Comhairle na nDochtúirí Leighis
Medical Council

Medical Council
Report on Accreditation Inspection of
University College Dublin
Direct Entry to Medicine

Monday 12 October – Wednesday 14 October 2020

CONTENTS OF REPORT

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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.

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

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

B. THE DECISION OF THE MEDICAL COUNCIL IS THAT:

1. UNIVERSITY COLLEGE DUBLIN 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 DUBLIN SHOULD BE APPROVED UNDER SECTION 88(2)(a)(II) OF THE MEDICAL PRACTITIONERS ACT 2007 AS THE BODY WHICH MAY DELIVER THAT PROGRAMME. THIS RECOMMENDATION IS MADE ON THE GROUNDS OF THE UCD'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 Dublin (UCD) delivers a six-year Direct Entry and a four-year Graduate Entry medical programme leading to the award of an MB BCh BAO. They are qualifications at undergraduate level (basic level in World Federation for Medical Education terminology).

Due to COVID 19 restrictions, The Medical Council Assessor Team held virtual meetings with management, academic & clinical staff and students on Monday 12, Tuesday 13 & Wednesday 14 October 2020. Its remit was to assess the programmes and to formulate a recommendation on accreditation to the Medical Council's Education and Training Committee. Inspections of the facilities were undertaken remotely, via pre-recorded videos and a set of photos of clinical site facilities. A confirmatory visit will be completed at a later date, in line with WFME requirements

It is acknowledged that prior to and during this virtual accreditation, the COVID 19 Pandemic was impacting on the content of the two medical education programmes the Assessment Team (AT) were accrediting, in a number of ways. These include inter alia the closure of third-level institutions, restricted access to teaching hospitals, cessation of bedside teaching, wind-down of elective clinical activity, time-tabling problems and cancellations, restrictions on teaching space due to social distancing, shortening of spring 2020 university term, early scheduling of Finals, and early commencement of Internship.. Unsurprisingly, COVID19-related exigencies prompted some of the comments and criticisms we heard from students, teacher-clinicians and academics during the course of this accreditation. It is a credit to UCD (and indeed to all our medical schools) that they have adapted so well and managed so capably with the pandemic raging around them.

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 UCD Team, led by Professor Michael Keane, Head of the Medical School, Associate Professor Suzanne Donnelly, Director of Clinical Education, Associate Dean, Programmes & Education Innovation School of Medicine, and Ms Denise O'Mara, Project/Programme Manager, Medical Education Unit for the work involved in coordinating the visit. In addition, the Medical Council wishes to thank the staff and students who met the Team, whose feedback was most helpful in formulating this Report.

3. Documentation

Prior to the visit, the Team reviewed the completed *Accreditation of Existing Medical Programmes – WFME Questionnaire*, dated August 2020 and supplementary information in the form of a survey of UCD medical students. This questionnaire 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 Associate Professor Suzanne Donnelly, Director of Clinical Education; 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, Interns who were graduates of UCD and clinical staff at a number of hospital and GP sites. Under Section 88 (2)(f) of the Medical Practitioners Act 2007, a virtual inspection of the facilities was also undertaken at the University College Dublin Medical School, Children's Health Ireland at Crumlin,

Wexford General Hospital, St Vincent's University Hospital, Mater Misericordiae University Hospital and the National Maternity Hospital, Holles Street in the form of pre-recorded videos / photos.

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*.

The observations, comments and recommendations contained in this Report are grouped under either the Basic or the Quality heading, and there are some statements by the Medical Council based on the Medical Council Assessor Team's findings concerning the level of attainment.

D. SUMMARY AND GENERAL ASSESSMENT

1) Conclusion and main recommendations of Medical Council

The Medical Council's main recommendations are that:

1. University College Dublin'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 a period of five years from the date of approval by Council (see Recommended Further Action below).

2. University College Dublin 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 UCD'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 Council (see Recommended Further Action below).

2) Major findings of Council Team

Based on the evidence provided by University College Dublin and the information provided by the students interviewed, one priority recommendation is made for University College Dublin:

1. It is recommended that University College Dublin redress the balance of assessment in the early years of the programmes in favour of more authentic/innovative and continuous assessments.

3) Recommendations additional to the major findings, based on the evidence provided by UCD and the information provided by the students interviewed:

It is recommended that University College Dublin:

Assessment

1. Redress the balance of assessment in the early years of the programmes in favour of more authentic/innovative and continuous assessments.

Feedback

1. Engage with the Centre for Teaching and Learning to explore optimum feedback mechanisms for large groups of students in pre-clinical modules.
2. UCD should engage with the Centre for Teaching and Learning to implement the use of the Manchester Clinical Placement Index for more appropriate assessments for learning in the clinical context.
3. UCD should progress the development of a policy on the use of specific student cohort performance data for overall programme development
4. Create mechanism to allow for sharing of feedback between staff based on clinical sites and staff based on campus of Belfield about the teaching programme.

Curriculum

1. Enhance the early patient contact components to facilitate improved integration of the biomedical sciences with the clinical sciences.
2. Provide greater opportunities to engage in multidisciplinary learning, both in pre-clinical and clinical years.
3. Develop clear learning outcomes for the clinical training sites.

Communication

1. Be more proactive in the communication of their Mission Statement and graduate attributes amongst staff, students, and other stakeholders.
2. Share minutes of the Staff/ Student Committee with all students.
3. Establish clear lines of communication between the disability office and the medical school to ensure all appropriate adjustments are in place prior to clinical attachments.
4. Engage with a broader range of stakeholders in recognition of the roles played by allied health professionals, patient advocacy and consumer groups, among others, in contemporary healthcare delivery.

