Comhairle na nDochtúirí Leighis
Medical Council

Report on the Accreditation of University of Limerick School of Medicine & Graduate Entry to Medicine Programme

10 -12 March 2025

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.

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Date of Accreditation: Monday 10 March – Wednesday 12 March 2025.

Inspection Team Details

Assessor Team:
Dr Anna Clarke (Chair)
Prof Barry Lewis (Medical Assessor)
Dr Drew Gilliland (Medical Assessor)
Ms Geraldine Feeney (Non-Medical Assessor)
Dr Julia Hynes (Non-Medical Assessor)
Dr Ailis Ni Riain (Medical Assessor)
Prof John Jenkins (Medical Assessor)
Ms Katharine Bulbulia (Non-Medical Assessor)

Executive Support:
Mr Paul Byrne – Executive Director – Regulatory Operations & Support Services.
Ms Denise Carroll – Head of Professional Development
Ms Aoise O'Reilly – Professional Development Manager (Undergraduate)
Ms Sarah Jane Bowen – Professional Development Manager (Intern Programme and Clinical Learning Environments)
Ms Hannah McGrath – Professional Development Executive
Mr Cormac Glynn – Professional Development Executive

Introduction

Context of the Visit

University of Limerick (UL) delivers a four-year Graduate Entry medical programme leading to the award of an MBBS. It is at undergraduate level (basic level in WFME terminology). The Medical Council Assessor Team held meetings with management, academic & clinical staff, and students on Monday 10, Tuesday 11 & Wednesday 12 March 2025.

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

The Team

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

The Medical Council would like to thank the University of Limerick Team, led by Professor Colum Dunne, Head of the School of Medicine, Ms Mary O'Kelly, School of Medicine Programmes Manager, and Teresa Kennedy, Executive Administrator for the work involved in coordinating the visit. The Medical Council would also like to thank the University of Limerick Acting President, Professor Shane Kilcommins, for his attendance at the opening meeting. 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.

Documentation

Before the visit, the team thoroughly reviewed the completed 'Accreditation of Existing Medical Programmes – WFME Questionnaire' along with survey responses from University of Limerick medical students, academic teaching staff, and clinical site teaching staff. The questionnaire, completed by the University of Limerick, adheres to the World Federation of Medical Education's Global Standards for Quality Improvement in Basic Medical Education.

Schedule

The accreditation visit featured a presentation by Professor Colum Dunne, Head of School, followed by an in-depth discussion between the Medical Council Assessor Team and university representatives. Additionally, private sessions were held with students from all stages of the course, clinical teaching staff, and academic 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 University of Limerick Medical School, University Hospital Limerick, University Maternity Hospital Limerick, Portiuncula Hospital, Tipperary University Hospital, St John's Hospital, Croom Orthopaedic Hospital, King's Island Medical Centre, Mel Fullam Medical Practice, Ennis Medical and Living Health Clinic.

The Report

The Medical Council's policy is to utilise the World Federation of Medical Education's Standards for assessing medical programmes. Consequently, the section headings in part C of this report follow the World Federation of Medical Education's 'Global Standards for Quality improvement in Medical Education, 2015 revision.'

Summary of Findings and General Assessment

Conclusion and main recommendations of Medical Council

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

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

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

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

Based on the evidence provided by University of Limerick, survey results, and information from staff and students interviews, it is recommended that University of Limerick address the following:

- **B.1.4.1** The UL School of Medicine should continue to ensure the participation of all stakeholders, including patient groups, in formulating the mission and intended future education outcomes.
- **B.2.1** The School of Medicine should ensure that regular evaluation is implemented for all modules of the programme. This should be completed within 12 months of the approval of the report.
- **B.2.1** The School of Medicine should implement curriculum mapping so that students can identify explicit horizontal and vertical integration This should be completed within 12 months of the approval of the report.
- **B.2.1** The School of Medicine should implement regular student feedback and review of problem-based learning (PBL) to ensure consistency of quality of its delivery. This should be completed within 6 months of the approval of the report.
- **B.2.1** The School of Medicine should review the timing of delivery of the components of the Year 4 Integrated Preparedness for Practice Unit (IPPU) to ensure its effectiveness for all student groups in preparedness for initial intern practice. This should be completed within 6 months of the approval of the report.
- **B.2.1** The regional GP hubs should be reviewed to ensure consistent effectiveness. This should be completed within 12 months of the approval of the report.
- **B.2.1** The School should consider the student comment that 18 weeks of GP placement in year 3 is too long and that 10 weeks would be sufficient, with the remaining 8 weeks allocated to other specialities or electives. This should be completed within 12 months of the approval of the report.
- **B.2.3** The structure and delivery of anatomy should be reviewed to ensure effective teaching. This should be completed within 6 months of the approval of the report.
- **B.2.4** The effectiveness of the delivery of the Professional Competency Module should be reviewed. This review should be completed in advance of the next academic year.
- **B.2.5.4** The potential for unintended negative effects of the proposed change to the delivery of the paediatric module, with reduction of time at peripheral sites needs further consideration and discussion, including with those who deliver it at those sites. This should be provided to the Medical Council within three months of the approval of the report.
- **B.2.8.1** The School should further develop opportunities for interprofessional learning, including in the clinical setting, in preparation for participation in multidisciplinary practice. The review should be completed by the end of 2025 and implemented in the next academic year.
- **B.3.1.4** The effects of the introduction of new grading bands should be evaluated through comparison with other medical school grades. This should be completed within 12 months of the approval of the report.
- **B.3.2** The current proposed changes to examination timetables is noted. The effects of these changes need to be closely monitored and a progress report provided to the Medical Council following completion of the first iteration of the new timetable (Q3 2026).
- **B.3.2** The stress associated with delivery of all summative assessment at the end of Year 3 and Year 4 should be considered in review of the overall timetable. This should be completed within 6 months of the approval of the report.
- **B.3.2** The utilisation of the e-portfolio and feedback system should be further developed to ensure its effective recording of formative assessment and transfer of relevant information. This should be disseminated to all who engage with the formative assessment of students.

An update on the implementation of this to be provided at the Action and Implementation Plan meeting.

- **B.4.2** The medical school should define the size of student intake and relate it to its capacity at all stages of the programme. This should be completed within 6 months of the approval of the report.
- **B.4.3.3** The School of Medicine should review and plan for improvement of access to living accommodation for students/ The review should be completed within 3 months of approval of the report with plans to implement changes prior to next intake of students.
- **B.4.3.3** The School of Medicine should further develop opportunities for students to provide feedback to the School through the student representatives, as well as improved feedback from the School to students regarding actions taken in response to their comments and requests. This should be completed within 12 months of the approval of the report.
- **B.5.2.5** The School of Medicine should undertake peer review of teaching as a regular part of faculty development and appraisal. This should be implemented for the next academic year.
- **B.6.1** The School of Medicine should continue to work with and be supported by the University to ensure the planned capital developments across multiple sites progress as soon as possible.
- **B.6.1** Urgent considerations should be given to temporary measures to accommodate the current and future increase in student numbers, including the Maternity Hospital. A definitive plan should be presented to the Medical Council at the Action and Implementation Plan meeting.
- **B.6.3** The School of Medicine should work with their clinical training site partners to ensure that students have access to patient records. This should be completed within 6 months of the approval of the report.
- **B.6.3** The School of Medicine should work with their clinical training site partners to ensure that students have adequate access to Wi-Fi and IT facilities for online tutorials. This should be completed within 12 months of the approval of the report.
- **B.6.5.1** Assurances of appropriate educational expertise, including an up-to-date list of academic and adjunct positions which should include an up-to-date status of all unfilled and planned academic and adjunct positions This should be provided to the Medical Council within three months of the approval of the report.
- **B.7.1.** The School of Medicine should formulate a formal mechanism for the provision of information exchange between the School and its dispersed clinical sites. A formal mechanism should be developed within 12 months of the approval of the report.
- **B.8.4.** The School of Medicine should work within the Faculty of Health Science & Education to ensure adequate staff resources, including academic and administrative staff, are in place to match the workload. This should be completed within 12 months of the approval of the report.
- **B.8.4.2** Upon completion of the review of the current fitness to proceed process, evidence of a strategy for effective communication of the process should be provided to the Medical Council within 12 months of the approval of the report.
- **B.8.4.** Communication between clinical sites, the student body and the faculty and the General Management Team (GMT) should be improved. A plan to review and improve the communication strategy of the GMT should be produced and provided to the Medical Council within 3 months of the approval of the report.
- **B.9.0.1** The medical school should continue to update the Medical Council of the development of the curriculum review, including submission of a significant change application at the appropriate time.
- **B.9.0.1** Wide stakeholder engagement should form part of the planned curriculum review and direct entry programme. This should be completed within 12 months of the approval of the report.

Recommendations that the Medical Council makes to all medical schools.

The University of Limerick should continue to ensure awareness among students of the following:

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

The University of Limerick 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.

The Medical Council made the following observations about the University of Limerick.

- **B.2.8.** In line with other medical schools, it is noted that the sharing of information between the medical school and intern networks is impeded by GDPR regulations. Continued efforts should be undertaken nationally to rectify this.
- **B.3.2.** It is noted that there is a commitment to move degree classification more in line with other medical schools. This is in response to student concerns.

The Medical Council commends the University of Limerick for:

- **B.6.2.** The intern-led teaching takes place at South Tipperary University Hospital is commendable. Intern-led teaching provides valuable teaching experience for interns and enhanced learning for medical students.
- **B.6.2** The enthusiasm and dedication from staff at all levels, from Intern to Consultant, involved in delivering teaching at clinical training sites is commendable. There is an evident love of teaching throughout the clinical training sites, and this shows in the positive feedback given by the students.
- **B.8.4.** The dedication of the administrative staff who have provided excellent support to individual students, despite challenges related to the increase in student numbers, is exceptional.

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.

