Comhairle na nDochtúirí Leighis
Medical Council

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

Monday 12 October – Wednesday 14 October 2020

CONTENTS OF REPORT

A. STATEMENT WITH REGARD TO THE FREEDOM OF INFORMATION ACT 2014, GENERAL DATA PROTECTION REGULATION ('GDPR') AND THE DATA PROTECTION ACTS 1988 – 2018
B. DECISION OF THE MEDICAL COUNCIL
C. PREFACE
D. SUMMARY AND GENERAL ASSESSMENT
E. EVALUATION OF THE PROGRAMME, BASED ON WORLD FEDERATION FOR MEDICAL EDUCATION (WFME) GLOBAL STANDARDS FOR QUALITY IMPROVEMENT IN MEDICAL EDUCATION – 2015 REVISION
F. INSPECTION OF CLINICAL TRAINING SITES

VISITING TEAM

Prof Mary O'Sullivan (Chair of the Visiting Team and Medical Council Member)

Dr John Barragry (Medical Council Member)

Dr Ailis Ni Riain (Medical Assessor)

Ms Teresa Bulfin (Non-Medical Assessor)

Dr Drew Gilliland (Medical Assessor)

Prof Barry Lewis (Medical Assessor)

EXECUTIVE

Ms Una O'Rourke – Director of Education and Training

Ms Aoife Fitzsimmons – Head of Quality Improvement

Ms Aoise O'Reilly – Accreditation Manager

Ms Hannah McGrath – Accreditation Officer

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 GRADUATE 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.

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 A 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 UCD School of Medicine, and Ms Denise O'Mara, Project/Programme Manager, Medical Education Unit of the Medical School 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 main recommendations are that:

1. University College Dublin's Graduate Entry medical programme 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 and staff 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 and staff 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. Provide additional sources of financial support for students seeking entry to GEM (contribution to external placement, fee increases, bank loans and other scholarship opportunities).
4. 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.
5. Review the provision of appropriate study spaces to supplement the inadequate space in high demand periods in the health sciences library.
6. Work closely with the clinical training networks to address deficiencies in the teaching and learning facilities.
7. Provide students with access to an online platform licence to facilitate virtual student meetings and tutorials.

4) <u>Recommendations the Medical Council makes to all medical schools:</u>

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) <u>The Medical Council commends University College Dublin for the:</u>

- <u>Transition Stage of</u> 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 and expertise 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.

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

Compliance level rating

The levels of compliance are categorised as follows:

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

The 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:
UCD has a clearly defined Mission Statement and a well-defined set of Graduate Attributes that 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 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 patient contact but then there was then a significant gap of time before students saw patients again.

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

The students valued the Professional Completion module 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 they perceived limited support for their learning in this module).

The students positive experience with GP's was noted.

Compliance

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

Observation(s) & Recommendation(s)

- Enhance the early patient contact components to facilitate improved integration of the biomedical sciences with the clinical sciences.
- Provide greater opportunities to engage in multidisciplinary learning should be provided both in pre-clinical and clinical years.
- Develop 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:

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

Current practice within the medical school favours summative assessment rather than formative assessment; however, the balance of assessment modes 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 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 so they could learn to improve in some clinical settings and even more so in pre-clinical modules.

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

There was active involvement of external assessors on all subjects 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.
- Redress the balance of assessments in the early years of the programmes in favour of more authentic/innovative and continuous assessments.
- Recruit an Education and Quality Development Officer, 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:
There is only one way to access the GEM programme at the moment. The GAMSAT and II (i) honours primary degree were the sole criteria for EU students and an interview was an additional criterion for international students. Whilst the students noted the application process was fair, they did not view it as equitable (no access routes for students with disabilities and for students with limited financial supports were available).

Selection procedures and an appeals policy are clear.

The plan for student numbers over the coming years is adequate.

There are clear processes in place for academic counselling but available only to students experiencing difficulty in academic studies.

Students viewed pastoral supports as good, particularly the Peer Mentor Programme.

Students highlighted a number of financial issues and students were angry with increased fees this year. These fee increases were not noted to them when starting the programme. Most of the students were unhappy with how this fee increases were communicated to them and outlined the disrespect shown to them when they challenged this action.

The student reps who met with the Assessor Team were found to be impressive, as was their contribution to their peers' academic and pastoral wellbeing. The value of the Staff/Student Committee was noted.

Students from Year One

The Team met 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 Year 1 Graduate Entry students were in week four when the meeting took place.

The students had little awareness, if any, of the mission of the medical school or of the graduate attributes they reflected the learning outcomes expected of them on graduation.

The students felt that the admission selection process seemed fair and that the GAMSAT was a good way of assessing applicants. The students did mention the online GAMSAT exam was quite different, but no major concerns were raised. The online webinars for international students were described as very useful.

