Comhairle na nDochtúirí Leighis
Medical Council

Interim Report on the Accreditation of University College Dublin (UCD) School of Medicine & Undergraduate and Graduate Entry to Medicine Programmes

13-14 April 2026

About the Medical Council

The Medical Council is the regulator of doctors in Ireland and maintains the Register of Medical Practitioners - the register of all doctors who can practise medicine in Ireland. The Council is comprised of 25 members (13 non-medical and 12 medical members).

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

Statement with regard to the Freedom of Information Act 2014, General Data Protection Regulation ('GDPR') and the Data Protections Act 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/.

Accreditation Report – UCD School of Medicine

Date of the Accreditation Visit: 13-14 April 2026

Accreditation Team Details

Assessor Team:	Mr Graham Knowles Dr Julia Hynes Prof Barry Lewis Prof Hisham Khalil
Executive Support:	Ms Denise Carroll Ms Debbie Chappat Ms Aoise O'Reilly Ms Hannah McGrath

Introduction Context of the Visit

University College Dublin (UCD) delivers a six-year Undergraduate Entry medical programme and a four-year Graduate Entry medical programme leading to the award of a Bachelor of Medicine, Bachelor of Surgery, and Bachelor of Obstetrics (MB BCh BAO), at an undergraduate level (basic level in WFME terminology).

At UCD's request, the Medical Council completed phase one of the accreditation visit on Monday 13 and Tuesday 14 April 2026. The assessor team evaluated the programmes and will make an accreditation recommendation to the Medical Council's Education and Training Committee. During the visit, the team met with management, academic staff, clinical staff, and students. Phase two of the accreditation is scheduled to take place in Quarter Four 2026.

The Medical Council would like to thank the UCD School of Medicine wider team, led by Professor Patrick Mallon, for the work involved in coordinating the visit. In addition, the Medical Council would like to thank the staff and students who met with the team, whose feedback was most helpful in formulating this Report.

Desk Review - Documentation

Before the visit, the team thoroughly reviewed the completed 'Accreditation of Existing Medical Programmes – World Federation for Medical Education (WFME) Questionnaire,' (Self Evaluation Form) along with survey responses from UCD medical students and academic teaching staff. The Assessor Team also requested 81 additional documents for review as evidence of compliance with each standard. A table of documents reviewed are attached as **Appendix 1**.

Schedule

The visit entailed several private meetings with students from all stages of the course from both the undergraduate and graduate entry programmes, in addition to meetings with the clinical tutors, academic staff and student support staff. In accordance with Section 88 (2)(f) of the

Medical Practitioners Act 2007, inspection of the facilities and observation of teaching was also undertaken at the School of Medicine. Phase one of the accreditation visit concluded with a meeting with management which featured a presentation by Professor Patrick Mallon and Associate Professor Suzanne Donnelly, followed by an in-depth discussion between the Medical Council Assessor Team and university representatives.

Phase 1 - Interim Findings and Recommendations

As the full accreditation process has not yet been finalised, it is not appropriate at this stage to provide a final accreditation status. The overall accreditation status of the UCD medical programmes will be finalised once Phase Two (due to be completed in October 2026) has concluded and the Medical Council's Education and Training Committee has completed its approval process.

In the Interim, University College Dublin and the Undergraduate Entry to medicine (UEM) and Graduate Entry (GEM) to medicine programmes previous accreditation status will remain in place until October 2026.

Evaluation of the Programme, based on the World Federation of Medical Education's Global Standards for Quality Improvement in Medical Education – 2015 Revision.

Compliance level rating - the levels of compliance are categorised as follows:

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

Phase 1 – Q2 2026 The following Sub Areas were reviewed during Phase 1 of the accreditation visit.	**WFME Global Revision 2015** **Sub-Area Compliance**					
1. Mission and Outcomes	**Phase 2**					
2. Educational Programme	**Phase 2**			**2.4**	**Phase 2**	
3. Assessment of Students	**3.1**	**3.2**				
4. Students	**4.1**	**4.2**	**4.3**	**4.4**		
5. Academic Staff/Faculty	**5.1**	**5.2**				
6. Educational Resources	**6.1**	**Phase 2**				
7. Programme Evaluation	**7.1**	**7.2**	**7.3**	**7.4**		
8. Governance and Administration	**8.1**	**8.2**	**Phase 2**	**8.4**	**Phase 2**	
9. Continuous Renewal	**Phase 2**					