The Medical Council has identified the following levels of compliance:

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

	WFME Global Revision 2015 Sub-Area Compliance							
1. Mission and Outcomes	**1.1**	**1.2**	**1.3**	**1.4**				
2. Educational Programme	**2.1**	**2.2**	**2.3**	**2.4**	**2.5**	**2.6**	**2.7**	**2.8**
3. Assessment of Students	**3.1**	**3.2**						
4. Students	**4.1**	**4.2**	**4.3**	**4.4**				
5. Academic Staff/Faculty	**5.1**	**5.2**						
6. Educational Resources	**6.1**	**6.2**	**6.3**	**6.4**	**6.5**	**6.6**		
7. Programme Evaluation	**7.1**	**7.2**	**7.3**	**7.4**				
8. Governance and Administration	**8.1**	**8.2**	**8.3**	**8.4**	**8.5**			
9. Continuous Renewal	**9.0**							

Area 1: Missions and Outcomes

Overall Level of Compliance	**PC**
Criteria	
1.1 Mission The medical school must state its mission. (B 1.1.1) make it known to its constituency and the health sector it serves. (B 1.1.2) in its mission outline the aims and the educational strategy resulting in a medical doctor - competent at a basic level. (B 1.1.3) - with an appropriate foundation for future career in any branch of medicine. (B 1.1.4) - capable of undertaking the roles of doctors as defined by the health sector. (B 1.1.5) - prepared and ready for postgraduate medical education. (B 1.1.6) committed to life--long learning. (B 1.1.7)consider that the mission encompasses the health needs of the community, the needs of the health care delivery system and other aspects of social accountability. (B 1.1.8)	**FC**
1.2 Institutional Autonomy and Academic Freedom The medical school must have institutional autonomy to formulate and implement policies for which its faculty/academic staff and administration are responsible, especially regarding - design of the curriculum. (B 1.2.1) - use of the allocated resources necessary for implementation of the curriculum. (B 1.2.2)	**FC**
1.3 Educational Outcomes The medical school must define the intended educational outcomes that students should exhibit upon graduation in relation to - their achievements at a basic level regarding knowledge, skills, and attitudes. (B 1.3.1) - appropriate foundation for future career in any branch of medicine. (B 1.3.2) - their future roles in the health sector. (B 1.3.3) - their subsequent postgraduate training. (B 1.3.4) - their commitment to and skills in life--long learning. (B 1.3.5) - the health needs of the community, the needs of the health care delivery system and other aspects of social accountability. (B 1.3.6) - ensure appropriate student conduct with respect to fellow students, faculty members, other health care personnel, patients and their relatives. (B 1.3.7) - make the intended educational outcomes publicly known. (B 1.3.8).	**FC**
1.4 Participation in Formulation of Mission and Outcomes - The medical school must ensure that its principal stakeholders participate in formulating the mission and intended educational outcomes. (B 1.4.1).	**PC**
Description of documentary evidence of compliance with this standard provided by University of Limerick: ▪ WFME completed questionnaire	

▪ 12 additional documents were provided as evidence of compliance with this standard. They can be found in **Appendix 1**.
Comments: There was limited evidence of broader external stakeholder involvement in the written submission provided and during meetings. The School did not appear to review their strategy to ensure it remains up to date
Recommendations: ▪ **B.1.4.1** The UL School of Medicine should continue to ensure the participation of all stakeholders, including patient groups, in formulating the mission and intended future education outcomes.
Commendations: ▪ No commendations were made.

Area 2: Educational Programme

Overall Level of Compliance	**PC**
Criteria	
2.1 Framework of the Programme The medical school must - define the overall curriculum. (B 2.1.1) - use a curriculum and instructional/learning methods that stimulate, prepare and support students to take responsibility for their learning process. (B 2.1.2) - ensure that the curriculum is delivered in accordance with principles of equality. (B 2.1.3)	**FC**
2.2 Scientific Method The medical school must throughout the curriculum teach - the principles of scientific methods, including analytical and critical thinking. (B 2.2.1) - medical research methods. (B 2.2.2) - evidence-based medicine. (B 2.2.3)	**FC**
2.3 Basic Biomedical Sciences The medical school must in the curriculum identify and incorporate the contributions of the basic biomedical sciences to create understanding of - scientific knowledge is fundamental to acquiring and applying clinical science. (B 2.3.1 - concepts and methods fundamental to acquiring and applying clinical science. (B 2.3.2)	**PC**
2.4 Behavioural and Social Sciences, Medical Ethics and Jurisprudence The medical school must in the curriculum identify and incorporate the contributions of the: - behavioural sciences. (B 2.4.1) - social sciences. (B 2.4.2) - medical ethics. (B 2.4.3) - medical jurisprudence. (B 2.4.4)	**FC**
2.5 Clinical Sciences and Skills In the curriculum identify and incorporate the contributions of the clinical sciences to ensure that students	**FC**

- acquire sufficient knowledge and clinical and professional skills to assume appropriate responsibility after graduation. (B 2.5.1) - spend a reasonable part of the programme in planned contact with patients in relevant clinical settings. (B 2.5.2) experience health promotion and preventive medicine. (B 2.5.3) - specify the amount of time spent in training in major clinical disciplines. (B 2.5.4) organise clinical training with appropriate attention to patient safety. (B 2.5.5)	
2.6 Programme Structure, Composition and Durations - The medical school must describe the content, extent and sequencing of courses and other curricular elements to ensure appropriate coordination between basic biomedical, behavioural and social and clinical subjects. (B 2.6.1)	**FC**
2.7 Programme Management - The medical school must have a curriculum committee, which under the governance of the academic leadership (the dean) has the responsibility and authority for planning and implementing the curriculum to secure its intended educational outcomes. (B 2.7.1) in its curriculum committee ensure representation of staff and students. (B 2.7.2)	**FC**
2.8 Linkage with Medical Practice and the Health Sector - The medical school must ensure operational linkage between the educational programme and the subsequent stages of education or practice after graduation. (B 2.8.1)	**FC**

Description of documentary evidence of compliance with this standard provided by University of Limerick:

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

Comments:

The student surveys and student interviews indicated their concerns with the effectiveness of the teaching of anatomy, both with the style and delivery of teaching, majority of students expressed their dislike of the 3 x 30-minute lectures on different topics, a lot of students felt this style of teaching only allowed a small number of students to benefit from each teaching session and the rest were at a disadvantage. They felt a 90-minute lecture on one topic would allow rotation of all students fairly at the Anatomage Table. The use of technology rather than cadavers for anatomy teaching limits the students to one table and this can also be restrictive. These concerns mirror the findings and recommendations of the 2019 report. In the 2019 report, The students described pressures on the delivery of the anatomy teaching and expressed concerns about scheduling, examination style and lecture length. It was recommended that UL review the structure and delivery of anatomy teaching and review the structure/weighting of self-directed learning in anatomy.

It was identified in the additional documentation provided that there is a proposal to reduce the number of weeks on the peripheral component of the paediatric rotation to 1 week for the next academic year. This may have a significant impact on curriculum delivery as those involved in delivering the teaching would not have a sufficient amount of time with the students to ensure the appropriate learning objectives are being met. It also disadvantages the clinical tutors as it does not allow sufficient time for them to fully assess a student's

abilities. This could lead to 'the struggling student' being missed and potentially worsening without being noticed.

Future career opportunities could be enhanced for some students through greater availability and flexibility of electives, both in Ireland and overseas.

The students described how components of the interprofessional learning (IPL) opportunities and the Professional Competency Module require some improvement.

Observations:

- **B.2.8.** In line with other medical schools, it is noted that the sharing of information between the medical school and intern networks is impeded by GDPR regulations. Continued efforts should be undertaken nationally to rectify this.

Recommendations:

- **B.2.1** The School of Medicine should ensure that regular evaluation is implemented for all modules of the programme. This should be completed within 12 months of the approval of the report.
- **B.2.1** The School of Medicine should implement curriculum mapping so that students can identify explicit horizontal and vertical integration. This should be completed within 12 months of the approval of the report.
- **B.2.1** The School of Medicine should implement regular student feedback and review of problem-based learning (PBL) to ensure consistency of quality of its delivery. This should be completed within 6 months of the approval of the report.
- **B.2.1** The School of Medicine should review the timing of delivery of the components of the Year 4 Integrated Preparedness for Practice Unit (IPPU) to ensure its effectiveness for all student groups in preparedness for initial intern practice. This should be completed within 6 months of the approval of the report.
- **B.2.1** The regional GP hubs should be reviewed to ensure consistent effectiveness. This should be completed within 12 months of the approval of the report.
- **B.2.1** The School should consider the student comment that 18 weeks of GP placement in year 3 is too long and that 10 weeks would be sufficient, with the remaining 8 weeks allocated to other specialities or electives. This should be completed within 12 months of the approval of the report.
- **B.2.3** The structure and delivery of anatomy should be reviewed to ensure effective teaching. This should be completed within 6 months of the approval of the report.
- **B.2.4** The effectiveness of the delivery of the Professional Competency Module should be reviewed. This review should be completed in advance of the next academic year.
- **B.2.5.4** The potential for unintended negative effects of the proposed change to the delivery of the paediatric module, with reduction of time at peripheral sites needs further consideration and discussion, including with those who deliver it at those sites. This should be provided to the Medical Council within three months of the approval of the report.
- **B.2.8.1** The School should further develop opportunities for interprofessional learning, including in the clinical setting, in preparation for participation in multidisciplinary practice. The review should be completed by the end of 2025 and implemented in the next academic year.

Commendations:

- No commendations were made.