Resources

1. Recruit the Education and Quality Development Officer to support the development of assessments.
2. Broaden access to academic counselling for all students rather than just students experiencing difficulties.
3. Review the Teaching and Learning course offerings available to staff, particularly clinical staff, with a view to ensuring that their medical education needs are met.

4. Review the provision of appropriate study spaces to supplement the inadequate space in high demand periods in the health sciences library.
5. Work closely with the clinical training networks to address deficiencies in the teaching and learning facilities.
6. Provide students with access to an online platform licence to facilitate virtual student meetings and tutorials.

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

1. University College Dublin should continue to ensure awareness among students of the following:

   i. The Medical Council's *Eight Domains of Good Professional Practice*
   ii. The Medical Council's *Three Pillars of Professionalism*
   iii. 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
   iv. 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
   v. The World Health Organisation *Patient Safety Guidelines*

2. University College Dublin should continue to ensure that the teaching environment incorporates high standards in hygiene and infection control, including ensuring that students are trained in hand-washing techniques and have access to the necessary facilities

5) The Medical Council commends University College Dublin for:

- Transition Stage of the programme delivered in Trimester 2 of Stage 2.module
- Medicine in the Community module and the multidisciplinary nature of the experiences.
- Peer Mentoring Programme including the contribution of the Students Union to the training of medical students as peer mentors.
- Commitment of the Student Advisor for the School of Medicine despite the heavy workload.
- Enthusiasm and commitment to medical education of the clinical tutors.
- Excellent capacity and responsiveness of the IT Staff in supporting teaching and learning via Brightspace during Covid-19.
- Leadership and commitment of the Associate Director of Clinical Education, Associate Dean, Programmes & Education Innovation UCD School of Medicine in developing educational capacity amongst staff.

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

Compliance level rating

The levels of compliance are categorised as follows:

Non- compliance (NC)	Partial compliance (PC)	Full compliance (FC)
No compliance with required criteria	Partial compliance with required criteria	Full compliance with required criteria

The Medical Council has identified the following levels of compliance:

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

Area 1: Mission and Outcomes

MISSION AND OBJECTIVES	Level of compliance:	FC

Description of documentary evidence of compliance with this standard provided by UCD

- UCD Academic Regulations 2019-2020 Sections
- Figure 1 Academic Governance Structures for the Medicine Degree
- Programmes
- School of Medicine Programme Board Terms of Reference & Membership
- School of Medicine Graduate Attributes 2017 mapped to IMC 8 Domains
- UCD Medicine Graduate Survey

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

It was found that UCD has a clearly defined Mission Statement. It was also noted that a well-defined set of Graduate Attributes address all elements of the education programme. It was evident that they engaged a number of stakeholders in the design of Mission Statement and learning outcomes. UCD should, however, be more proactive in the communication of their Mission Statement and graduate attributes amongst staff, students and other stakeholders.

Compliance

UCD was found to be fully complying with the basic standard.

Observation(s) & Recommendation(s)

- UCD should be more proactive in the communication of their Mission Statement and graduate attributes amongst staff, students and other stakeholders.

Commendation(s)

- No commendations made

Area 2: Educational programme

EDUCATIONAL PROGRAMME	Level of compliance:	PC

Description of documentary evidence of compliance with this standard provided by UCD

- School of Medicine Graduate Attributes 2017 mapped to IMC 8 Domains
- School of Medicine Programme Board Terms of Reference & Membership
- UCD 2024 Strategy Document
- Degree Committee Terms of Reference (1, 2 & 3)
- University Programmes Board Local Approval Flowchart

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

The curriculum was found to be clearly articulated and provides for behavioural, social, basic biomedical and clinical sciences There is a Medical Education Team that supports the development and implementation of the curriculum The curriculum is designed to develop sufficient knowledge and clinical skills to prepare high quality, competent medical professionals. However, there was less evidence of vertical integration of the clinical sciences

with the behavioural, social, basic biomedical sciences. There is early access to some limited patient contact but then there was a significant gap of time before students saw patients again.

Speciality specific learning outcomes were noted to be variably presented to students on attachment at different sites.

The value to students of the Professional Completion module was noted, even though it was truncated due to Covid-19.

The students expressed a high level of satisfaction with the quality of teaching, assessment and clinical experiences during their Obstetrics & Gynaecology and Paediatric rotations, however several year groups noted dissatisfaction with the Therapeutics module (cancelled classes, several classes rescheduled close to exam week and perceived limited support for their learning in this module).

Compliance

UCD was found to be partially complying with the basic standard.

Observation(s) & Recommendation(s)

- The enhancement of the early patient contact components is recommended, to facilitate improved integration of the biomedical sciences with the clinical sciences.
- Greater opportunities to engage in multidisciplinary learning should be provided both in pre-clinical and clinical years.
- Clear learning outcomes should be developed for the clinical training sites.

Commendation(s)

- Transition Stage of the programme delivered in Trimester 2 of Stage 2.
- The Medicine in the Community module and the multidisciplinary nature of that experience.

Area 3: Assessment of students

ASSESSMENT OF STUDENTS	Level of compliance:	PC

Description of documentary evidence of compliance with this standard provided by UCD

- UCD Academic Regulations 2019-2020 Sections
- Report on Assessment Workshops
- Grading Forms for Clinical Examinations
- Assessment Appeals Policy
- UCD Student Code of Conduct
- UCD Examination Regulations
- UCD Plagiarism
- Sample Subject Assessment Report

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

A wide range of assessment modalities across the programme was noted. These are clearly outlined in the module descriptors.