Recommendations Applicable to All Medical Schools:

The School of Medicine should continue to ensure awareness among students of the following:

- The Medical Council's ***Eight Domains of Good Professional Practice***
- The Medical Council's ***Guidelines for Medical Schools on Ethical Standards and Behaviour appropriate for Medical Students,*** particularly on affiliated sites and in general practices used for teaching.
- The revised ***Children First: National Guidance for the Protection and Welfare of Children*** guidelines in Ireland before students have attachments in the specialty area of paediatrics.
- The World Health Organisation ***Patient Safety Guidelines***

The School of Medicine 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.

Standard 2: Educational Programme - Partially Compliant

Phase 1 of the accreditation visit focused on Criterion 2.4. Outstanding criteria from this Standard to be further explored in Phase 2 of the accreditation process in October includes 2.1, 2.2, 2.3, 2.5, 2.6, 2.7, 2.8. Additional recommendations may follow.

When discussing the Medicine 2030 curriculum, senior staff advised that professionalism will be embedded as a vertical theme across all years of the new curriculum to be introduced in September 2026. Under the revised curriculum, failure to meet required standards of professionalism may result in failure to progress. In contrast, within the current curriculum, a discrepancy was noted in the teaching of professionalism between the pre-clinical and clinical years. There is a stronger emphasis in the clinical years on the teaching and modelling of professional behaviour, including its incorporation into assessment.

The School of Medicine demonstrates areas of good practice within this domain, including the early introduction of professionalism to students at Stage 1 of the programme referencing to the Medical Council's Eight Domains of Good Professional Practice. This includes a presentation regarding the Medical Council's undergraduate professional guidelines, which outlines the expectations placed on doctors. Medical students at this early stage of training would benefit from a more structured and focused session addressing all aspects of professional communication, appropriate use of social media, and the principles of confidentiality and consent. In addition, a review of the timing of these elements may be beneficial. Students indicated certain aspects would be more beneficial if emphasised prior to the commencement of clinical placements.

The monitoring of attendance, an important aspect of professionalism, was variable and depended on the learning environment. Senior management and the faculty staff reported that they treated students as adult learners with accountability for their own learning. There were several indirect methods to monitor attendance. Attendance in large groups, such as in lecture

theatres, was not monitored though spot checks did occur on occasion. There was close monitoring of attendance in small groups such as laboratories and clinical skills. The monitoring of attendance in clinical placements appeared to be variable and depended on whether this was a large acute hospital, a smaller hospital, or a GP practice.

Consideration should be given to the identification at a senior level of an individual with overall responsibility and accountability for professionalism education and assessment in both the current and new curriculum.

Recommendations:

- For UEM students, the School of Medicine should enhance its focus on aspects of digital professionalism such as communication skills (including media such as emails and the use of social media) at the early stage of their training. This should be completed before the start of the 2026/2027 academic year.

Standard 3: Assessment of Students – Partially Compliant

All of Standard 3 criteria were fully addressed during Phase 1 of the accreditation visit in April 2026.

The school has a policy of providing formative assessments in advance of summative assessments. Student feedback indicated that while formative assessments are delivered to a high standard in some modules, they are less evident in other modules. Stage 2 students in the UEM programme reported a limited provision of formative assessments during the second term of the current academic year. In contrast, Stage 6 students expressed satisfaction with the formative assessments provided at hospital sites, including long case presentations, Vivas, and mock OSCEs, all of which they found beneficial.

Students from both the UEM and GEM programmes reported inconsistencies in both the timing and delivery of feedback in formative and summative assessments across all years. To effectively support student learning, progression and examination performance, the School of Medicine should ensure that feedback is timely, structured and provided within an appropriate timeframe to facilitate remediation and improvement.

While the new curriculum is being implemented, concerns remain about current students. Specifically, there is a disconnect between theory, clinical skills teaching and OSCE examinations.

The School of Medicine should review the structure and sequencing of the current curriculum timetable. Consideration should also be given to the introduction of refresher or reinforcement sessions to strengthen knowledge retention, enhance skills recall, and improve alignment between theoretical content and practical applications.