Area 3: Assessment of Students

Overall Level of Compliance	**PC**
Criteria	
3.1 Assessment Methods The medical school must - define, state and publish the principles, methods and practices used for assessment of its students, including the criteria for setting pass marks, grade boundaries and number of allowed retakes. (B 3.1.1) - ensure that assessments cover knowledge, skills and attitudes. (B 3.1.2) - use a wide range of assessment methods and formats according to their "assessment utility". (B 3.1.3) - ensure that methods and results of assessments avoid conflicts of interest. (B 3.1.4) - ensure that assessments are open to scrutiny by external expertise. (B 3.1.5) use a system of appeal of assessment results. (B 3.1.6)	**FC**
3.2 Relation between Assessment and Learning The medical school must use assessment principles, methods and practices that - are clearly compatible with intended educational outcomes and instructional methods. (B 3.2.1) - ensure that the intended educational outcomes are met by the students. (B 3.2.2) - promote student learning. (B 3.2.3) provide an appropriate balance of formative and summative assessment to guide both learning and decisions about academic progress. (B 3.2.4)	**PC**
Description of documentary evidence of compliance with this standard provided by University of Limerick: ▪ WFME completed questionnaire13 additional documents were provided as evidence of compliance with this standard. They can be found in **Appendix 3.**	
Comments: The delivery of all summative assessment at the end of Year 3 and Year 4 has a significant effect on student and administrative staff wellbeing. Both students and staff expressed their concerns with the high levels of stress being felt in trying to complete all assessments together. The staff are also experiencing high levels of stress in ensuring the exams are delivered effectively. It was evident that the utilisation of the e-portfolio and feedback system needs to be further developed to ensure its effective recording of formative assessment and transfer of relevant information. Although reasonable adjustments are made for students who require additional time for summative assessments, the overall timetabling of examination sessions does not take into account these adjustments, which can result in a disadvantage for those students. For example, students are given additional time to complete exams, but time is subsequently taken from their breaktime, meaning they have less downtime than their peers between exams. The current assessment schedule for end of year repeat examinations and subsequent confirmation of results has a significant negative impact on students relevant to their wellbeing, financial commitments and ability to progress. It is resulting in students progressing	

with the assumption they have passed exams and having to be removed from the class after commencing the next year.
Observations: ▪ **B.3.2** It is noted that there is a commitment to move degree classification more in line with other medical schools. This is in response to student concerns.
Recommendations: ▪ **B.3.1.4** The effects of the introduction of new grading bands should be evaluated through comparison with other medical school grades. This should be completed within 12 months of the approval of the report. ▪ **B.3.2** The current proposed changes to examination timetables is noted. The effects of these changes need to be closely monitored and a progress report provided to the Medical Council following completion of the first iteration of the new timetable (Q3 2026). ▪ **B.3.2** The stress associated with delivery of all summative assessment at the end of Year 3 and Year 4 should be considered in review of the overall timetable. This should be completed within 6 months of the approval of the report. ▪ **B.3.2** The utilisation of the e-portfolio and feedback system should be further developed to ensure its effective recording of formative assessment and transfer of relevant information. This should be disseminated to all who engage with the formative assessment of students. An update on the implementation of this to be provided at the Action and Implementation Plan meeting.
Commendations: ▪ No commendations were made.

Area 4: Students

Overall Level of Compliance	**PC**
Criteria	
4.1 Admission Policy and Selection The medical school must - formulate and implement an admission policy based on principles of objectivity, including a clear statement on the process of selection of students. (B 4.1.1) - have a policy and implement a practice for admission of disabled students. (B 4.1.2) - have a policy and implement a practice for transfer of students from other national or international programmes and institutions. (B 4.1.3).	**FC**
4.2 Student Intake - The medical school must define the size of student intake and relate it to its capacity at all stages of the programme. (B 4.2.1)	**PC**
4.3 Student Counselling and Support The medical school and/or the university must - have a system for academic counselling of its student population. (B 4.3.1) - offer a programme of student support, addressing social, financial and personal needs. (B 4.3.2) - allocate resources for student support. (B 4.3.3) - ensure confidentiality in relation to counselling and support. (B 4.3.4)	**PC**
4.4 Student Representation	**FC**

The medical school must formulate and implement a policy on student representation and appropriate participation in - mission statement. (B 4.4.1) - design of the programme. (B 4.4.2) - management of the programme. (B 4.4.3) - evaluation of the programme. (B 4.4.4) - other matters relevant to students. (B 4.4.5)	

Description of documentary evidence of compliance with this standard provided by University of Limerick:

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

Comments:

The increase in student numbers in recent years has resulted in significant issues in relation to capacity at all stages in the programme. The number of PBL groups have had to increase. There are now 4-6 students per patient for the early patient contact component of the programme. There are capacity issues at GP practices and clinical training sites.

It is evident that there is a wide range of student support services through the university. However, the medical school should consider a more effective way of reinforcing the information available throughout the widespread distribution of learning settings.

Students described the difficulties in sourcing accommodation throughout the programme, on all clinical sites. This resulted in a negative impact on the student's health, wellbeing and learning. Students found trying to source accommodation particularly stressful.

Recommendations:

- **B.4.2** The medical school should define the size of student intake and relate it to its capacity at all stages of the programme. This should be completed within 6 months of the approval of the report.
- **B.4.3.3** The School of Medicine should review and plan for improvement of access to living accommodation for students/ The review should be completed within 3 months of approval of the report with plans to implement changes prior to next intake of students.
- **B.4.3.3** The School of Medicine should further develop opportunities for students to provide feedback to the School through the student representatives, as well as improved feedback from the School to students regarding actions taken in response to their comments and requests. This should be completed within 12 months of the approval of the report.

Commendations:

- No commendations were made.

Area 5: Academic Staff/Faculty

Overall Level of Compliance	**PC**
Criteria	
5.1 Recruitment and Selection Policy The medical school must formulate and implement a staff recruitment and selection policy which - outline the type, responsibilities and balance of the academic staff/faculty of the basic biomedical sciences, the behavioural and social sciences and the clinical sciences required to deliver the	**FC**

curriculum adequately, including the balance between medical and non--medical academic staff, the balance between full-time and part-time academic staff, and the balance between academic and non--academic staff. (B 5.1.1) - address criteria for scientific, educational and clinical merit, including the balance between teaching, research and service functions. (B 5.1.2) - specify and monitor the responsibilities of its academic staff/faculty of the basic biomedical sciences, the behavioural and social sciences and the clinical sciences. (B 5.1.3)	
5.2 Staff Activity and Staff Development The medical school must formulate and implement a staff activity and development policy which - allow a balance of capacity between teaching, research and service functions. (B 5.2.1) - ensure recognition of meritorious academic activities, with appropriate emphasis on teaching, research and service qualifications. (B 5.2.2) - ensure that clinical service functions and research are used in teaching and learning. (B 5.2.3) - ensure sufficient knowledge by individual staff members of the total curriculum. (B 5.2.4) - include teacher training, development, support and appraisal. (B 5.2.5)	**PC**
Description of documentary evidence of compliance with this standard provided by University of Limerick: ▪ WFME completed questionnaire ▪ 10 additional documents were provided as evidence of compliance with this standard. They can be found in **Appendix 5**.	
Comments: A Work Allocation Model in imminent. Peer review of teaching was available on a voluntary basis, for those undertaking a higher qualification.	
Recommendations: ▪ **B.5.2.5** The School of Medicine should undertake peer review of teaching as a regular part of faculty development and appraisal. This should be implemented for the next academic year.	
Commendations: ▪ No commendations were made.	

Area 6: Educational Resources

Overall Level of Compliance	**PC**
Criteria	
6.1 Physical Facilities The medical school must - have sufficient physical facilities for staff and students to ensure that the curriculum can be delivered adequately. (B 6.1.1)	**PC**

- ensure a learning environment, which is safe for staff, students, patients and their relatives. (B 6.1.2)	
6.2 Clinical Training Resources The medical school must ensure necessary resources for giving the students adequate clinical experience, including sufficient - number and categories of patients. (B 6.2.1) - clinical training facilities. (B 6.2.2) - supervision of their clinical practice. (B 6.2.3)	**FC**
6.3 Information Technology - The medical school must formulate and implement a policy which addresses effective and ethical use and evaluation of appropriate information and communication technology. (B 6.3.1) and ensure access to web--based or other electronic media. (B 6.3.2.)	**PC**
6.4 Medical Research and Scholarship The medical school must - use medical research and scholarship as a basis for the educational curriculum. (B 6.4.1) - formulate and implement a policy that fosters the relationship between medical research and education. (B 6.4.2) - describe the research facilities and priorities at the institution. (B 6.4.3)	**FC**

6.5 Educational Expertise
The medical school must
- have access to educational expertise where required. (B 6.5.1)
- formulate and implement a policy on the use of educational expertise in
  - curriculum development. (B 6.5.2)
  - development of teaching and assessment methods. (B 6.5.3)
	PC

6.6 Education Exchanges The medical school must formulate and implement a policy for - national and international collaboration with other educational institutions, including staff and student mobility. (B 6.6.1) - transfer of educational credits. (B 6.6.2)	**FC**

Description of documentary evidence of compliance with this standard provided by University of Limerick:

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

Comments:

The physical facilities at a number of clinical sites are impressive. However, there were noted exceptions to this. There is inconsistent access to medical records across the clinical training sites. The educational facilities and resources in place to accommodate the number of students attending the Maternity Hospital Limerick are insufficient. This requires immediate attention.

There were no clear or up-to-date record of staff provided prior to or during the visit. There was an uncertainty around whether or not the School of Medicine was working with a reduced number of staff with the appropriate educational expertise to ensure appropriate delivery of the programme. It was also unclear what the current status of vacant posts within the School of Medicine was and therefore it was not possible to make a satisfactory determination as to whether the School of Medicine is complying with this standard.

Recommendations: ▪ **B.6.1** The School of Medicine should continue to work with and be supported by the University to ensure the planned capital developments across multiple sites progress as soon as possible. ▪ **B.6.1** Urgent considerations should be given to temporary measures to accommodate the current and future increase in student numbers, including the Maternity Hospital. A definitive plan should be presented to the Medical Council at the Action and Implementation Plan meeting. ▪ **B.6.3** The School of Medicine should work with their clinical training site partners to ensure that students have access to patient records. This should be completed within 6 months of the approval of the report. ▪ **B.6.3** The School of Medicine should work with their clinical training site partners to ensure that students have adequate access to Wi-Fi and IT facilities for online tutorials. This should be completed within 12 months of the approval of the report. ▪ **B.6.5.1** Assurances of appropriate educational expertise, including an up-to-date list of academic and adjunct positions which should include an up-to-date status of all unfilled and planned academic and adjunct positions This should be provided to the Medical Council within three months of the approval of the report.
Commendations: ▪ **B.6.2.** The intern-led teaching takes place at South Tipperary University Hospital is commendable. Intern-led teaching provides valuable teaching experience for interns and enhanced learning for medical students. ▪ **B.6.2** The enthusiasm and dedication from staff at all levels, from Intern to Consultant, involved in delivering teaching at clinical training sites is commendable. There is an evident love of teaching throughout the clinical training sites, and this shows in the positive feedback given by the students.