It was noted that the current practice within the medical school favours summative assessment rather than formative assessment; however, the balance needs to be redressed overall but particularly in the early years of the programmes in favour of more authentic/innovative and continuous assessments.

Issues with providing regular and timely feedback on assessments were noted. However, while it was noted that the use of the VLE has been a useful tool for a number of staff in addressing some of these issues, feedback during and following clinical assessments on training sites can be irregular and/or infrequent.

Students expressed satisfaction with the structured feedback in ENT and Ophthalmology clinical placements, however, a large cohort of students indicated a lack of substantive and timely feedback in some clinicals and even more so in pre-clinical modules so they could learn to improve.

The active role of the Education and Quality Development Officer in the audit of assessment structure and practice was noted, however, this role is currently vacant.

The active involvement of external assessors on all subjects was noted and there was evidence that the guidance was acted on in a number of instances.

Compliance

UCD was found to be partially complying with the basic standard

Observation(s) & Recommendation(s)

- UCD should engage with the Centre for Teaching and Learning to explore optimum feedback mechanisms for large groups of students in pre-clinical modules.
- UCD should engage with the Centre for Teaching and Learning to implement the use of the Manchester Clinical Placement Index for more appropriate assessments for learning in the clinical context.
- The balance needs to be redressed in the early years of the programmes in favour of more authentic/innovative and continuous assessments.
- The Education and Quality Development Officer should be recruited, to support the development of assessments.

Commendation(s)

- No commendations made

Area 4: Students

STUDENTS	Level of compliance:	PC

Description of documentary evidence of compliance with this standard provided by UCD

- UCD Admissions Policy
- Medicine Mature Access
- UCD Student Mental Health & Wellbeing
- Financial Supports for Students

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

It was found that the diversity in access routes for the Direct Entry programme was evident.

It was noted that there are clear selection procedures and an appeals policy.

It was found that the plan for student numbers over the coming years was adequate.

It was noted that there are clear processes in place in academic counselling available to students experiencing difficulty in academic studies.

Pastoral supports were viewed by the students as good, particularly the Peer Mentor Programme.

It was noted that a number of financial issues were highlighted by students.

The impressive student reps we met and their contribution to their peers academic and pastoral wellbeing was noted. It was noted that the value of the Staff/Student Committee was somewhat diminished by the fact that minutes of these meetings were not shared with the students.

Some incidents where appropriate adjustments were not in place in time for students with disabilities starting clinical attachments were noted.

Meeting with Year 1

A meeting was held with a number of students from Year 1 of the programme. They were assured of confidentiality and advised of the Medical Council's role. The students all confirmed that they had volunteered to meet with the Medical Council Team.

The students advised they were only 3-weeks into their programme and had spent the first week doing orientation and induction. The first lecture provided details of the medical school's mission statement, an overview of the course structure and a virtual tour of the campus.

The students described the online tutorials on using BrightSpace and were given access to all of the support systems available to students through the online platform.

The students were provided with details of the learning outcomes and assessment schedule.

The students were assigned a peer mentor and they have been very supportive towards them to-date. With some having virtual meetings to introduce themselves.

It was noted that the International students were unhappy with having to travel to Ireland in advance of commencing year 1 to learn that the course work was going to be delivered online. Some students felt quite isolated as a result.

Overall, the students felt that the delivery of the programme was being managed well by the medical school.

Meeting with Year 2

A meeting was held with a number of students from Year 2 of the programme. They were assured of confidentiality and advised of the Medical Council's role. The students all confirmed that they had volunteered to meet with the Medical Council Team.

The students confirmed that the mission statement is reiterated throughout their teaching and prominently displayed on the BrightSpace platform.

The students advised of the proactive approach the medical school are taking on making changes based on feedback provided through the class reps. The students also praised how easy it was to contact the class reps and their willingness to canvas issues on their behalf. The students felt that it was easier to raise issues through the class reps.

The students were happy with how Year One went, there were no issues with lectures being cancelled. If they had to be cancelled, they were always rescheduled. To-date this year, there have been no issues with lectures being provided online.

The students felt that the syllabus was very clear from the beginning of the year. Including the structure of assessments. The students did however say that, due to the current pandemic, assessment methods have moved more towards continuous assessment which is a big change from last year. They said, if they were in Year Two as normal, they would favour more of a balance between both formative and summative assessment.

The students highlighted the ample supports available to them through BrightSpace and the student advisor and mental health supports. They also commended the peer mentor programme.

The students were, overall, happy with the facilities available to them, with the exception of the library facilities. They felt that there was not enough space for everyone to access it.

Meeting with Year 3

A meeting was held with a number of students from Year 3 of the programme. They were assured of confidentiality and advised of the Medical Council's role. The students all confirmed that they had volunteered to meet with the Medical Council Team.

The students noted since moving to Year 3, the schools mission statement is no longer at the forefront.

There is a clear structure of modules and assessments for semester one available on the BrightSpace platform. The students are adjusting well to online teaching; however, they did say they missed face-to-face teaching and interaction with their peers. It was noted that feedback from the medical school was lacking and the students felt they would benefit from having more feedback after assessments.

The students praised the peer mentor programme and felt the support provided by their peer mentors was great. The students also felt the class reps were a fantastic resource and feeding back any issue through the class reps always resulted in improvements and/or change.

The students were, overall, happy with the level of communication from the medical school, however, at times there can be an overload of emails. For some students this had resulted in missing a lecture as the email was amongst multiple emails sent the same day. Some international students were unhappy with the timings of communications being sent out before commencing the year, however they understand the circumstances.