Student progression is overseen by a committee that meets in advance of the Examination Board. Progression is reviewed by the Medicine Degree Committees on delegated authority of

the SOM Governing Board. Progression meetings are held to review student outcomes, and where students have not met requirements, an agreed support and progression plan is put in place to address identified issues. Some students expressed concerns about the extenuating circumstances process. Faculty have noted that the current approach of the Extenuating Circumstances Committee has limitations in terms of timeliness, responsiveness and restriction to three submission opportunities per academic year.

Senior staff have indicated that these meetings take place ahead of the assessment panels and boards. The school has plans to review this process with a target of a 10-day turnover time.

Senior management reported that a representative of the progression board, or a nominated delegate, meets with individual students whose progression has raised concerns. A tailored plan which includes support measures is agreed with the students.

Student portfolios are not part of the current UEM and GEM programmes. The School of Medicine plans to introduce Portfolios to support the development of professionalism and professional identity formation in the revised curriculum to be introduced in September 2026. This will include a students' professional development portfolio across all years as well as introducing an academic tutor that overseas students' professional development.

The School of Medicine should introduce the learning portfolio planned for the revised curriculum to students on the existing curriculum starting Year 2 and 3 in the academic year 2027/2028.

Recommendations:

- The School of Medicine should ensure that there is consistency in provision of formative assessments across all modules. This should be completed ahead of the 2027/2028 academic year.
- To support student learning, progression, and exam performance, timely, structured feedback should be provided after examinations. Feedback should be delivered within an appropriate timescale to allow for remediation. This should be completed ahead of the 2027/2028 academic year.
- While the new curriculum is being implemented the School of Medicine should review the structure and sequencing of the current curriculum timetable. Specifically, the disconnect between theory, clinical skills teaching and OSCE examinations. This should be completed ahead of the 2027/28 academic year.
- There should be a review of the Extenuating Circumstances Committee meetings schedules. This should be completed ahead of the 2027/28 academic year.
- The School of Medicine should introduce the learning portfolio planned for the new curriculum to students on the existing curriculum. This should be completed ahead of the 2027/28 academic year.

Standard 4: Students – Partially Compliant

All of Standard 4 criteria were fully addressed during Phase 1 of the accreditation visit in April 2026.

The School of Medicine's management demonstrates a strong commitment to the advancement of Equality, Diversity and Inclusivity (EDI) across the School of Medicine and the synergy with the wider evolving approach of the University. Multiple students provided detailed accounts of excellent support services and reasonable accommodations. While it is evident that the School of Medicine has an approach to facilitating student transfers into the medical programme, the development of an overarching policy would help to ensure confidence in the consistency in the approach.

Academic counselling is not currently available to medical students. The model is in the pilot phase across several other schools within the University. There is a stated intention to introduce academic counselling within the School of Medicine from September 2026, on a phased basis. This roll-out should include Years 2 and 3 of the current curriculums.

The School of Medicine has a clearly defined peer mentoring structure, whereby students are supported by peers from the year above. Peer mentors receive a range of training sessions to prepare them for this role, and this system appears to be well established.

No formalised career guidance is provided directly by the School of Medicine. Students reported relying on relevant student societies and on the central career's guidance services provided by the University.

The School of Medicine offers a range of health and wellbeing supports. However, some students reported difficulties in accessing these services, primarily due to challenges locating relevant information on the School of Medicine's website. In addition, students noted delays in accessing counselling services, with waiting times of between one and three months in some cases, although urgent cases are prioritised and addressed more promptly. It should also be noted that students reported that alternative arrangements for accessing counselling services had been provided in certain situations.

Students consistently reported the absence of a pastoral tutor support system. The Dean's commitment to rolling out a pastoral tutor system, alongside the academic tutor system from September 2026, is welcomed and is expected to provide significant benefit to the overall student experience. As with academic counselling, this roll-out should include years 2 and 3 of the current curriculum.

Meetings with Students

The team met with students spanning all years of both the UEM and GEM programmes at the School of Medicine. Students typically have three student representatives per year, although this number may vary depending on class size. Students report that their representatives are effective communicators. Feedback is channelled through these representatives to the

Students' Union. Student representatives are elected at the beginning of each academic year, and elections take place annually. There is no limit on the number of terms a representative may serve. Students described communication with their representatives as strong and bidirectional.

