answer the treatment options but to consider the wider consequences for the patient.

## Mercy University Hospital

The Team met with the Clinical Staff and Management of Mercy University 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.

**Mercy University Hospital – Facilities.**

The Team was warmly welcomed and given a tour of the facilities, with explanations of the major redevelopment work – some of which is ongoing but other upgrades still awaiting approval and funding. The senior staff demonstrated great pride and commitment to the hospital and have sought to make the students very welcome and well looked after, with as good provision as possible in the current limitations.

There is a modern education centre across the road from the hospital. Although primarily designated for nursing education, this is widely used for other professions, including medicine and provides a very good interprofessional setting as well as seminar facilities and library with study spaces. This aspect is strongly supported by Dr McCarthy in her role as lead for Inter-Professional Learning (IPL). There are a number of other locations for tutorials, including a large room with full IT facilities.

Locker facilities and disability access are inadequate, with no provision for changing apart from the toilets. Although there is the potential for funding to address these deficiencies a location for this development has not yet been identified.

**Mercy University Hospital – Students.**

The Team met with students from the Direct Entry Programme. They were assured of confidentiality and advised of the Medical Council's role.

The students described the teaching at Mercy Hospital as excellent and far superior to CUH. The library in Mercy Hospital is a good study space. The study facilities in Mercy Hospital were described by the students as "nicer than CUH".

The students would like to see interprofessional learning and use of the simulation lab happen every year. However, what they do have is excellent. The GP teaching that they receive at Brookfield is very beneficial. The set up of the psychiatric rotation (1 week of teaching followed by 3 weeks of clinical exposure) is a very positive experience. The students felt that a lot of emphasis is placed on paediatric teaching in the curriculum, to the detriment of surgery and medicine. The simulation sessions in the ASSERT centre gives the students more confidence. They would like more time in the simulation lab.

The students felt that standardisation is needed across the clinical sites, as it can be "luck of the draw" what speciality exposure that you get.

The students noted their feedback doesn't appear to be anonymous. This makes them reluctant to provide feedback.

The students noted that there are no changing rooms available for them in Mercy Hospital, Bon Secours and SIVUH and they need to change in the toilets. There are lockers available in Mercy Hospital.

The final year project was described as "a bit too taxing". The students noted that there is no dedicated time to do the research project in Year 5 and only 2 weeks in Year 4, which could be too early in the year to be of any benefit.

The intern shadowing opened the student's eyes to the amount of administrative work undertaken by interns. They had the opportunity to cannulate and assist writing discharge letters.

**Mercy University Hospital – Interns.**

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

The interns noted that intern shadowing is essential, and they would like more time on this. They feel that UCC 'do a good job' at preparing students for their intern year. There is good simulation training, but they only received one or two sessions. The interns found this to be a valuable part of their studies and appreciated that funding issues prevented more simulation training.

The interns had very positive experiences at Mercy Hospital as students. They noted that the doctors and nurses at Mercy Hospital work symbiotically and work well together. However, they reported formal interprofessional learning throughout the programme to be limited. They explained that some students were reluctant to engage fully with the MCPI. They were concerned that their individual responses might be identified, as they had to include their student numbers. They also expressed concerns regarding inconsistency in delivery of 'long case' assessments between some sites.

The interns described how Bantry General Hospital was their favourite clinical site when they were students. They felt like they were part of the team and were very involved. Everyone knows the students there and there are a lot of opportunities to talk to patients.

The obstetrics and gynaecology rotation in University Hospital Waterford was 'fantastic'. The consultant has a great interest in students and the rotation is very hands on. The interns felt that it would be beneficial to students if the interns gave talks to students on campus about what the intern year is like.

Regarding the current curriculum review, the students praised the approach taken to the delivery of the first 2 years in the GEM compared to the DEM programme. The delivery of supervision for the compulsory research projects can be challenging, depending on when these are scheduled to take place. There is also

a lack of explicit timetabling. They expressed a hope that at least part of the final examinations could be held at the end of the penultimate year, thus encouraging greater focus during final year on preparedness for practice as an intern.

### Observation of teaching

**Session: Bedside Teaching.**

**Assessor & Executive Observing Teaching: Prof Barry Lewis & Ms Hannah McGrath**

**Format of Teaching**

Bedside observation and teaching of clinical examination skills. Surgical ward patients. Consultant teacher.

**Ratio of Students**

5:1, student: tutor ratio.

**Quality of Facilitation/Instruction**

Excellent observation and feedback followed by coaching of clinical examination skills.

**Quality of Question & Answer**

Students were engaged throughout. All had the opportunity to perform specific physical examination techniques, elicit clinical signs and present these to the tutor. All students observed and were involved in discussion of each process. Q&A was limited but appropriate for the stage of learning and setting.

**Engagement of Students**

All the students were fully engaged in a challenging process.