It was noted that the students missed the Early Patient Contact module in Year Two because of Covid-19 and they are hopeful that they will be able to complete this module soon.

The students noted that they would like more input into the selection process for electives.

The international students raised concerns with their ability to finance the duration of the programme. Due to the current pandemic, there is no work available to help fund the programme and there are no scholarships available and the banks will not approve loans for overseas students. It was noted as a rising concern for students.

Meeting with Year 4

A meeting was held with a number of students from Year 4 of the programme. They were assured of confidentiality and advised of the Medical Council's role. The students all confirmed that they had volunteered to meet with the Medical Council Team.

Similar to the Year 3 students, the Year 4 students said that the medical schools mission statement was evident in the earlier years but not mentioned in third or fourth year. It was noted that there were multiple professionalism tutorials and teaching on appropriate social media behaviours in Year 2, which is relevant now that they are on clinical placements.

The students described the Early Patient Contact module in Year 2, it was a two-week module where they learned practical skills such as history taking and communication skills.

The students described the mechanisms for feedback, there are feedback forms provided at the end of each semester and majority of students fed their issues through the class reps. The students felt their voices were heard when issues were raised through the class reps and changes were evident. This gave them confidence in knowing their issues were listened to and considered. Class reps were also involved in the Med Soc committee, 2-3 times per year a health science meeting was held where equality and diversity were discussed. Positive changes have been made to-date.

It was noted by the students that the heavy weighting on end of module assessment was a struggle and this years change to more continuous assessment was a big adjustment for them. Assessments in medical ethics were taking place and peer review was noted as helpful for students in developing their communication skills and teamwork.

The students were evidently aware of the pastoral supports available to them, they were very happy with the support given to them by their academic tutors and the student advisor. They explained that the peer mentor programme no longer applies to them, however, as they had built up good relationships in the earlier years, they continued to have contact with their mentors for support if needed.

The students felt that more early patient contact would be beneficial in advance of commencing the clinical years, but overall, the students were happy with the programme so far.

Meeting with Year 5

A meeting was held with a small number of students from Year 5 of the programme. They were assured of confidentiality and advised of the Medical Council's role. The students all confirmed that they had volunteered to meet with the Medical Council Team.

The students noted that the medical schools mission statement was not mentioned after the early years but professionalism was being taught through multiple channels.

The students had planned pre-clinical modules cancelled due to Covid-19, however, there was an opportunity to complete the module in August, prior to commencing Year 5.

To-date, on clinical placements, the consultant led teaching has been varied. Some had consultant teaching and some had Intern/SHO led teaching. The students felt that the absence of clearly defined learning outcomes resulted in a variable standard and content of teaching, the teams decided day-to-day what they would teach the students.

In general, the students felt that feedback on assessments was lacking. Depending on the team they were allocated to, some consultants provided feedback but majority would only give feedback if the students requested it. The students commended the ENT rotation. They felt part of the team and the consultant was very proactive in involving them.

The students explained the process for team-based attachment allocation clinical placement allocation. It was varied depending on what rotation you were doing. Some noted the last-minute notice of location which caused a lot of stress, in particular, for those who had to travel to remote locations and try to obtain accommodation.

The students commended the "amazing" pastoral supports available to them at UCD. The wide range of supports were readily available whenever they needed them.

Overall, the students were happy with the programme and would recommend UCD to others.

Meeting with Year 6

A meeting was held with a number of students from Year 6 of the programme. They were assured of confidentiality and advised of the Medical Council's role. The students all confirmed that they had volunteered to meet with the Medical Council Team.

The students were unaware of the medical school's mission statement, however, professionalism is evidently taught throughout the programme. In the absence of elective this year, there was an opportunity for students to do a professionalism essay for additional credits.

The students were happy with the level of feedback in the earlier years and could see the adjustments being made as a result. However, when they transitioned into the clinical years, they found it more difficult to provide feedback unless they were particularly proactive in feeding back on any issues.

On clinical placements, there was an overall feeling that there is reliance on the students to communicate with teams they were allocated to. The students did however, commend the ENT rotation for its proactive approach to students. The students felt part of the team while on this rotation. The students found that, in general, the interns on their teams to be very helpful in providing bed-side teaching.

It was noted that the timetabling of clinical placements was not adequate, the students advised that they were told what clinical site they were placed on but never knew what team they were assigned to until the morning they arrived on-site.

The students described being made aware of the high-level medicine and surgery learning outcomes to be achieved on clinical placements but said there were no defined learning outcomes for other rotations and relied on the years ahead of them to provide information on what to expect.

The students were happy with the move to continuous assessment as they felt it took the pressure off focusing on revision on the run up to exams. In previous years, they felt they missed out on some key learning opportunities on the run up to exams.

The students that took the USMLE were provided with tutorials and support prior to the exams, however, they found it very stressful studying for medical school exams at the same time as USMLE exams.

It was noted that the supports available to students struggling with stress were good and all students knew where to go if they felt they were struggling.

While on clinical placements, the students weren't quite sure how to escalate an issue, should it arise. There was an overall sense of a "power dynamic" on rotations which prevented them from wanting to raise issues.

The overall consensus among the students was that they do not feel prepared for Internship. They feel that their exposure to practical procedures is lacking and they are not getting the opportunity to practice as yet. They felt that more clinical skills labs would benefit them in the final year.

Meeting with Student Representatives

The Team met with a number of student representatives from various years of the Direct Entry programme and the Graduate 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 student representatives told the team that there are several things which are enjoyable about being a student representative and how they have made positive changes to the medical programmes. However, they did admit their role was frustrating at times as they felt a lack of timely and helpful replies to the student concerns raised.