The students felt that Brightspace was a lot better than they expected and liked how interactive it is. The students find it useful that lectures are recorded and uploaded to Brightspace as it allows them to learn at their own pace. The recording of the first lecture of each module was particularly useful, as the complete module was outlined, and assessments were explained.

With the need for new protocols for the return to their programme of study due to Covid 19 context, the students noted that there was a lot of confusion with the overall timetable and that they had to go into each individual module to find out when their classes were scheduled. The students expressed a preference for small group tutorials and request staff group students randomly, not alphabetically, in order for the students to get to know more of their classmates.

Students felt that more anatomy practical's and face-to-face tutorials could take place as the anatomy practical's have been cut from 16 down to 6. The students also felt that there was little value from their first aid course as there was no practical aspect to it.

The students felt that more communication from staff was needed and had concerns with removal of practical skills sessions. They have been told that missed components will be made up for at a later date, the students were worried about the effect that this would have on their course load later as well as on their capacity to achieve learning outcomes that may be dependent on these skills in the coming months.

Students from Year Two

The Team met 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 Year 2 students felt their student representative bringing their concerns to the attention of the staff was a good system. However, minimal changes were noted. The Year 2 students felt that there was a disconnect between the school leadership and the students.

The Year 2 students felt that access to the graduate entry programme was fair but not equitable. The students felt that an interview, in addition to the GAMSAT exam, would be useful for the admission of Irish and EU students and not just the international students.

The students described the school's initiative, the annual "Breakfast with the Dean". However, this initiative was not always viewed as a success as they noted the Dean was unable to attend the event even though an Associate Dean would lead the event.

The Year 2 students advised the clinical skills lessons are very good. They feel that it would be more helpful if these lessons were shorter and more frequent. The students felt that the early patient engagement opportunities are very good and that the block system of learning is a great idea. The students felt the introduction of Problem-Based Learning (PBL) was ineffective.

The Year 2 students found that Brightspace was running smoother this year with online lectures running well. The students noted that they do find it difficult to stay engaged with online. The students raised issues regarding some lecturers not having access to proper recording equipment, which makes it hard to hear the lectures.

The students received more Continuous Assessment when Covid-19 hit and feel they are learning more this way and are more comfortable explaining what they learned. However, Continuous Assessment is not weighted heavily.

The students described feedback from their campus-based lecturers as poor. The students found that there was a huge overlap with some lecture content, however, other lecturers expect students to have learned the basics elsewhere. They noted that input from the adjudicators at the Student Summer Research Awards (SSRA) is thrown out after the student presentations and not provided to the students.

The students raised concerns about the examination timetable. Students are offered extra classes if they fail exams, which they found helpful. However, the students felt this type of extra support would be more useful if it happened sooner.

The Year 2 students had a very positive experience in being able to access the Bone Library and the Anatomy Dissection Lab. The students also noted the accessibility of the textbooks which they require in the Health Sciences Library. The students raised concerns about the Health Sciences library such as, the limited seating in the library, lack of power outlets, limited weekend opening hours and poor Wi-Fi connectivity.

With the need for new protocols for the return to their programme of study due to Covid 19 context, the students felt there was disparities in the timetabling of classes, noting that some days they were scheduled for 12 hours of classes and other days, they had three hours of lessons. The students also voiced their frustrations about meetings being scheduled for the same time as lectures which resulted in them missing these meetings.

Students from Year 3

The Team met with several 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 said that they have an excellent student representative who advocates well on their behalf.

Students advised that they can and do provide formal feedback on modules at the end of every semester. Their feedback appeared to be appreciated and acted upon. The students raised concerns about the marking of OSCEs. as there appeared to be differences in grades and marks for the same or similar answers.

The students spoke highly of the student advisor for the medical school and described her as excellent and very supportive but noted she supports an entire school on her own. The students found the Peer Mentor Programme to be inconsistent. The students felt that some mentors are brilliant and reach out to their mentees with tips and tricks beyond their first year. The students said that the training day for peer mentors was not sufficient.

The supports offered for international exams were appreciated by the students with a class for the USMLE and the medical school reimburses students for official trial exams.

The Year 3 students felt that the Health Sciences Centre is adequate for their needs and that the lecture halls are large enough for their year. However, they did think the lecture halls could be become too small for subsequent years. The students raised issues regarding the Health Sciences Library, they struggle to find space in the library at high demand times, the lack of adequate seating and power outlets in the library. The students said that there are limited toilet facilities which are frequently out of order.

To date, the students were enjoying their clinical rotations. The students were very happy with the increase in self-directed learning. The students felt that the on-site days with the GPs were a good first exposure to clinical sites.

The students advised that there were a few lecture cancellations in their pre-clinical years. The students raised issues with the haphazard rescheduling of cancelled therapeutics lectures. The students also had concerns about the lack of neuropharmacology lectures to date.