Area 7: Programme Evaluation

Overall Level of Compliance	**PC**
Criteria	

7.1 Mechanisms for Programme Monitoring and Evaluation
The medical school must
- have a programme of routine curriculum monitoring of processes and outcomes. (B 7.1.1)
- establish and apply a mechanism for programme evaluation that
  - addresses the curriculum and its main components. (B 7.1.2)
  - addresses student progress. (B 7.1.3)
  - identifies and addresses concerns. (B 7.1.4)
  - ensure that relevant results of evaluation influence the curriculum. (B 7.1.5)
	PC

7.2 Teacher and Student Feedback - The medical school must systematically seek, analyse and respond to teacher and student feedback. (B 7.2.1)	**FC**
7.3 Performance of Students and Graduates The medical school must analyse performance of cohorts of students and graduates in relation to - mission and intended educational outcomes. (B 7.3.1) - curriculum. (B 7.3.2)	**FC**

- provision of resources. (B 7.3.3)	
7.4 Involvement of Stakeholders - The medical school must in its programme monitoring and evaluation activities involve its principal stakeholders. (B 7.4.1)	**FC**
Description of documentary evidence of compliance with this standard provided by University of Limerick: ▪ WFME completed questionnaire ▪ 11 additional documents were provided as evidence of compliance with this standard. They can be found in **Appendix 7**.	
Comments: The school detailed the annual programme evaluation process that takes place. However, when discussed with staff on clinical sites, there were inconsistencies in the staff's awareness of this across the different sites. There seemed to be disconnect between the medical school and some clinical sites, in particular, St John's Hospital, University Maternity Hospital Limerick, Ennis Hospital and some GP sites, where it was felt that the communication between them and the school was lacking. The other affiliated sites described the school's investment in teaching facilities and ensuring ongoing communication was maintained. There is a clear lack of opportunities for the clinicians on all clinical sites to input into ongoing programme evaluation. Many described their perception that they have not been approached by the school to request feedback at any stage, nor do they receive any form of feedback from the school regarding their teaching or assessment skills/methods. The clinical staff all felt that some structured feedback avenues to both provide and receive feedback would be beneficial to them, particularly to ensure continuous improvement and that the student experience continues to be of relevance to the programme. The students described the process of providing feedback to the medical school through end of rotation surveys. However, many students were doubtful about the value of these surveys, as they do not receive any communication on how their feedback is being considered or that any actions are being taken to address issues raised.	
Recommendations: ▪ **B.7.1.** The School of Medicine should formulate a formal mechanism for the provision of information exchange between the School and its dispersed clinical sites. A formal mechanism should be developed within 12 months of the approval of the report.	
Commendations: ▪ No commendations were made.	

Area 8: Governance and Administration

Overall Level of Compliance	**PC**
Criteria	
8.1 Governance - The medical school must define its governance structures and functions including their relationships within the university. (B 8.1.1)	**FC**
8.2 Academic Leadership - The medical school must describe the responsibilities of its academic leadership for definition and management of the medical educational programme. (B 8.2.1)	**FC**
8.3 Educational Budget and Resource Allocation	**FC**

The medical school must - have a clear line of responsibility and authority for resourcing the curriculum, including a dedicated educational budget. (B 8.3.1) - allocate the resources necessary for the implementation of the curriculum and distribute the educational resources in relation to educational needs. (B 8.3.2)	
8.4 Administration and Management The medical school must have an administrative and professional staff that is appropriate to - support implementation of its educational programme and related activities. (B 8.4.1) - ensure good management and resource deployment. (B 8.4.2)	**PC**
8.5 Interaction with Health Sector - The medical school must have constructive interaction with the health and health related sectors of society and government. (B 8.5.1).	**FC**

Description of documentary evidence of compliance with this standard provided by University of Limerick:

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

Comments:

The disproportionate workload of the administration staff in comparison to other Schools in the University should be acknowledged. The administrative staff's remit within the School of Medicine is significantly more difficult and higher pressured than their job title, this is causing a high turnover rate and, and a significant loss of institutional knowledge. Some consideration should be given to how best how best to ensure that post gradings appropriately reflect workload, in order to retain staff with the University.

The School of Medicine advised there is a review of the current fitness to proceed process being undertaken, to ensure the process is fit for purpose.

The bi-directional communication between the General Management Team and the clinical sites, the student body and the faculty was variable.

Recommendations:

- **B.8.4.** The School of Medicine should work within the Faculty of Health Science & Education to ensure adequate staff resources are in place to match the workload.
- **B.8.4.2** Upon completion of the review of the current fitness to proceed process, evidence of a strategy for effective communication of the process should be provided to the Medical Council within three months of the approval of the report.
- **B.8.4.** Communication between clinical sites, the student body and the faculty and the General Management Team (GMT) should be improved. A plan to review and improve the communication strategy of the GMT should be produced and provided to the Medical Council within 3 months of the approval of the report.

Commendations:

- **B.8.4.** The dedication of the administrative staff who have provided excellent support to individual students, despite challenges related to the increase in student numbers, is exceptional.

Area 9: Continuous Renewal

Overall Level of Compliance	**PC**
Criteria	
The medical school must as a dynamic and socially accountable institution initiate procedures for regularly reviewing and updating the process, structure, content, outcomes/competencies, assessment and learning environment of the programme. (B 9.0.1) rectify documented deficiencies. (B 9.0.2) allocate resources for continuous renewal. (B 9.0.3)	**PC**

Description of documentary evidence of compliance with this standard provided by University of Limerick:

- WFME questionnaire completed
- No additional documents were provided as evidence of compliance with this standard.

Comments:

The current GEM programme will undergo a curriculum review in 2026, as part of continuous renewal. A formal process for a new direct entry programme is underway. This was referred to in the documentation provided before the visit and was referenced by staff on a number of sites. The Medical Council looks forward to receiving a formal submission for accreditation of the planned direct entry programme.

Wide stakeholder engagement should be an integral part of the above plans.

Recommendations:

- **B.9.0.1** The medical school should continue to update the Medical Council of the development of the curriculum review, including submission of a significant change application at the appropriate time.
- **B.9.0.1** Wide stakeholder engagement should form part of the planned curriculum review and direct entry programme. This should be completed within 12 months of the approval of the report.

Commendations:

- No commendations were made.

Clinical Training Sites – Summary Following Accreditation Visit

University of Limerick Campus

The team met with the management, academic staff, and students of the School of Medicine at the University of Limerick (UL) and appreciated the time taken by staff and students to meet with them. They were also grateful for the insightful presentation by Professor Colum Dunne, which provided a comprehensive overview of the education at the School of Medicine and its governance structures.

The University of Limerick (UL) School of Medicine (SoM) has managed the growth of its Graduate Entry to Medicine (GEM) programme, reaching full capacity with an annual intake of 198 students. Physical space is currently at a premium, and the SoM is collaborating with the university to address these space limitations The university is developing a new statement of strategy, and the SoM plans to review its own strategy once the university's strategy is finalized.

In Year 1 and Year 2, there are 44 Problem-Based Learning (PBL) groups, each with a maximum of 9 students. The PBL cases are updated annually. In Year 3, students complete 18 weeks of clinical placement in GP practices and 18 weeks in medicine and surgery. In Year 4, students undertake 6-week placement blocks in psychiatry, obstetrics and gynaecology, paediatrics, medicine, surgery, research, and a student-selected module (SSM).

The School of Medicine places its students in 170 to 180 GP practices across Ireland, with a GP coordinator in each region. UL has partnerships with several peripheral hospitals and co-invests with other medical schools. Bi-annual visits to the clinical sites are conducted. A decision on the planning permission for a new education space at the University Maternity Hospital Limerick is expected on March 25, 2025.

The School advised that accommodation is provided to students at some peripheral sites. They believe that accommodation is often passed on to students from those in the year ahead of them and advised that they believe there was enough accommodation for all students that needed it. A database of accommodation is available to students, which provides providers details of all the available accommodation that UL has long standing relationships with.

An annual review of the programme is conducted, and an annual report is published. The curriculum undergoes yearly reviews incorporating student feedback A full curriculum review is likely to take place following the accreditation visit.

The Centre for Teaching and Learning offers courses for staff. Pastoral care is challenging, and support systems are under pressure. Online counselling is available for students on placement at peripheral sites. One-to-one support is available to non-EU students, to assist them with planning their residencies and board exams. Escalation pathways are in place for student issues. The fitness to study and fitness to practice polices need to be updated. Currently, there is no institutional policy on student selection.

The appeal of the GEM programme has diminished following the withdrawal of the Bank of Ireland student loan, resulting in a 30% decrease in Irish student applications. The absence of loans has created financial stress for students, with some students having to work full time while completing their studies.

University of Limerick – Facilities

A comprehensive facilities walkthrough was conducted on March 10th. The School of Medicine features lecture halls, small teaching spaces, simulation rooms, alternative small study spaces, computer and ICT facilities, sufficient locker spaces, and breakout areas.

Medical students have exclusive access to the School of Medicine facilities from 6pm to 10pm using their swipe cards. However, the lecture halls do not have the capacity to accommodate a full year group. The dividing walls of the simulation rooms are equipped with whiteboards, which greatly benefit teaching.

The rooms used for PBL sessions are fully equipped, but the space available for these sessions is at capacity. Sufficient office space for staff is becoming an issue, with more space needed for teaching (especially large-group teaching), storage, and clinical skills labs.

Staff have also noted that the research lab's location on the top floor is not ideal, suggesting it should be relocated to the ground floor to facilitate easier movement of equipment.

University of Limerick – Student Representatives

The team met with several student representatives, assuring them of confidentiality and explaining the Medical Council's role. Representatives from each year group were present. They explained the election process and noted that representatives could continue their roles as they progressed through the years. There are two scheduled meetings per year with faculty, providing an opportunity for the student voice to be heard. The student representatives have established email contacts and WhatsApp groups for each year, using these channels to communicate topics discussed with faculty.

When asked if they felt their feedback was heard, the student representative group agreed that they have not seen much change. from feedback given to Faculty, for example, there is dissatisfaction amongst majority of students with the anatomy teaching lecture style. Students have raised issues with the 30-minute lectures and emphasis on self-directed learning Although these concerns have been raised multiple times, no changes have been implemented.

The student representatives also highlighted the difficulty students face in securing accommodation. There is a housing shortage, and there is a raffle for campus housing is perceived as unfair, causing significant stress for students trying to find accommodation elsewhere. When these concerns were raised, the school indicated that they could not change the system.
The representatives also spoke about exams and the process for those students who are in the programme with a disability. Although they are provided with additional time to take an exam (10 minutes per exam), they are disadvantage by having less downtime between exams because the extra time is taken from their break, post exam.

They also advised of the student's request for Bachelor of Obstetrics (BAO) to be added to their final degrees which would be in line with other medical schools in Ireland.

Students described how study space is extremely limited and the facilities available to them are not comfortable.

University of Limerick – Year 1 Students

The Team met with students from Year 1 of the Programme, assuring them of confidentiality and explaining the Medical Council's role.