The student representatives indicated that the positive changes which they made to the Medical School's programme, for example, the student representatives raised an issue with an exam not correlating with the lecture material which led to the exam being completely changed.

The student representatives described the lack of clarity around what is expected of clinical students and the lack of an explicit curriculum at clinical sites. The students described how a large amount of material had been uploaded to Brightspace with no direction from staff as to the relative importance of these items for an upcoming assessment.

Availability of appropriate space in the Health Sciences library was a significant concern for many students. The student representatives had raised their concerns about seating, poor heating, poor Wi-Fi, and lack of toilet facilities in the Health Sciences library. Coming up to exam time, extra classrooms were offered in the evenings as study spaces and this was received positively by the students though the lack of electrical outlets remained at issue in these spaces.

The student representatives described that prior to Covid-19, clinical site students had been able to work more independently with more opportunities to talk to the allied health professions. However, Covid-19 is causing difficulties for students on clinical rotations. They described cases where students cannot do ward rounds due to Covid-19 restrictions.

The student representatives described the speciality modules as having been excellently organised, particularly Pathology. Overall, the student representatives were satisfied with the education offered by the medical school. The students noted, while on clinical placements, the level of support provided to them from the clinical staff and tutors was excellent, however, they felt that the level of support provided by campus based senior faculty was low and made them feel disconnected from the campus.

The student representatives felt that overall, the issues which they raise could be easily fixed and, if they were, the school would be excellent. The student representatives felt that overall, the medical programme offered by UCD is very good and teaching to be of good quality.

The student representatives highlighted the Director of Clinical Education's passion for her role and that it doesn't go unnoticed by the students.

Meeting with Interns who are UCD graduates

The Team met with a number of interns who are UCD graduates from both the GEM programme and the DEM programme. They were assured of confidentiality and advised of the Medical Council's role. They all confirmed that they had volunteered to meet with the Medical Council Team.

The interns felt that the best part of the programme was their clinical placements. They described the clinical years as well structured, that the learning outcomes were clear, and the rotations were well organised by UCD.

The interns felt that what was expected of them was well communicated. They learned more in the wards and on the clinical sites than they ever did on campus. They felt that it would be beneficial to do some basic things in the pre-clinical years like blood taking. They s felt that the transition from pre-clinical to clinical was good.

The interns commended the Transition Stage of the programme delivered in Trimester 2 of Stage 2 and the systems-based learning approach offered by UCD. The interns this year did not get to fully complete the 'Professional Completion' module due to Covid-19. Not everyone had the opportunity to do the intern shadowing element, which was described as very beneficial. However, they noted plenty of supplementary learning during the clinical years.

They enjoyed their GP rotations and felt they were well taught. GP tutorials were well structured and the best tutorials they had, and students were able to learn practical skills which they did not learn in hospitals. The interns thought it was a good to have one week in a Dublin practice and one week in a regional practice. The interns thought two weeks in a GP practice was a very short period but that it was intensive, and they did see a lot.

The interns found the Personal Protective Equipment seminar organised by UCD to be very useful. The interns found the extended overlap of 6 weeks between the incoming and outgoing interns to be of enormous benefit, made for a smooth transition and recommended it be extended to future interns.

They felt that they started their intern year with more confidence than their fellow interns as they undertook more Continuous Assessments in their final year and had completed 80% of their final exams before Covid-19 hit. The use of Continuous Assessment in the final two years of the medical programme means there is not too much pressure on students at the end of the final year. The interns feel that this is a great strength of UCD. They felt that they had the confidence to know their limits, boundaries and when to ask for help.

The interns noted that they found the most valuable teaching came from non-teaching clinicians. There is a culture of junior doctors teaching clinical students. The interns noted that the intern tutorials are very helpful and there is a good emphasis on teaching. The interns stated that the small group size for tutorials (sometimes only 4 people), makes it difficult for students to hide and not engage with their learning and "coast by".

The interns noted feedback in clinical years is often up to the students to seek with main feedback though the exams. They appreciate that feedback is a two-way street.

The interns commended UCD for their openness to feedback and for being approachable and reactive to feedback. When concerns were raised by students, UCD made an effort to make changes for the following year.

Compliance

UCD was found to be partially complying with the basic standard.

Observation(s) and Recommendation(s)

- It is recommended that access to academic counselling be expanded to all students rather than just students experiencing difficulties.
- It is recommended that the minutes of the Staff/ Student Committee be shared with all students.
- It is recommended that clear lines of communication should be established between the disability office and the medical school to ensure all appropriate adjustments are in place prior to clinical attachments.

Commendation(s)

- The Peer Mentoring Programme including the contribution of the Students Union to the training of students.
- The commitment of the Student Advisor for the School of Medicine, despite the heavy workload.

Area 5: Academic staff/faculty

ACADEMIC STAFF/FACULTY	Level of compliance	FC

Description of documentary evidence of compliance with this standard provided by UCD

- UCD Recruitment & Selection Policy

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

The level of staffing across the biomedical, social, and behavioural and clinical sciences was found to be adequate. There was an adequate staff to student ratio and the capacity of staff related to its mission of medical education. It was noted that there are ample opportunities for staff CPD both in education and research with funding available for staff in these endeavours. It was noted that there are vacant senior posts and UCD is recommended Executive work quickly to appoint staff to these posts.

It was noted that there is adequate induction for staff for their medical education responsibilities.

It was highlighted that there was a lack of feedback provided to the non UCD staff at clinical sites and they were not aware of any process to share feedback about the teaching progamme with UCD staff.