Students generally understood who to contact if they had concerns about a fellow student and were aware of the appropriate processes for raising concerns and speaking up. However, information about Support Services was occasionally unclear, leading to uncertainty about whom to approach. The new Student Advisor for GEM has been particularly helpful. In contrast, other advisors can be difficult to access, and the guidance provided often consists primarily of signposting to support service.

The class representative system was functioning effectively, with representatives actively involved in key committee structures across the School of Medicine. Students reported feeling listened to. One example highlighted an instance where errors occurred during an end-of-module assessment, which were announced throughout the examination. The class representatives responded by submitting a joint letter to the Head of Programme, who contacted them within an hour, and the issue was promptly addressed.

Students in the later years of the programme commended the school's emphasis on professionalism and professional conduct prior to the commencement of clinical placements. This included guidance on appropriate communication with patients, obtaining consent, GDPR requirements, and maintaining patient confidentiality. Student representatives confirmed that they had received training specific to their representative roles.

Both students and staff reported that students are aware of the progression requirements between academic years, as well as the criteria necessary for graduation. However, some students raised concern regarding the extenuating circumstances process. They quoted delays in getting the decision and that sometimes requests for evidence were not practical or were not provided by the school to the students to allow them to append the evidence to facilitate their application. Senior management reported that there are allowances in place for exceptional extenuating circumstances such as catastrophic events. In certain circumstances, these cases are taken directly to the Dean for a rapid decision.

In terms of learning outcomes, students commended their Surgery rotation for the explicit listing of the learning outcomes. The handbook was widely praised and deemed 'excellent'. The handbook provides a great basis for the lectures and tutorials. Medicine rotations provide teaching to a high standard but lack a handbook which inhibits planning and preparation for assessment.

The international students reported a lack of clarity regarding the international electives. There is a small window of opportunity to apply for international electives which is particularly important for the North American students.

Student representatives are elected annually by their classmates, with the number of representatives varying by year group and school. Student representatives sit on a range of

committees, including the Academic Council, where policies are reviewed, the Staff-Student Committee, the Equality, Diversity and Inclusion (EDI) Committee, the Medicine 2030 Committee, and the Medical Degree Committee. Academic concerns are raised through the Medical Degree Committee. Overall, the School of Medicine was described as highly receptive to student feedback. One example provided involved an issue with the examination timetable, which was raised by student representatives with programme heads and subsequently adjusted in response.

The Students' Union provides student representatives with training on how to respond when a student approaches them in distress. An online bystander training module is also available to all students. Student representatives noted that additional training focused on providing mental and emotional support to their peers would be beneficial. An example was described where student representatives were supported through a difficult issue. During this they had open access to senior support up to the level of the Dean and they felt, overall, the situation was well managed.

The Counselling Service indicated that there is no perceived need for a School of Medicine–specific counselling provision; however, a dedicated service for international students may be beneficial. The Student Mental Health and Wellbeing Committee has asubcommittee focused on embedding well-being within the curriculum. This work is ongoing. Bereavement support groups are also available to students.

Overall, the students described UCD as a very good school internationally respected for graduates academic and clinical knowledge and skills. They appreciated the school's approach to 'student led adult learning.

Recommendations:

- To minimise confusion and ensure timely access to appropriate supports, it is recommended that the School of Medicine establish and clearly communicate a streamlined process that outlines which advisor or service students should contact for specific academic, pastoral, or administrative concerns. This should be completed ahead of the 2027/28 academic year.
- The School of Medicine should proceed with its intention to introduce a personal academic and pastoral tutor system with the new curriculum. Serious consideration should be given to introducing this to Years 2 and 3 of the current curriculums so that all students in the School of Medicine benefit from this. This should be completed ahead of the 2027/28 academic year.

Commendations

- The commitment and enthusiasm of the School of Medicine's management in advancing equality, diversity, and inclusion (EDI) across the School of Medicine, aligned with and supported by the wider Universities evolving EDI strategy.