The students described Brightspace as "having its ups and downs" but found the uploading of previous years' lectures to be very useful. The surgery section was described as "a bit unwieldly". The students also noted the difficulty in logging into Brightspace during busy times.

The students described the transition from the pre-clinical years to the clinical years as a steep learning curve but that they were prepared as much as it was possible to be. The students suggested that a clinical skills lab on taking bloods and putting in cannulas would be beneficial to them. The students noted there is a non—core radiology module offered as one of four options in this stage which isn't ideal for them when they are on clinical sites. The students spoke highly of the Transition Stage of the programme delivered in Trimester 2 of Stage 2.

The students commended the Director of Clinical Education, who made a great effort in getting them prepared for their clinical years. The Director of Clinical Education scheduled talked with the students to explain what was expected of them during their clinical site training. The students noted the coordinator of the clinical elective module was difficult to contact and were unaware of information on electives available on the School's website,

The students raised major concerns regarding the increasing fees for the graduate entry students. They said the loans offered have an upper limit of €15,000 which does not cover the cost of the fees. The students were aware of the student hardship fund offered by the Student Union but said that it wasn't sufficient to cover the increase.

Students from Year 4

The Team met 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.

The students described that the feedback they provide after the completion of each module tended to be listened to. However, feedback during modules tends to be slower to be taken on board. The students noted and commended the high level of interest that the Director of Clinical Education takes in them. The students felt that clinicians are very responsive to them.

The students felt well supported in preparing for the USMLE examinations. Lecturers held talks on the USMLE. The students described the financial support (i.e. fees) as great for the exams but would appreciate provisions being made for when clinical placements and exams overlap.

The students found their clinical site facilities to be good overall, with good access to study spaces. However, there were issues with disability access to lecture halls in Temple Street Children's Hospital.

The students were happy with the feedback they receive from clinical site staff, however they found that feedback came too late, was too sparse or not at all from lecturers in the academic setting. Sometimes clinical feedback was viewed as a "tick box exercise" and a concern that, if the consultant/registrar was having a bad day, their feedback form might be impacted negatively.

The students found their early exposure to GP practices in years 1 and 2 to be very useful but insubstantial. The Year 4 students are concerned that, due to Covid-19, they will not gain any further exposure to GP practices this year and so it makes considering General Practice as a speciality a difficult decision.

The Year 4 students described the clinical site staff as having the student's best interests at heart and made them feel comfortable. The National Maternity Hospital staff were described as having gone above and beyond to ensure students had a good experience, where they saw patients every day and had 5-6 tutorials weekly.

The Year 4 students commended the Paediatric and the Obstetrics and Gynaecology rotations for their high standard of teaching, well-structured tutorials and being exceptionally open to feedback from students. The students found Old-Age Medicine and Psychiatry to be falling short in the standard of teaching and feedback received. The students expressed a lack of constructive feedback from a speciality staff member. The students noted that teaching sessions were cancelled frequently. The students expressed their frustration at last minute cancellations, as they could have used this time to see things in a clinical setting. The students voiced concerns at only receiving two hours of patient contact during their psychiatry rotation.

The Year 4 students commended the Transition Stage of the programme delivered in Trimester 2 of Stage 2.and the clinical skills bootcamp.

These students also raised concerns about the rising fees and did not think that it acceptable as many of students are already in financial difficulties. This increase was not agreed when they first joined the programme. The students noted that the annual EU fee for the course is now over €16,000, while the maximum loan offered is €15,000. The Year 4 students said that they had requested a one-year break from the annual increase, but this was not granted.

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 from the Graduate Entry Programme had particular concerns around the Therapeutics module. They advised that communication in this module was poor. Some lecture material was not delivered and 7 of the 10 Therapeutics lectures were cancelled at short notice. They were rescheduled to take place in week 12 of the semester but did not take place. This resulted in a large portion of the Therapeutics course being taken off the exam.

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)

- Access to academic counselling be expanded to all students rather than just students experiencing difficulties.
- Additional sources of financial support be made available for students seeking entry to GEM (contribution to external placement, fee increases, bank loans and other scholarship opportunities).
- Minutes of the Staff/ Student Committee be shared with all students.
- Clearer lines of communication 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)

- Review the Teaching and Learning course offerings available to staff, particularly clinical staff, with a view to ensuring their medical education needs are met.
- Create mechanism to allow for sharing of feedback between clinical staff and UCD staff about the teaching programme.

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 fully comply 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

Area 8: Governance and Administration

GOVERNANCE AND ADMINISTRATION	Level of compliance	FC

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

- 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 compliant with the basic standard.

Observation(s) and Recommendation(s)

- No recommendations.

Commendation(s)

- No commendations.

Area 9: Continuous Renewal

CONTINUOUS RENEWAL	Level of compliance	FC

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

- No additional documentary evidence provided

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)

- Engage a broader stakeholder community in curricular and process reviews 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.

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