Despite the existence of the Teaching and Learning courses, the uptake amongst staff was noted to be low.

Compliance

UCD was found to be fully complying with the basic standard.

Observation(s) and Recommendation(s)

- UCD should review the Teaching and Learning course offerings available to staff, particularly clinical staff, with a view to ensuring that their medical education needs are met.

Commendations

- The enthusiasm and commitment to medical education of the clinical tutors.

Area 6: Educational Resources

EDUCATIONAL RESOURCES	Level of Compliance	PC

Description of documentary evidence of compliance with this standard provided by UCD

- Passport to Clinical Education 2020
- UCD Medicine Clinical Learning Guide 2020

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

Physical facilities:

A pre-recorded video of the health science facilities on the Belfield campus was provided. A wide range of modern facilities are available to students and staff. However, it was evident from a number of sources that the health sciences library has inadequate capacity during high-demand periods; lack of seats to accommodate students, lack of adequate toilet facilities adjacent to the library and lack of power-outlets.

Clinical Training Resources:

Students and teaching staff described excellent clinical skills training facilities on the Belfield Campus and on the Mater Misericordiae University Hospital site. A variance in clinical training resources available on other clinical sites was reported. In general, the training facilities across the clinical sites was adequate, however, lack of tutorial room space and student study areas was reported on a number of sites, in particular, at St Vincent's and Children's Health Ireland, Crumlin.

IT Facilities:

UCD provided a demonstration of their online learning platform, Brightspace, and positive feedback was received from faculty and students. The excellent capacity and responsiveness of the IT Staff in supporting teaching and learning during Covid-19 was noted by the students and staff. It was noted that Brightspace had limited capacity to support large-group remote meetings amongst student cohorts.

Medical Research and Scholarship:
The active research profile of staff and the integration of research into the curriculum was noted. There were opportunities for research by students, including the Student Summer Research Awards and opportunities for Covid-19 research.

Educational expertise:
The access to educational expertise of the Teaching and Learning unit of UCD and the commitment of senior leadership to the development of innovative/authentic teaching and assessment methods was noted, as well as opportunities for educational research was noted.

Educational Exchanges:
A range of opportunities for both staff and students to participate on educational exchange programmes and elective placements was evident. The potential transfer of educational credits facilitates these exchanges.

Compliance
UCD was found to be partially complying with the basic standard.

Observation(s) and Recommendation(s)

- Review the provision of appropriately supported study space to supplement the inadequate space in high demand periods in the health sciences library.
- Work closely with the clinical training networks to address deficiencies in the teaching and learning facilities.
- Students access to an online platform licence to facilitate virtual student meetings and tutorials where students can see each other.

Commendation(s)

- The excellent capacity and responsiveness of the IT Staff in supporting teaching and learning via Brightspace during Covid-19.
- Leadership and commitment of the Associate Director of Clinical Education, Associate Dean, Programmes & Education Innovation UCD School of Medicine in developing educational capacity amongst staff.

Area 7: Programme evaluation

PROGRAMME EVALUATION	Level of compliance	FC

Description of documentary evidence of compliance with this standard provided by UCD

- School of Medicine Institutional Quality Review
- Medicine Students' Experience of Assessment

Description of evidence of compliance with this standard found during the inspection visit:
Overall, there were mechanisms in place for monitoring and evaluating the medical education programme in the form of end of semester surveys, graduate attributes surveys and assessment feedback, which are fed through the Programmes Board. The Quality Review of the medical school completed in 2016 was noted. The students noted that feedback provided on the programmes was, for the most part, implemented the following year.

the Medicine Degree Committees implement recommendations for medical education improvement.

Compliance
UCD was found to be fully complying with the basic standard.

Observation(s) and Recommendation(s)
- Develop policy on the use of student cohort performance data to support programme development.

Commendation(s)
- No commendations were made

Area 8: Governance and Administration

GOVERNANCE AND ADMINISTRATION	Level of compliance	FC

Description of documentary evidence of compliance with this standard provided by
- School of Medicine Administrative Structure 2020

Description of evidence of compliance with this standard found during the inspection visit
There is a clearly defined governance structure within UCD. The budget and resource allocation negotiated between the Dean and Senior Leadership within the University seemed appropriate. The interactions with the Health Services are evident in the curriculum and lead by the Director of Clinical Education and student placements. The appointment of the Professor of Healthcare Integration and Improvement should provide the opportunity to enhance the strategic element of UCD's interactions with the Health Sector more broadly.

Compliance
UCD was found to be fully complying with the basic standard.

Observation(s) and Recommendation(s)
- No recommendations were made.

Commendation(s)
- No commendations were made.

Area 9: Continuous Renewal

CONTINUOUS RENEWAL	Level of compliance	FC

Description of documentary evidence of compliance with this standard provided by UCD

Description of evidence of compliance with this standard found during the inspection visit
UCD had engaged in a Quality Review and initiated procedures for renewing and updating their processes, curricular content, and learning outcomes.

There was no evidence of formal engagement with stakeholders beyond Staff, Students and Alumni.

Compliance
UCD was found to be fully complying with the basic standard.

Observation(s) and Recommendation(s)

• UCD should engage the broader stakeholder community in recognition of the roles played by allied health professionals, patient advocacy and consumer groups, among others, in contemporary healthcare delivery.
Commendation(s) • No commendations were made.