Standard 5: Academic Staff & Faculty – Partially Compliant

All of Standard 5 criteria were fully addressed during Phase 1 of the accreditation visit in April 2026.

The School of Medicine outlined a clear and coherent approach to identifying both new and existing academic and non-academic roles, supported by an equally clear process for identifying associated funding. During the management meeting, the Dean also referenced an ongoing workstream reviewing organisational structures and responsibilities, including clear alignment with governance arrangements across all Associate Dean areas of responsibilities.

The staff appeared content with the balance of teaching, research and administrative functions and felt that this was monitored on a collective and individual basis.

The staff development and appraisal system, Performance for Growth (P4G), was universally known and whilst its application may not have been consistent, all staff that were met with, reported that they were subject to ongoing processes for appraisal and development. Staff reported to having availed of development opportunities such as: Train the Trainer course, UCD Work Smarter Together Summer School, Developing Faculty Competencies in Assessment Given the excellent University and School of Medicine wide initiatives regarding EDI and the apparent mainstreaming of same, Staff and Faculty developmental initiatives may benefit from a focus on EDI.

All clinical tutors are employed by UCD, but not all undergo a formal performance appraisal. Most clinical tutors are on annual contracts, typically lasting one to two years. Some participate in Performance for Growth (P4G) involving regular meetings with a Director, quarterly check-ins with a focus on student satisfaction, tutor development, maintaining clinical and research skills. All tutors have access to Brightspace for professional development activities.

Funding is available to support staff in undertaking the Simulation Diploma in Galway and a Developing Faculty Competencies in Assessment, this course is run by the School's education leadership in partnership with FAIMER. A career development process is in place for staff and is described as a two-way, collaborative approach. Open and ongoing communication between faculty and management was also highlighted.

The institutional guidelines on Artificial Intelligence in School of Medicine are based on national frameworks. A traffic light system was developed to provide students with advice on AI use in their work:

- Green: permitted
- Orange: limited use
- Red: not permitted

AI literacy among academic staff is continuing to develop, with some staff reporting that students often demonstrate a higher level of familiarity with AI tools. Concerns were raised regarding the use of so-called "ghost AI" tools. In some areas, such as Pathology, students'

understanding of AI is assessed, for example through viva examinations. The University is investing in web browsing blocking software to reduce the inappropriate use of AI during assessments. Professionalism considerations form part of discussions around AI use, with supervised computer-based examinations and personalised reflection used in Pathology to mitigate misuse. In addition, the Teaching and Learning unit has delivered training sessions for staff on the appropriate use of AI.

If a student has a high level of absenteeism alongside poor academic performance, a meeting is arranged to discuss their progress. Clinical tutors offer targeted support and develop a bespoke support plan to assist the student in progressing through the programme. There are also plans to introduce personal academic tutors.

Inter-Professional Learning (IPL) will be part of medicine 2030, however, some logistical challenges have been identified, such as the timetables of Health Science students.

Feedback is provided to students, though clearer labelling is required, as students do not always recognise it as feedback. Strong use of formative assessment was reported in some disciplines, such as surgery. Faculty acknowledged, however, that feedback opportunities for students performing at an average level are currently limited.

The role of the Student Advisors was outlined, with clarification that they do not provide academic support to students. Mandatory training for Student Advisors includes bereavement support and responding to disclosures of assault. A Staff-Student Committee meets on a bi-monthly basis. In addition, a dedicated focus hub is available to support neurodiverse students, and combined services meetings take place several times each year.

There is a good working relationship between the Student Advisors and the Counselling Service, enabling access to same-day emergency appointments where required. If a student does not attend a scheduled counselling appointment, the Counselling Service follows up with the relevant Student Advisor. When a student raises a pastoral concern with staff at a clinical site, consent is sought before contacting the Student Advisor. Student Advisors also provide training for new tutors, and lecturers may contact them if they have concerns about a student's wellbeing.

There is a process is in place for supporting students in distress. Staff are provided with a framework, including a guidance document outlining procedures to follow when a student is in distress outside of normal working hours. Training is available to staff on responding to students in distress; while this training is not mandatory, a number of School of Medicine staff have completed it. Suicide awareness training is also available to staff.