The students described starting the programme as exciting. There is a lot to learn and a steep learning curve. The students are having an enjoyable experience. The early patient contact provides a valuable first exposure to patients for students.

The PBL sessions are very engaging, with weekly learning objectives that students come prepared to discuss. The students were surprised by how much they remembered from their PBL sessions when studying for exams. While there are many strong PBL tutors, some are weaker, which is a cause of frustration amongst the students. There is no formal feedback on PBL session to the school.

Regular mock clinical skills examinations are conducted, and the "traffic light assessments" used by some tutors are very helpful to the students. Although feedback is sometimes lacking, the students feel they can approach tutors and ask for feedback when needed.

The students feel well supported. The students described how they support each other. Counselling services are available. Students know how to access these services and described them as "very good". Tutors check in on students to see how they are doing, personally and professionally.

The students feel that the School of Medicine could do a better job in providing support for medical specific issues that aren't applicable to the wider university, such as an international unit for the medical school to assist students returning to North America.

The students described how all their class are unable to fit into the same lecture hall. Some students had to be accommodated in another room and join on a video link. This was described as being an adequate temporary solution at the time.

Anatomy was described as the weakest part of the programme by the students. Students advised that the Anatomage Table was "glitchy" and that they nearly always needed a tutor to help them. The anatomy tutors are very knowledgeable, but the students feel that they do not have enough time with the tutors for them to share their knowledge. The students described the anatomy lectures as rushed and that the structure isn't great. The students appreciate the 1-to-1 sessions available to them on Wednesdays with the anatomy tutors.

University of Limerick – Year 2 Students

The Team met with students from Year 2 of the Programme, assuring them of confidentiality and explaining the Medical Council's role.

The students describe the mission and outcomes of the programme as a focus on General Practice, clinical skills, teamwork through Problem Based Learning (PBL), and self-directed learning. The students report that they are consistently reminded of the outcomes through their

case work and spiral learning, which means topics are connected and sequenced appropriately.

The students described how there was an imbalance of clinical skills in Year 1, with the focus now on revising what was learnt in Year 1 during in Year 2.

Students reported that the Anatomage Table is sometimes out of operation for significant periods at a time. While the anatomy tutors are very knowledgeable, students feel they do not have enough time with them during the 30-minute Friday sessions. The self-directed anatomy practical session on Tuesdays is considered "not sufficient," and students believe that some supervision would be helpful to achieve the learning outcomes. Additionally, students noted that attendance is not consistently monitored for all anatomy sessions, only for some groups.

The students described patient contact as an overall positive experience. However, the students described issues around the timing of Problem Based Learning and assignments, which meant the students could not attend appointments with their patient. The students also outlined that sometimes the patient didn't want the students attending medical appointments with them. Depending on the number of patients not willing to have students present during their appointments, it could cause some students to be at a disadvantage and they may miss key learning opportunities.

The students voiced some frustration around the lack of open communication between the students and the University. There are 4 class representatives per year, and students describe how it is a lot of work to place on 4 students. The students were in agreement that feedback has been provided around the lack of desks for anatomy, the lack of obstetrics/gynaecology etc. but that no progress has been made in this regard.

Additionally, the students agreed that the schedule of final year exams is overly heavy at the end of the course, causing considerable stress and anxiety. They suggested that a more balanced examination schedule would be beneficial.

University of Limerick – Students on GP Placement

The Team met with several students on their 18-week GP placement, assuring them of confidentiality and explaining the Medical Council's role.

The students all agreed that the GPs they were placed with were very welcoming and provided a good experience for them. They felt that the GP placement offered excellent exposure to one-on-one guided training, with ample opportunity for feedback. Most students had weekly feedback sessions with their GPs in addition to the In-Training Assessment (ITA) session.

The group discussed the Hubs, noting that there are nine Hub meetings where students can present several histories and receive feedback from their peers, which they find very helpful.

The group did raise the concerns in obtaining accommodation, particularly for those placed at peripheral site. Despite this, the school was accommodating to students with special circumstances, such as those with carers responsibilities, by placing them closer to home for their 18-week placement.

Overall, the GP component of the programme received positive feedback and appears to be working well.

Observation of Teaching

Session: Problem Based Learning (PBL)

Assessor & Executive Observing Teaching: Dr Drew Gilliland & Dr Julia Hynes

The PBL session, overall, was very well facilitated.

The tutor was confident in her approach. She facilitated with a step-by-step guide, via questions, the aim of which was to test the student's knowledge and aid them to draw up a list of appropriate learning objectives, to research, for the following tutorial. The environment was a safe learning space for all students. The tutor's approach was enthusiastic and was grounded in encouragement, which aided all students, especially the quiet and shy students.

This approach ensured that all students were given a chance to contribute to the session in an equal fashion. The students gelled well as a first-time group. The number of students were appropriate for the session and tutorial room.

Observation of Teaching

Session: Anatomical Skills Tutorial – Bones of the Foot

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

The teaching session took place in a medium-sized classroom, which was adequately spacious for the number of students present. It appeared to be suitably ventilated. The room was equipped with a whiteboard for the PowerPoint presentation and a pointer to direct attention to specific areas on the slides. There were approximately 25 students to one tutor.

The session followed a classic teaching style presentation format, with sporadic questions and answers. It lasted for 30 minutes, with slides provided to students beforehand. Despite the short duration, the session contained several slides.

Given the limited time, the tutor stated she would focus on key extrinsic muscles rather than covering all of them. She referenced prior learning and covered areas such as the Plantar Aponeurosis, using an image of the removed superficial layer of the intrinsic muscle. The tutor then moved on to the second layer of foot muscles, using a simulated foot to emphasize the area she was discussing. When discussing the third layer, she provided good prompts, comparing them to muscles in the hands. The session was fast paced, with a lot of information conveyed in each slide. The tutor effectively used phrases like "What I want to bring to your attention in this slide" to focus the learners. The fourth layer of foot muscles was explored with the tutor using a simulated foot, supporting both visual and auditory learning.

Throughout the session, the tutor made several references to patient symptoms and diseases, such as diabetes, to link the learning to real-life patient scenarios. The last ten minutes focused on joints in the forefoot and MTP joints. The tutor used the pointer effectively to highlight specific areas on the slides, which contained numerous muscles and parts. The simulated foot

was again used to demonstrate the importance of the plantar plate. The session concluded with a quick overview of Claw Toe, relating it to diabetes to bring patient focus to the learning.

Questions and answers were limited during the slide delivery, with the tutor occasionally asking if anyone had questions before moving on. At the end of the session, the tutor invited questions from the group, with two students asking questions that were answered fully. The tutor demonstrated extensive knowledge on the topic. The session's pace was incredibly quick, with numerous slides containing a lot of information, making student engagement from observation challenging in terms of pace and the volume of information given. One-to-one sessions are available to students on a Wednesday from 10am-4pm to additional support if needed.

University Hospital Limerick

The Team met with the Clinical Staff and Management of University Hospital Limerick and appreciate the time the staff took to meet with them and give them insight into the full scope of practice at the hospital and the hospital's involvement with education and training.

There was a presentation given on the involvement UHL had in teaching UL medical students and the investment into teaching.

The CEO confirmed that there were formal routes of access to UL, including a long-standing Memorandum of Understanding. However, when asked about the last review date, the response given wasn't clear.

Information was also provided on the proposed two-story extension, which is soon to go for planning permission. The staff detailed the student rotations within the hospital. Students undertake nine-week rotations, starting with a formal orientation lecture. Throughout their rotations, students complete both formative and summative assessments and maintain a weekly logbook.

The staff clearly outlined the opportunities for additional training courses available through the School of Medicine and described the additional academic appointments within the hospital. When asked about struggling students, the staff explained the process for reporting issues. Initially, students are referred to their tutors, who then flag concerns with the school.

Students have the opportunity to participate in multi-disciplinary team meetings on a monthly basis and generally integrate well into their teams at UHL.

University Hospital Limerick Hospital - Facilities

A comprehensive facilities walkthrough was conducted on the 10th of March. The Clinical Education and Research Centre (CERC), jointly owned by the Health Service Executive (HSE) and the University of Limerick (UL), boasts modern amenities. The CERC features eight well-equipped tutorial rooms with videoconferencing facilities, two Clinical Skills rooms, an Observation Room, and a 150-seat lecture theatre. The tutorial rooms can be combined to accommodate larger groups.

The facility includes a library with 20 computers, a 20-seat collaborative learning room, and individual workstations. There is also a canteen for students, equipped with a microwave and kettle, and sufficient lockers are available. Overall, the CERC is a modern, well-equipped building. The CERC operates a booking system for its facilities, and the team was assured that there are no issues accommodating requests from both undergraduate and postgraduate students.

University Hospital Limerick – Students

The Team met with a number of students currently on rotation at University Hospital Limerick and were assured of confidentiality and advised of the Medical Council's role.

The students were asked if they were aware of the mission statement, and they all confirmed that they knew it was available online. They also mentioned that the problem-based learning

(PBL) objectives were clear and that the tutors were very supportive, providing a lot of formative feedback throughout the PBL sessions.

The students confirmed that they received an induction on their first day at UHL and were informed of their hospital attachment months in advance. During their rotations, dedicated tutors assess the students, but they are not formally assessed by the team they are attached to. Most of their learning comes from the NCHDs and SHOs on-site. The students also confirmed that they attend monthly MDT meetings. Regarding attendance, the students stated that if they did not show up, it would be flagged with the School of Medicine.

University Hospital Limerick - Interns

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

The interns mentioned that they experienced a steep learning curve when they first joined the learning environment at UHL. However, they found the Integrated Preparedness for Practice Unit (IPPU) to be very beneficial, especially in learning practical skills like inserting lines, which are particularly useful during on-call duties. They also noted the current lack of simulation teaching but have provided feedback and hope that this aspect will be expanded next year.

Observation of teaching

Session: Hypertension

Assessor Observing Teaching: Dr Julia Hynes & Prof Barry Lewis

The session contained approximately 26 students and there were two presenters in the room. The presenter who directed the session appeared well prepared.

She commenced with a clear overview of the learning outcomes followed by the definition of hypertension. The session contained a blended style of teaching. It offered solid didactic instruction, which was housed in a supportive teaching environment within, which the presenter paused asked questions and also encouraged questions from the students throughout. The questions from the students were answered comprehensively. It was clear the presenter was an experienced educator.

Slides were informative and clearly laid out. The presenter was fully aware of the stage of learning of the students and offered summaries of material covered at various junctures within the session. Each section of the presentation was clearly linked to the next.