**Other Observations**

Two 'cases' were used. A man with a very serious, rare, and complex combination of clinical problems and a man with a 'straightforward' clinical diagnosis and some specific findings to elicit.

Case 1 teaching was observed in full, case 2 only the initial phase of teaching was observed because of time constraints.

For case 1 the tutors briefing for the students was undertaken in a busy corridor. Confidentiality was not breached but clearly facilities need improving. Examination at the bedside was also in a ward setting with limited privacy and a good deal of extraneous noise and disturbance. Despite this very detailed and high-quality observation and feedback on basic examination skills was delivered by a very committed tutor.

For case two the side ward setting allowed privacy and time to discuss the presenting symptoms with the patient involved in the discussion with students. Overall, an excellent example of examination skills teaching that completely engaged the students and provided opportunities for feedback and coaching appropriate to the student's stage of learning.

## Kinsale Medical Centre

The Team met with the Clinical Staff and Management of Kinsale 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 hospital and the hospital's involvement with education and training. Staff described the huge commitment they have for teaching students.

**Kinsale Medical Centre – Facilities.**

On inspecting the facilities, the Team found that there are sufficient small teaching spaces, computer facilities and a canteen.

**Kinsale Medical Centre – Students.**

The Team met with students from the Direct Entry Programme and the Graduate Entry Programme. They were assured of confidentiality and advised of the Medical Council's role.

The students described the GP placement as excellent. The practice manager at Kinsale Medical Centre prepares a great timetable for the students. The staff and patients at the practice are used to students. All the students have seen patients on their own to take histories and present these back. The students find the GP placements to be valuable as they have the opportunity to see the full spectrum of disease.

The balance of observing the GPs for a few hours followed by self-directed learning in the afternoon is good. Long case examinations take place at the end of the rotation and the students feel well prepared for this. The students noted that the DEM and GEM students are well integrated. The pastoral supports are well signposted for students.

The students feel well prepared to start their intern year. The students noted that the benefit of the intern shadowing can depend on who you are placed with and when you are undertaking it.

**Kidscope Community Child Developmental Clinic**

The Team met with the Clinical Staff and Management of Kidscope Community Child Developmental Clinic 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.

The staff at Kidscope Community Child Developmental Clinic were evidently dedicated to teaching and gave the students an excellent experience while on placement there. The small group teaching within the clinic gave students hands-on clinical exposure with the opportunity to lead on history taking and be involved in the assessment of patients. Student to Consultant ratio was 2:1 which meant each student had the opportunity to work alongside the consultant.

There was a detailed induction session with each group of students commencing their placement at the clinic before they were assigned to a consultant and a team meeting at the end of each day where students were very much a part of discussions.

**Kidscope Community Child Developmental Clinic – Facilities.**

The facilities available to students at Kidscope are adequate. There is study space, canteen facilities and access to small teaching spaces.

## END OF REPORT

## APPENDICES

**Appendix 1:** documentary evidence of compliance with **Area 1: Mission and Outcome** provided by University College Cork

- **Appendix B** Academic Programme Calendar
- **Appendix D** Book of Modules
- Programme Requirements

**Appendix 2:** documentary evidence of compliance with **Area 2: Educational programme** provided by University College Cork

- **Appendix A** Handbook Governing Curriculum Approval
- **Appendix B** Academic Programme Calendar
- **Appendix D** Book of Modules
- **Appendix E** Curriculum Structure
- **Appendix F** Course Structure 2023/2024

**Appendix 3:** documentary evidence of compliance with **Area 3: Assessment of students** provided by University College Cork

- **Appendix D** Book of Modules
- **Appendix G** Marks and Standards
- **Appendix H** Assessment Framework
- **Appendix I** Assessment Policy
- **Appendix J** Continuous and End of Module Assessment by Year
- **Appendix K** SREO regulations
- **Appendix L** UCC plagiarism policy
- **Appendix M** Conflict of Interest Policy

**Appendix 4:** documentary evidence of compliance with **Area 4: Students** provided by University College Cork

- **Appendix N** Guidance for Class Reps 2023-2024

**Appendix 5:** documentary evidence of compliance **Area 5: Academic Staff/Faculty** provided by University College Cork

- **Appendix O** Performance and Development Review System
- **Appendix P** Regulation on Academic Promotions to Senior Lectureships
- **Appendix Q** Peer Review Proposal [Currently in Draft Format]

**Appendix 6:** documentary evidence of compliance **Area 6: Educational Resources** provided by University College Cork

**Appendix 7:** documentary evidence of compliance **Area 7: Programme evaluation** provided by University College Cork

**Appendix 8:** documentary evidence of compliance **Area 8: Governance and Administration** provided by University College Cork

**Appendix 9:** documentary evidence of compliance **Area 9: Continuous Renewal** provided by University College Cork