Students reported that a student support fund is available, which is means tested and has a value of €500 to €600 per year. There is also an emergency fund. There is a committee responsible for this fund. It cannot be used for fees but for emergencies, for example if a student relies on their bike to get to college and it is stolen and cannot afford to replace it, an application can be made to the emergency fund.

Clinical Tutors receive notification of students who may require additional support prior to the commencement of their placement. In situations involving sensitive matters, the School of Medicine may contact tutors directly to ensure appropriate support is in place.

Recommendations:

- The School of Medicine should increase awareness of EDI and reasonable accommodations through developmental initiatives across the staff and faculty. This should be implemented by September 2026.

Standard 6: Educational Resources – Partially Compliant

Phase 1 of the accreditation visit focused on Criterion 6,1. Outstanding criteria from this Standard to be further explored in Phase 2 of the accreditation process in October includes 6.2., 6.3, 6.4, 6.5 and 6.6. Additional recommendations may follow.

Overall, the School of Medicine physical infrastructure is adequate, with all necessary classrooms, labs, study spaces etc available. However, accessibility in some learning and teaching spaces was reported as being inadequate for some students with physical disabilities. Additionally, concerns were raised regarding a lack of forward planning for various learning activities in relation to accessibility. Management indicated during discussions that, once made aware of specific accessibility issues, they take steps to address them and endeavour to provide appropriate solutions.

The School of Medicine actively advocates for their students' needs. The School of Medicine has linked with the UCD Access and Lifelong Learning office regarding putting reasonable accommodations in place (rooms, facilities and clinical training sites used by students with accessibility issues). At times, it was reported that accessibility issues are not known until the student arrives at the location.

Students have access to two libraries:

- The James Joyce Library (approximately 1,500 seats)
- The Health Sciences/Medical School Library (approximately 500 seats)

During exam periods, seating in the library can be difficult to secure due to high demand. Students also have access to 11 group study rooms, each accommodating approximately 8–10 students.

Recommendations:

- The School of Medicine should commission an independent review of the accessibility of its infrastructure. This should be actioned within 6 months of the approval of this report.

Standard 7: Programme Evaluation – Partially Compliant

All of Standard 7 criteria were fully addressed during Phase 1 of the accreditation visit in April 2026.

The School of Medicine has a structured, evidence based and data-driven approach to programme evaluation. This includes the curriculum review and the 2026-2030 strategy. This has resulted in significant changes to the medicine programme to be introduced in September 2026. The pillars of evaluation include student and staff surveys as well as quality reviews and use of external examiners.

The School of Medicine has its own strategy, which is evaluated through the analysis of key metrics and data contained in progress reports on strategic priorities, alongside surveys circulated to stakeholders to gather feedback. Alumni were also consulted, with targeted questions exploring what they value most in the medical programmes.

Response rates from faculty and, particularly students are very low, indicating a need for the school to adopt targeted strategies to improve engagement. For students, this should include careful consideration of survey timing. Students reported the end of exam time is better for a more holistic view on the term. For faculty, response rates could be improved by embedding feedback opportunities within structured internal review processes and by clearly communicating the outcomes of these reviews, including the actions taken in response, back to faculty members to close the feedback loop.

Recommendations:

- To enhance teaching quality and consistency across the programme, the School of Medicine should implement a structured mechanism for gathering student feedback on tutor and lecture delivery, including teaching style, clarity, and engagement. This should be completed ahead of the 2027/2028 academic year.
- To improve response rates from both faculty and students, the School of Medicine should review current engagement mechanisms. This should include the timing of surveys, the modality used, ensuring clarity regarding review process and communicating outcomes. This should be completed ahead of the 2027/2028 academic year.

Standard 8: Governance and Administration – Fully Compliant

Phase 1 of the accreditation visit focused on Criterion 8.1, 8.2 and 8.4. Outstanding criteria from this Standard to be further explored in Phase 2 of the accreditation process in October includes 8.3 and 8.5. Additional recommendations may follow.

The School of Medicine provided substantial governance and related documentation regarding both the school and wider university. This was elaborated on by the interaction during the meetings with management, faculty, and students. The School of Medicine aims to educate and inspire future doctors and is grounded in a values driven ethos at both university and school level. A new School of Medicine strategy is nearing approval, alongside ongoing consultation with staff regarding the development of the Medicine 2030 curriculum.