Overall, this was a sturdy example of a high-calibre, interactive, and engaging teaching session.

University Maternity Hospital Limerick

The Team met with the Clinical Staff and Management of University Maternity Hospital Limerick and appreciate the time the staff took to meet with them and give them insight into the full scope of practice at the hospital and the hospital's involvement with education and training.

The tutors are highly engaged with the students and ensure their well-being. They actively participate in mini-CEX assessments and provide feedback. Clinicians have access to a six-week teaching programme that covers topics such as developing exam questions. Clinical tutor positions are appointed annually, while external examiners serve for a four-year term.

Issues with students are generally dealt with locally but can and are escalated to the Head of the School of Medicine when needed. All healthcare students at the University Maternity Hospital Limerick are well coordinated. The programme coordinators work closely together. Teaching is a big part of the culture of the hospital.

There is an allocation for professional development. A Memorandum of Understanding is in place. It is signed every year and updated every few years. The partnership between UL and University Maternity Hospital Limerick was descried as "very good".
Clinical staff and management have observed a high turnover rate amongst the administrative staff. The University Maternity Hospital Limerick has lost many of its administrative support personnel who typically manage the rotations. It was noted that the workload and salary are not well-aligned.

University Maternity Hospital Limerick – Facilities.

A comprehensive facilities walkthrough was conducted on the 10th of March. The team at the Maternity Hospital has maximized the use of available space; however, the current facilities are insufficient to support the 30 students currently enrolled.

There is no specific lecture room or dedicated classroom for learning, no simulation room, no library, and no alternative small study space. The team did find one small room that could comfortably seat four students, which also serves as a canteen with the addition of a microwave. There are no ICT or computer facilities available for students.

There is a canteen that staff and students can use, and a locker room that can accommodate 18 students with some seating in the same space. The breakout and wellbeing space is inadequate and in the same small room mentioned above. There are sufficient toilet facilities.

Overall, the Maternity Hospital is significantly under-resourced and lacks adequate facilities to accommodate the current number of students. With the number of students expected to increase from 30 to 40, it is crucial to implement a contingency plan as a matter of priority. This plan should provide additional space for students to have educational sessions, study areas, and break spaces while development plans to expand the site are being finalised.

University Maternity Hospital Limerick - Students

The Team met with a number of UL students on rotation at the University Maternity Hospital Limerick. They were assured of confidentiality and advised of the Medical Council's role.

The students described this rotation as stressful, with a lot packed into six weeks. They compared it to the psychiatry rotation, which they found less taxing and allowed more time for study. Despite the stress, they noted that this has been their most structured rotation, with clear guidance on where they should be and what they should always be doing. However, the scheduling was described as "complicated." The students also mentioned that the hospital is very crowded, and there is no space to study if lectures or tutorials are cancelled. They appreciated that tutors are available to answer their questions but felt there is a lack of standardisation.

The students described it as "bizarre" that their only exams are at the end of the year and account for 100% of their overall grade, except for obstetrics and gynaecology, which includes an MCQ and long case worth 10%. They explained that there are no past papers or sample questions available to help them prepare for these exams. The students noted that they have 15 exams within a 9-day period, which is very stressful. They commented that other medical schools have their exams more spread out. The students feel that this intense examination schedule is unfair for intern ranking. They would prefer small end-of-rotation exams worth 15-20%, and some suggested splitting final exams between November and April.

Students also described a lack of support in finding accommodation for their peripheral rotations. They mentioned that South Tipperary University Hospital has been lobbying UL for several years to partner with UCC to provide student accommodation for this rotation. Although there is a list of student accommodation available on Brightspace, it is unclear how often it is updated. Students often find that the listed accommodations are no longer available or receive no responses.

The students highlighted capacity issues at South Tipperary University Hospital, where the library is very small and usually occupied by NCHDs, leaving no study space available. There are 15 students on bedside teaching. Portiuncula Hospital receives medicine students from UL and the University of Galway, and students noted that there are more students than team members at Portiuncula Hospital. At Portlaoise Hospital, UL students do not have swipe card access, unlike UCD medicine students, which means UL students cannot access the library. Some students struggle with transport options to get to their GP rotations and have been advised to learn how to drive and get a car.

Balancing work and study is another challenge for students. Some had to work almost full-time hours in addition to studying full-time during their first and second years to afford the fees.

The students felt that not having access to cadavers and prosections might deter them from pursuing surgery. They described the Anatomage Table as "useless" since only one person can use it at a time. Some surgeons were disappointed with UL students' anatomy knowledge during rotations in years 3 and 4.

Regarding Problem-Based Learning (PBL), students found the teaching and tutors to be inconsistent and would like resources to be made available before PBL sessions. Self-directed study is quite an adjustment for them.

Some students would like exposure to specialities in Year 3, rather than solely through their GP placement. They feel that 18 weeks of GP placement is too long and believe that 10 weeks would be sufficient. They suggested that the remaining 8 weeks could be allocated to other specialities or electives. The students also noted that there is no time for electives built into

the academic year, leaving the summer holidays as the only opportunity to undertake electives. However, this is not feasible for some students who need to work full-time during the summer to pay their fees.

The students appreciate the requirement to undertake the Prescribing Safety Assessment (PSA) but would prefer to complete it earlier in their studies. While the PSA is mandatory for UL students to sit, it is not mandatory to pass the assessment.

Portiuncula Hospital

The Team met with the Clinical Staff and Management of Portiuncula Hospital and appreciate the time the staff took to meet with them and give them insight into the full scope of practice at the hospital and the hospital's involvement with education and training.

The General Manager gave a very helpful overview of the workings of the hospital and the relationship with the school. It was confirmed that the MoU between the hospital and the school is renewed bi-annually. There has been investment in the hospital from UL and it has allowed expansion of some of the hospital.
There has been an increase in the number of students, tutors' posts, and staff at the hospital, following feedback to the school. When students arrive on-site for their rotations, a list of students is provided, and this allows the hospital to keep attendance records.

There was confirmation that the school promotes participation in training to the clinical staff.

The clinical staff described their involvement in teaching, they advised they are involved in assessment processes and are aware of logbooks and ITA's, however, they not been involved in curriculum development.

The staff were all in agreement that the students were all well prepared coming into their clinical placement and integrate well into their teams. The increase in numbers has not been a problem and having addition consultant posts has really helped. The staff were very clear on the escalation pathway for the struggling student and to-date they haven't had any concerns that they couldn't manage. The clinical tutor on-site is a direct link to the school for any concerns.

When asked about having two medical schools on-site, the only difficulty the clinical staff highlighted was managing ward-based teaching because of the two curriculums, however, they manage.

Portiuncula Hospital - Facilities

A comprehensive facilities walkthrough was conducted. The hospital features a medical education facility with several tutorial rooms and a library in the main building. There is a canteen for students, equipped with a microwave and kettle, and sufficient lockers are available. Portiuncula Hospital has initiated discussions with universities to convert two on-site houses for educational purposes and to expand the Emergency Department. The hospital seeks UL's support for this expansion. Wi-Fi is available throughout the hospital, allowing students to access the UL network.

Portiuncula Hospital Students

The Team met with a number of students currently on clinical placement at Portiuncula Hospital, they were assured of confidentiality and advised of the Medical Council's role.

The students shared their experiences so far and confirmed that their rotation at Portiuncula has been positive. They expressed concerns about the lack of a dedicated Paediatrics tutor. When studying paediatrics, UL students are taught alongside University of Galway students, which can feel like a disadvantage.

Additionally, the students felt that the teams they were assigned to were more familiar with the other medical school's curriculum. They appreciated the small teams of 4-6 students,

which provided good exposure to patients and made them feel trusted to examine and take patient histories.

Overall, the students felt their experience at Portiuncula was beneficial, with plenty of exposure to a diverse case mix.

Portiuncula Hospital - Interns

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

The interns reported finding the Integrated Preparedness for Practice Unit (IPPU) useful and appreciated the quality of the IPPU booklet. However, they noted that 90% of the tasks in the booklet require sign-off during the medicine or surgery rotations. Depending on how their rotations are scheduled, they may feel pressured to complete many tasks in the latter half of the intern year. Additionally, they may not encounter all the required case types for sign-off, especially if they are rotating through a peripheral hospital. One intern mentioned that there might not be enough time to complete the IPPU booklet, adding to the stress towards the end of the year.

The group also discussed the number of examinations at the end of their final year at the University of Limerick. They mentioned being motivated to leave the wards during clinical placements to carve out study time for exams. One intern highlighted that the 18-week General Practice placement had no assessments during that period.

They also reiterated their concerns about the number of final-year exams, noting that they felt compelled to leave clinical placements to find time to study. Additionally, one intern pointed out that there were no assessments during the 18-week General Practice placement.

Observation of teaching

Session: Simulated / Bedside Teaching: Cardiovascular case for Paediatrics.

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

The bedside teaching session involved a simulated baby, attended by four students and one tutor. The room, though small, was adequately spacious for the participants, with the baby placed on a hospital bed. It was bright and well-ventilated room.

The quality of teaching was excellent throughout. The tutor maintained strong verbal and nonverbal communication, including eye contact, to ensure all students were engaged. The tutor gently encouraged the weaker student to participate by making direct eye contact when asking questions. The session consisted of the tutor posing a series of questions, prompting students to consider what they should be looking for when examining the eight-month-old baby.

Three of the students took turns demonstrating how they would check the baby for breathing, among other tasks. The tutor used effective language, such as "What else could we be looking at, guys?" to prompt further thinking. At several points, the tutor guided the students by comparing the steps they would take in adult cases, which helped the students to recall the steps they need to consider. Where differences existed, the tutor explained them clearly, for example, in an adult you can check the neck for pulse / breathing - but a baby's chubby neck

might not be the best place to check for breathing. The tutor also performed quick demonstrations, such as checking the baby's heartbeat and examining the baby's belly in various positions.

The tutor's use of questions and answers was excellent, providing supportive responses when students were unsure, in a very encouraging manner. Positive language was used throughout, such as "Very good idea, what are you thinking about there?" and "It's rare, but absolutely." The tutor had a great rapport with the students, who felt comfortable asking questions without being prompted. The tutor used first names, for example, "How would you find it out, Joshua?" and provided affirmations like "Okay, okay, okay" during demonstrations, positively reinforcing to the student was correct and allowing the student to proceed with confidence and ease. At the end of the session, the tutor praised the students for their thorough examination of the baby, mentioned one missed area, and explained its importance, ensuring the information was understood by asking, "Does that make sense?"