7) INSPECTION OF CLINICAL TRAINING SITES

Wexford General Hospital

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

The Clinical Staff stated that they had students on an Obstetrics and Gynaecology placement for the first time in several years and they were delighted to have the students. The Clinical Staff expressed everyone is keen to teach and the Obstetrics and Gynaecology team feel reinvigorated having received students again. The Obstetrics and Gynaecology team in Wexford General Hospital link in with the National Maternity Hospital to ensure similar content is covered and similar experiences provided. There can be some competition on the labour wards for patient access, as Wexford General Hospital also have midwifery and paramedic students on site. However, consultants speak with the mother to see if she would be happy to have more than one student at her bedside.

Students who go to Wexford General Hospital for their surgery placement are only there for 3 or 4 days. The Clinical Staff would like if the students were there for two weeks of surgery, as it would allow for a more structured and meaningful programme.

The Clinical Staff explained that there is no formal teaching programme and they are not advised by UCD on what to teach. However, tutorials are driven by the students. Students are asked what they feel they need to improve on, and this is factored into the tutorials.

The Clinical Staff felt that they had plenty of opportunities to sign up for education courses but felt that year-long courses are not practical/feasible for full time clinicians.

The Clinical Staff confirmed that student preparedness was rarely an issue. The students were usually very keen to get "hands on" experience. The students were seen to be very enthusiastic, very good with patients and delighted to be on wards. There is an acute admissions unit in the hospital, which offers students a good opportunity to improve on taking patient histories. The Clinical Staff felt that 10-12 students would be manageable. The Clinical Staff would like more feedback from the students.

The Clinical Staff described it as easy to reach out to people if there are difficulties. The Clinical Staff felt that they had enough people who they could reach out to regarding students in difficulty, including the Director of Clinical Education

The Clinical Staff reported no issues on the wards and that the education centre can cope with the number of students they receive. Due to Covid-19 restrictions, there is a lack of space for medical presentations. Obstetrics and Gynaecology do not have any student facilities.

The Clinical Staff were asked if anything could be better and answered that they would love more feedback from UCD, and it would be great if they had more space to support the students on site.

Mater Misericordiae University Hospital

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

The Clinical Staff link quite closely with students to get feedback on what is working and what is not working for them. All Clinical Tutors have a consultant who they link with for changes.

The Catherine McAuley Centre has lecture rooms, tutorial rooms and plenty of space for students. The hospital has a "fantastic" theatre space which is great for simulations. The Clinical Staff felt that the facilities have improved since the last visit by the Medical Council.

The Clinical Staff said that there are challenges for students in getting exposure to patients during the Covid-19 outbreak. Medicine in the Community is particularly challenging. Pre Covid-19, 15 of the 60 students on placement at the Mater Misericordiae University Hospital would go to the Royal Hospital Donnybrook and St Mary's Hospital in the Phoenix Park. This is not possible during Covid-19; however, alternative sites have been found. Students are going to alternative sites for Medicine in the Community placements in smaller groups and have a designated doctor to work with. The Clinical Staff at the Mater Misericordiae University Hospital have received great feedback from the staff and students on these sites.

The psychiatric rotation at the Mater Misericordiae University Hospital was particularly challenging prior to the permanent professional appointment in July 2020. However, the Assessor Team note that UCD had provided clinical tutors/special lecturers and appointed consultant leadership on a locum basis in lieu of the appointment of a permanent academic professorial role

The Clinical Staff noted that the GP network has increased but that students currently have limited GP practice access.

The Clinical Staff noted that 6 weeks of clinical placements were missed last year due to Covid-19 and there was an intensive catch-up period at the start of this semester.

There is normally an OSCE at the end of the medicine rotations, but this is not feasible due to Covid-19, so the assessment has changed to a long case exam. The Clinical Staff felt that the long case exam will focus learning and be beneficial to the students.

The Clinical Staff believed that the examiners examine well, but they can be harsher when marking their own subject speciality. It was noted that the Clinical Staff believed that non-consultant doctors are capable of judging student exams. Examiners are always paired and there is an induction before every exam. The Clinical Staff praised the standardisation of assessment.

The Clinical Staff engage with students for feedback but were not aware of any official feedback from UCD. The students give feedback at the end of every medical module and no feedback is given on individual consultants.

The courses sponsored by UCD to improve teaching skills were noted to be of huge value to the Clinical Staff. The Clinical Staff felt that teaching skills courses should be offered to every new consultant appointment.

GP Trainers

The Team met with the Clinical Staff and Management involved with GP Training. The Chair introduced the Team and advised those in attendance of the purpose of the meeting. The Team appreciated the time the staff took to meet with them.

The GPs enjoy taking students and receive plenty of notice of the students who will be with them. The GPs noted that this year was more challenging for students on their GP rotation.

Students are given opportunities to give detailed feedback. Practices which cannot facilitate students in undertaking consultations on their own did not receive poorer feedback compared with practices where this could take place. All feedback is returned to tutors and is mostly good.

GPs involved in teaching with UCD avail of training by UCD GP staff but there is very low uptake of the official UCD teaching certificates and diplomas. Worksop attendance by GPs is good and GP tutors are engaged with training opportunities. GPs who become lecturers often undertake a certificate or diploma in education (not necessarily from UCD) and are given financial support by UCD.

The GPs discussed the expenses incurred by students who undertake placements in rural GP practices. The GPs understood that UCD contributes to the students' costs, but it does not cover all costs. However, students did not seem to be deterred by the costs.

GP placements allow students to gain early patient contact. Seminars are facilitated by GPs. Students submit a portfolio of their work which GPs are involved with the marking of. The GPs write questions for assessments and participate in the marking of the assessments. The students undertake long case exams. GP practices are used for the long case exams and patients are recruited. The GPs feel that the long case exams prepare the students for placements. The GPs believed virtual clinics were great for developing case studies.