The School of Medicine outlined a clear and coherent approach to identifying both new and existing academic and non-academic roles, supported by an equally clear process for identifying associated funding. During the management meeting, the Dean also referenced an ongoing workstream reviewing organisational structures and responsibilities, including clear alignment with governance arrangements across all Associate Dean areas of responsibilities.

The School of Medicine has acknowledged that a number of its policies have been tested recently, highlighting gaps and the need for clearer processes, including in relation to crisis communication. The School of Medicine is currently in a reflective phase, with working groups reviewing existing policies and developing structures aimed at ensuring stakeholders are kept informed and engaged. While the university has the required core policies, the absence of a serious-incident policy led the school to develop one with university support. Through ongoing reflection and collaboration, the school and the wider university continue to refine and strengthen policy development over time.

The management team indicated that staff demonstrate a strong understanding of the importance of equality, diversity, and inclusion (EDI). EDI student ambassadors are present across clinical sites, and student focus groups are held within these settings. The School of Medicine is actively progressing towards an Athena Swan Silver Award and currently holds an Athena Swan Bronze Award.

The Dean of the School of Medicine acknowledged the need to introduce personal academic tutors and emphasised the importance of providing appropriate training for individuals undertaking this role. Academic support arrangements are clearly outlined within the School of Medicine's governance documentation. The Dean also noted the importance of engaging with students to clearly define their expectations of the personal academic tutor role. In addition, there are plans to introduce e-portfolios to support student development.

Students are requested to complete the Manchester Clinical Placement Index (MCPI), however response rate remain low. Due to a large number of students, it is not feasible to provide individual feedback. However, feedback is embedded in the culture at clinical training sites. Feedback is routinely provided to students during bedside tutorials, although this is not always explicitly identified as feedback and therefore may not be recognised as such by students. Staff receive a dedicated two-day induction focused on effective feedback skills.

Recommendations:

- No recommendations made based on full compliance for Standard 8.

Commendations:

- The responsiveness and the quality of the engagement with the School of Medicine in relation to governance was indicative of organisational clarity. The provision of that clarity within the context of a complex organisational structure and interface between the School of Medicine and the wider university is to be commended.

Observation of Teaching

In accordance with Section 88 (2)(f) of the Medical Practitioners Act 2007, observation of teaching must be undertaken. As part of Phase 1 of the accreditation visit, a tutorial on Pharmacological Management of Dementia was observed at the School of Medicine.

Assessors & Executive Observing: Professor Barry Lewis and Ms Denise Carroll
Date: 14 April 2026

The session was delivered in a traditional lecture format within a large auditorium-style lecture hall. There were approximately 50 students in attendance with one tutor delivering the session. The room was well lit, spacious with good ventilation and resources for teaching. Two large screens were available for the PowerPoint slides.

In terms of instructional quality, the lecturer demonstrated a strong depth of subject knowledge and practical insight. Each key point presented on the slides was expanded upon with relevant practical points.

Several slides were particularly engaging and visually effective, such as the Alzheimer's Research UK Lacanemab slide, where the contrast in cognitive decline between the placebo group and the treatment group was clearly illustrated. This visual evidence was well supported by the lecturer's explanation and contextual commentary.

While the lecture style delivery is understandable given the large class size, the session would have benefited from increased student interaction. Incorporating regular opportunities for questions and discussion, such as brief Q&A pauses between slides, the various medication groups, or prior to transitioning to a new topic (e.g. motor neuron disease). This could have enhanced engagement and consolidation of learning. The use of alternative interactive tools, such as QR codes for live polling or anonymous questions, could also have supported student participation and gauged understanding.

A pointer was used effectively throughout the session to draw attention to key elements on the slides, which was particularly helpful for students following the material on their own devices. The inclusion of a summary slide was useful; however, an overall recap slides explicitly linking the content to the learning outcomes would have strengthened the conclusion of the session and reinforced key take home messages for the students.

Overall, the session distilled complex theoretical knowledge, it did however, fail to contextualise the prescribing of drugs for dementia to the realities of the social and clinical problems faced. Incorporating additional interactive touchpoints and structured opportunities for student engagement could further enhance the learning experience and bring the content to life for students.

END.