Throughout the session, the tutor emphasized the importance of considering the parents' perspective and the role of the doctor. Statements like "Dramatically looking, make sure they see you looking" when reviewing the baby's belly and "How would you explain this to a non-medical person, the baby's father?" were used to make the learning relevant to real-life experiences and emphasising the importance of the parents being aware and informed as a doctor examines the baby. The tutor advised clearly explaining actions to the parents before performing them, such as pulling down the nappy to examine the lower belly, again excellent professional insight in small comments to ensure a well-rounded learning experience.

The tutor provided an excellent recap of the steps taken when examining the baby and discussed possible causes for symptoms. The importance of considering other infections or symptoms when babies come in was highlighted, prompting students to think about whether a cardiovascular issue might be causing the problem.
Overall, the teaching session was excellent, with outstanding communication and facilitation skills used by the tutor. The tutor's welcoming and engaging manner fostered an open flow of questions, creating a supportive, enjoyable and memorable learning environment.

Tipperary University Hospital

The Team met with the Clinical Staff and Management of Tipperary University Hospital and appreciate the time the staff took to meet with them and give them insight into the full scope of practice at the hospital and the hospital’s involvement with education and training.

Tipperary University Hospital use an apprenticeship model with the students on rotation there. There is full clinical immersion. There is lots of bedside teaching, with a focus on clinical skills and inter-professional skills. There is a Memorandum of Understanding (MOU) in place, which is signed every three years. The MOU clearly identifies the responsibilities of School of Medicine and the hospital. Changes are agreed annually. The hospital has a good relationship with UL. The hospital meets with UL annually. All consultants at the hospital are involved in teaching. Contracts for clinical tutors are signed on a yearly basis and the process to replace them is straightforward.

The hospital infrastructure needs improvement for education. There have been no solid buildings built in 20 years. Only modular buildings have been added. Funding is desperately needed to build an education space. The education infrastructure was described as

"inadequate for the 21st century". Additional physical resources would be needed for the hospital to take on more students.

Tipperary University Hospital - Facilities

A comprehensive facilities walkthrough was conducted on the 11th of March. The hospital has two small teaching spaces that can be combined into one larger space to accommodate 80 people. There is a library with computers and 13 workstations, though more are needed to meet demand. The students have access to a canteen equipped with a microwave and kettle, and there are sufficient lockers available, with separate lockers for NCHDs.

South Tipperary University Hospital has submitted a capital project proposal for an education building. The funding for this building has been approved but needs to be integrated into another construction project. The hospital seeks UL's support for this initiative. A HSE review of the Wi-Fi network has been conducted, and upgrades are planned by the end of the year. Currently, the Wi-Fi network is difficult to connect to in certain parts of the hospital due to the area's geography.

Tipperary University Hospital - Students

The Team met with several UL students on rotation at Tipperary University Hospital. They were assured of confidentiality and advised of the Medical Council's role.

Students explained that the clinical liaison administrator at Tipperary University Hospital introduces them to staff, advises them on what to expect during the rotation, provides access cards, and directs them on where they need to be.

The students felt that doing this rotation with UCC students was a positive and helpful experience. They noted that UCC provides accommodation for their students during rotations at Tipperary University Hospital, which UL does not. UL offers an accommodation list, but options are limited. Some students took over accommodations from those finishing their rotations, while others commuted from Limerick.

The students did not feel weaker than other medical students in terms of anatomy teaching. They found the anatomy instruction to be good but felt disadvantaged by the lack of access to cadavers. They praised Problem-Based Learning (PBL) for preparing them well.

The students felt that GP placements are not standardised and were hesitant to complain where issues arose since the GP contributes one-third of their grade. Some students had to drive two hours to a GP hub for a one-hour session. They noted that UL visits GP hubs but not all GP practices.

The students described bedside teaching at UHL as "very good and very consistent." They found the psychiatry rotation less intense, more structured, and lecture focused.

Mandatory virtual live lectures are impractical when students are on different sites, especially if a consultant has a clinic that students must attend. Although lectures are recorded, watching them later does not count as attendance.

The students explained that having 15 exams over 9 days for their final exams is very stressful, especially since they do not have any marks from continuous assessments throughout the year.

They noted that the number of medical students is increasing each year, but the number of intern spots is not. International students feel disadvantaged when applying for intern positions in Ireland, as they are "bottom of the pot."

Observation of Teaching

Session: Bedside Teaching

Assessor & Executive Observing Teaching: Dr Ailis Ni Riain & Mr Cormac Glynn.

Bedside teaching on consultant ward round. Consultant, NCHDs (n-3) and medical students (n-3). Teaching was observed with two patients.

Ratio of 3 students:1 consultant. The consultant ensured students were engaged and involved by questioning and inviting them to examine the patients, with consent.

Students were given the opportunity to examine patients for specific signs and to review laboratory and ECG results. The consultant examined the student's current knowledge and prompted them with appropriate further questions. Consultant provided positive feedback when questions were answered, or salient factors raised. The consultant involved the student with the NCHDs in formulating a management plan in each case. The consultant tended to focus on one student at a time and could have involved the other students to a greater extent.

This teaching ward round provided good learning opportunities for the students but was quite time intensive. An alternative would have been to deliver the teaching session as a bedside tutorial subsequent to the ward round, to free the NCHD staff to complete other duties.

St John's Hospital

The Team met with the Clinical Staff and Management of St John's Hospital and appreciate the time the staff took to meet with them and give them insight into the full scope of practice at the hospital and the hospital's involvement with education and training.

The team at St John's Hospital are dedicated to teaching and continuing to ensure the next generation of doctors succeed. There is a cohort of long-standing staff at St John's who are invested in the hospital and its history.

When asked about their links with the medical school, including a Memorandum of Understanding, it was confirmed there was one in place, however, they do not know when it was last updated.

The students are on placement for two weeks at a time and the staff would welcome a longer rotation. They felt it is not enough time for students to immerse themselves fully into the hospital and the teams.

There is regular contact with the clinical tutors assigned to the hospital and any issues that arise with students are brought to the tutors' attention.

There are no formal assessments while the students are on-site, however, the staff do carry out informal assessments as part of their teaching. Should any trainer have concerns about a particular student, they are aware of who their point of contact is at the University of Limerick Medical School and would contact them.

The staff would like the opportunity to be more involved in the curriculum review and development, which takes place each summer. They advised they have no formal input into suggested changes to the curriculum. If any changes are due to take place, the site are made aware of this through the office of the NDTP Training Lead, and there is ongoing bi-directional communication with University Hospital Limerick, which works well through the Clinical Directors. There is no formal communication from the University of Limerick School of Medicine.

St John's Hospital - Facilities

A facilities walkthrough was conducted on the 11th of March. Despite the age of the building, it was notably well maintained and had good study facilities, kitchen, and dining areas. Reference was made to a previous MC visit and a query regarding a prayer room for Muslim students and doctors. This resulted in the provision of such a room. The chapel was also visited. The quality of care and efficiency of the hospital was enthused about by the staff. Finally, there was a cordial meeting with the staff at which no matters of concern were raised. No particular issues were identified to be raised as part of the report.

St John's Hospital - Students

The Team met with several students currently on rotation at St John's. They were assured of confidentiality and advised of the Medical Council's role.

The student group met were on their first day at St John's and therefore, did not have much feedback on their experience on-site. As it was their first day at St John's, they were asked about their integration into the site and teams. The students all confirmed they were inducted to the site upon arrival and had been advised of the team they were attached to in advance of arriving on-site.

Being their first day, they felt very welcomed by the teams and felt the next two weeks will be a good experience.

Observation of Teaching

Session: Bedside teaching / case study

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

The session began with one tutor and a Clinical Director in an office on the ward, accompanied by two third-year students. It was the first day of placement at St. John's for both students. Student 1 presented the patient's symptoms, family history, and vitals such as pulse rate, respiratory rate, and oxygen saturation. This was followed by a Q&A session, during which the tutor inquired about the medication administered that day and highlighted the significance of understanding the impact of medication and patient statistics.

The session then moved to the ward, where a patient had agreed to participate. The tutor asked, "How would you position a patient for examination?" Student 2 responded and positioned the patient, with the tutor making adjustments to enhance patient comfort and ease of the examination.

Student 2 started her role and introduced herself to the patient, obtained patient consent, and began the examination from the end of the bed, providing updates on the patient's appearance, such as colouring and breathing rate. She then examined the patient's hands, with the tutor advising to always ask for permission and inquire about any pain before touching the hands. This feedback was well received by the student. Throughout the examination, the tutor asked questions to draw out Student 2's knowledge, linking it to potential symptoms and alternative checks, such as "What could clubbing of the hands indicate?" Student 2 proceeded to check the patient's chest, breathing rate, and back, with the tutor providing prompts, such as asking about pain and looking for scars when examining the throat.

The session concluded with the doctor commending the student for her performance. The learning experience appeared valuable for both students. Student 1 presented the history and observed the examination conducted by Student 2, while Student 2 observed Student 1's detailed history presentation and contributed to the Q&A with the Clinical Director. The tutor was friendly and supportive, providing feedback and asking prompting questions in a curious manner that fostered a supportive learning environment.

While the session was effective, it would be beneficial to have a different room for presenting the patient's history, as an active office was not ideal. Although a debrief on the presenting symptoms to close out the learning loop was not observed, it is likely this was completed after the observation. Overall, it was a good session with good communication and facilitation by the tutor, creating an encouraging and supportive learning environment.

Croom Orthopaedic Hospital

The Team met with the Clinical Staff and Management of Croom Orthopaedic Hospital and appreciate the time the staff took to meet with them and give them insight into the full scope of practice at the hospital and the hospital's involvement with education and training.

The staff at Croom Orthopaedic Hospital feel that their site could be utilised more. However, they would need an onsite anchored tutor at a minimum of a 0.5 WTE to take more students. There are great opportunities for interprofessional learning and good momentum is being built. Students go to the pain management clinics and observe surgeries as part of their rotation. Consultants would like one student each for their rotation. This is the plan going forward. Clinical staff at Croom Orthopaedic Hospital stated that a two-week rotation would be the optimal duration.

Croom Orthopaedic Hospital - Facilities

A comprehensive facilities walkthrough was conducted on the 11th of March. The hospital has no dedicated student space, but space has been identified and funding applied for through the Medical Education Liaison Groups (MELG) fund. The on-call room was identified as this space, and the plan is to make this into a library space with IT access for tutorials. The dictation rooms at the theatre are used to talk through cases.