General Practice receives 20 credits for its community medicine component, but its involvement elsewhere was initially less transparent to the AT. The level of student involvement with GP related content/experiences was clarified in discussion with the GPs. The AT are concerned that lack of transparency in formal documentation may have implications for resourcing and recognition within the school and should be addressed.

The GPs were of the opinion that graduate entry students appeared to be much more aware of the multidisciplinary nature of working in medicine and were actively aware of pharmacology. However, the GPs noted that there was less of a difference between the graduate entry students and direct entry students upon graduation.

The GPs felt very proud to be part of the education of the students. There was great support and pastoral care offered by the GP trainers to the students. The students appeared to love the one to one connection with the GPs. The GPs felt that having students on placements with them was hugely positive to the practice and that the GP placements are a good place for students to learn core clinical skills.

Children's Health Ireland at Crumlin

A meeting was held with the Clinical Staff and Management of Children's Health Ireland at Crumlin. Those in attendance were advised of the purpose of the meeting. The insight into the full scope of the practice at the hospital and the hospital's involvement with education and training was appreciated.

The clinical staff are all made aware of the medical school's mission statement and emphasis on professionalism. It is integrated into their teaching on a daily basis.

The academic tutors sit on multiple committees in UCD which is a good way to provide feedback on the delivery of teaching. The channels of communication between the hospital and UCD is good. The tutors are very well supported by UCD. The tutor group meets regularly to discuss the delivery of the programme and there is feedback from students at the end of each rotation.

The clinical staff advised that there are no clear learning outcomes provided to them and therefore, tend to conduct teaching as they see fit. However, there is active involvement in the curriculum development and feedback is actively sought from UCD on any improvements that can be made.

It was noted that all students were well prepared for practice when they arrived on-site. Their knowledge of professionalism, clinical skills and how to present themselves was evident.

The resources available to students on-site are an issue, there is not enough space available and there is no Wi-Fi access which can cause difficulties. However, as the new children's hospital is under development, there is a reluctance to invest in the hospital.

There are ample opportunities for clinical staff to partake in educational courses, however, it was noted that they find it difficult to commit the time needed to complete training due to their busy schedule. There is also issues with no dedicated teaching time for clinical staff, this makes managing their workload difficult at times.

Feedback is very evident on-site; the clinical staff actively seek feedback from students and also provide feedback post-exams and at the end of rotations. Having tutors on-site also provides a direct link for feedback to UCD.

St Vincent's University Hospital

A meeting was held with the Clinical Staff and Management of St Vincent's University Hospital. Those in attendance were advised of the purpose of the meeting. The insight into the full scope of the practice at the hospital and the hospital's involvement with education and training was appreciated.

There is a UCD appointed clinical site administration manager and (consultant) module coordinators present on site. All consultants appreciate the proactive administration team on site and are very aware of the module co-ordinators and their role.

All consultants are contracted to teach; however, it was noted that it can be difficult to juggle their clinical commitments and teaching commitments. There is a good support system in place for consultants with retired consultants playing a big role.

The module co-ordinator develops the student placements on-site and ensures there is a good mix of students on each rotation. The consultants are made aware prior to students arriving on-site, who is joining their team.

The consultants sign-off on the students learning outcomes at the end of each week and the module co-ordinator signs off on student conduct.

There is a strain of tutorial room space at the hospital, however, now that teaching has moved towards online tutorials, it is somewhat easier.

There has been good uptake on the Diploma and Certificate in Education delivered by UCD to-date and the hospital has run multiple small research and educational conferences.

There is very close interaction between UCD and the hospital with good feedback on the programme delivery.

The academic staff on-site have had a lot of training on pastoral supports to students and have built a good repour with students.

The National Maternity Hospital, Holles St

A meeting was held with the Clinical Staff and Management of The National Maternity Hospital, Holles Street. Those in attendance were advised of the purpose of the meeting. The insight into the full scope of the practice at the hospital and the hospital's involvement with education and training was appreciated.

A brief overview of the teaching was provided, all consultants are involved in teaching students and there is a strong emphasis on continuous learning for providing teaching. Some have completed the diploma or certificate in education provided by UCD.

There is a community of practice within the hospital and the clinical staff pride themselves on being good role models to the students.

There is a strong emphasis on medical ethics and professionalism being taught throughout the hospital including a *component;* dealing with difficult situations.

The UCD tutor on-site is proactive in feeding back on the delivery of teaching on-site and contributes to several committees within UCD on curriculum developments. Changes have been made across all clinical sites on the delivery of MCQ's as a result of feedback from the clinical staff.

The clinical staff's experience with students is positive, they are well prepared and forthcoming with interacting with patients. There is no logbook to sign off on learning outcomes, but the clinical staff ensure all key aspects of Obs and Gynae are covered with the students through tutorials and bed-side teaching.

All clinical staff have been provided with training in assessment methods and involvement in the exams board is very useful feedback. They have also managed to maintain the OSCE with social distancing is place.

There is a strong sense of pride amongst the consultants, with multiple teaching awards throughout the hospital. They thrive on caring for the students while on placement there. The clinical staff feel it is important to protect Obs and Gynae teaching in the undergraduate curriculum as it is evident in later years that many General Practitioners are lacking in Obs and Gynae experience.

End of report

Appendix 1

List of Background Documents

a) Guidance for Assessors
b) Guidelines for Assessors on Interaction with Students
c) The Chairperson's Role in the Accreditation Team Medical School Visits
d) WFME Scoring Sheet for Assessors
e) Completed Self-Assessment by University College Dublin