Croom Orthopaedic Hospital - Students

The students described being welcomed on their first day with a tour and introductions to the teams. They receive swipe card access and can access patient charts. However, they are unsure how they would get to the hospital if they did not drive. There is no formative assessment at the end of the rotation at Croom Orthopaedic Hospital. The students are able to scrub into surgery and feel like part of the team at Croom, where the staff are very engaged. They also had a very positive orthopaedic experience in Tullamore, receiving excellent teaching.
The students do not feel that the anatomy teaching prepares them for their orthopaedic and surgery rotations. Students do not feel confident for their surgery rotations. The teaching is good, but they only get one thirty-minute session a week.

Some sites do not have the space for students to observe bedside teaching. They feel that a lot of time was wasted on ward rounds.

The students can do as many Mini CEX as they like but they can only upload three. They need to upload one in each of the specialties, medicine, surgery, and GP. The students do not feel that the Mini-CEX are beneficial and that they are a tick box exercise.

The students explained that their experiences with GP placements vary widely and believe that GP teaching could be improved. They described the weekly teaching sessions at the GP hubs as lacking structure and a defined curriculum. Spending 18 weeks on a rural GP placement can feel very isolating. While 18 weeks with one GP is beneficial for longitudinal cases, the students feel they would gain just as much from a 9-week placement. They also raised concerns about spending 18 weeks with a single GP, especially if they do not get along, as this GP is responsible for 33% of their grade.

The students felt that 6 weeks of obstetrics and gynaecology is insufficient. They suggested that all rotations should be modelled after the obstetrics and gynaecology rotation, noting that the professor of obstetrics and gynaecology is very dedicated and ensures that students attend every day.

Observation of Teaching

Session: Musculoskeletal Student Tutorial

Assessor & Executive Observing Teaching: Dr Ailis Ni Riain & Mr Cormac Glynn

The session was a long (2 hours +) tutorial on examination of the musculoskeletal system involving one tutor and eight students. The tutorial space was appropriate for the number of students in attendance. Some of the tutorial was observed.

The tutor facilitated an interactive and engaging tutorial using students to demonstrate the various joint examinations. The tutor was well prepared, comfortable in delivering this tutorial, sequenced it appropriately and engaged all students in the discussion. He sought student suggestions as to the sequencing of joint examinations repeatedly and was responsive to their comments and questions.

The session observed was preparing students for the assessment of joints, both in the clinical setting and in the context of upcoming examinations. We were not present at the outset of the session and therefore were not aware of whether learning outcomes had been agreed at the start.

Overall, a well-organised and informative session with a high level of student interaction and a reactive tutor who had the knowledge and confidence to address student questions and encourage them to deepen their knowledge of joint examination.

King's Island Medical Centre

The Team met with the Clinical Staff and Management of King's Island Medical Centre and appreciate the time the staff took to meet with them and give them insight into the full scope of practice at the hospital and the hospital's involvement with education and training.

The GP has been working with UL medical students for over 10-years. There is one student attached to the GP twice a year on their 18-week rotation.

Over the years, there has been very little issues with students, however, any concerns he had, he knew the pathway for bringing them to the medical school. There is a clear programme for teaching and the GP is invited to attend meetings with the faculty.

The students get the opportunity to work alongside the GP in consulting and as they progress, they see patients and take histories and then present them to the GP. While on their rotation, the students are given the opportunity to work alongside the nurses, administration staff and other GP's.

When asked, the GP said the reason he continues to take students is because of his love of teaching, the fee given per student is very little and is not an incentive for taking them.

King's Island Medical Centre – Facilities

King's Island Medical Centre is a modern facility with a large welcoming reception area. There are 5-6 consulting rooms, multiple nurses' rooms, kitchen facilities and meeting spaces. There is a HSE area with Physiotherapy suites and consulting rooms.

Students have access to all areas throughout the practice and have use of a consulting room for meeting with patients and the meeting room for attending online tutorials. There is on-site access to Wi-Fi and students have read-only access to patient records for learning purposes.

Mel Fullam Medical Practice

The Team met with the Clinical Staff and Management of Mel Fullam Medical Practice and appreciate the time the staff took to meet with them and give them insight into the full scope of practice at the hospital and the hospital's involvement with education and training.

It was noted that students on placement from UL attend the site on a 9-week basis rather than the full 18 weeks. Dr. Mel (supervisor) explained that 9 weeks at the rural site, followed by 9 weeks at an urban site provides students with exposure to a wider variety of cases and people.

This approach has proven much more effective for this site and for overall student experience and learning.

In terms of educational offerings, two tutorials are provided on Mondays and Tuesdays. Formal teaching is also available via UHL, with students given a day release for learning opportunities. At the site, there are three different learning levels: a UL student, an international student, and a trainee on the GP trainee scheme. This diversity is seen as an opportunity for students to be exposed to various peer learning and academic pathways. Several GEM students from this site have progressed to the GP training scheme, highlighting the importance of retention.
Students on placement at this practice are exposed to multidisciplinary learning opportunities, with a primary care team and psychiatry team recently moving in above the GP site, potentially accommodating future student learning. This is particularly important for the social and cultural aspects of the local community. There is also a pharmacy beside the practice and a nurse on site. Additionally, an e-doc is available out of hours for students wishing to gain experience in this area.

Regarding communication about GEM Day release and supervisors, there is liaison between the practice and the GEM academic team on Saturdays, with the supervisor receiving updates on activities.

In terms of pastoral care, communication is done as needed. The supervisor has rarely needed to escalate any concerns. If support is needed, the supervisor would speak to leads in the area (Pat and Aidan). The practice accommodates personal needs for students, as illustrated by a case where a student's required attendance needed to be accommodated due a family members illness. The supervisor ensured the days were made up so the student could progress.

Regarding Open Disclosure, there are two online modules that students must complete before the end of year 2. If any concerns arise about a student's progress or performance, the supervisor will speak to the lead or clinical tutor. To date, this has not been an issue, as UL's training ethos has embedded this approach as standard. Given the infancy of the Open Disclosure Framework, there was a question raised by the assessor team about whether fourth-year students have received this training retrospectively, which will be explored.

Problem-based learning was discussed, with students showing a preference for clinicians to lead these sessions. Despite the cost and demand on clinicians' time, the benefits are evident.

Records of attendance are kept for students on placements, and attendance is mandatory. The supervisor cannot sign off the 45 days without compliance. At the end of the 9-week placement, the supervisor reviews the written assessment in person with the student. Any weak areas, such as examination skills, are addressed with demonstrations and practice to reinforce learning.

When asked about the formal transfer of student records from one 9-week placement to the next, it was mentioned that generally, no formal transfer occurs. However, if any negative issues are noted, the next supervisor for the remaining 9-week placement would be informed. Overall, this practice provides an excellent environment for student learning and development.

Mel Fullam Medical Practice - Facilities

A comprehensive facilities walkthrough was conducted on the 11th of March. The GP practice, located on the new development site for the past two years, features a large, welcoming reception area that is bright and inviting.

All available rooms were shown to the assessor team, which include an e-doc room; a nurse's room, two consultant rooms, a dedicated office and space for the student, and a dedicated office for the GP trainee. Each office is particularly large, bright, and well-ventilated, with most offices having en-suite toilet facilities. Separate disabled access toilets were also available on site for patients and students if needed.

The students have a dedicated office for seeing patients, equipped with ICT facilities, a bed for the patient, and a bathroom. This space allows students to see patients and study comfortably. The nurse's room is also a spacious, open area, equipped with an emergency cart/trolley and an adjacent supply/vaccine closet. There is a generously sized kitchen/dining area that both staff and students can utilise.

Overall, these facilities provide an excellent environment for students to learn and spend time in.

Ennis Medical

The Team met with the Clinical Staff and Management of Ennis Medical and appreciate the time the staff took to meet with them and give them insight into the full scope of practice at the hospital and the hospital's involvement with education and training.

The School of Medicine gives clear guidance of what is expected of the GP teachers. There is regular ongoing communication from UL. They are provided with lots of invitations for training sessions at UL regularly. GP trainer renumeration from UL is "about mid-range" in Ireland, but the rates are much lower in Ireland than in the UK.

There is a formal curriculum which the practice follows. The curriculum gets updated from time to time. The 18-week placement length is a "great spell of time" and should not be any less. Two 9-weeks GP placements might suit certain students.

Struggling students are picked up on during the formative assessments. The remediation process is a two-way process, which the GP and student complete together.

Ennis Medical - Facilities

A comprehensive facilities walkthrough was conducted on the 12th of March. The GP practice is a large, bright, and clean centre. There is a large reception area and 10 consulting rooms. Additional services include an acute care centre, audiology, a clean bright kitchen and staff toilets. The Wi-Fi is good.

Living Health Centre

The Team met with the Clinical Staff and Management at Living Health Centre and appreciate the time the staff took to meet with them and give them insight into the full scope of practice at the hospital and the hospital's involvement with education and training.

The Living Health Centre offers a comprehensive range of healthcare services under one roof, from GP and nursing care to specialised services like HSE programs, radiology, and physiotherapy. There is a contract with UL which is renewed automatically every year.

UL GEM students arrive with a lot of theoretical knowledge and a level of enthusiasm and focus that you do not see in DEM students. UL students are very clinically focused, most likely because of their exposure to Problem-Based Learning (PBL). Students are encouraged to undertake audits and present cases. The staff learn from the student audits.
The 18-weeek placement is very long for the students but it suits the practice, as they get to know the students and pick up on the areas that students struggle with and can remediate where necessary. There are great student supports. Struggling students are noticed quickly.

The clinic cannot take any more students than they currently have. There is no appetite amongst the doctors to take any more students and the quality of teaching would be diluted. It was noted by the staff that UL will struggle to find sufficient GP placements for the planned DEM programme.

The clinic is updated about changes to the GP placements and curriculum from the GP Education Programme Lead. They do not communicate directly with the UL School of Medicine general management team.

Living Health Centre - Facilities

A comprehensive facilities walkthrough was conducted on the 12th of March. The GP practice features a large, welcoming reception area that is bright and inviting. There is a café which students have access to. There is a small teaching space available, with appropriate video conferencing. There is X-ray, DEXA scan and ultrasound facilities. Students have access to a consulting room with diagnostic equipment.

Virtual Meeting – St Lukes General Hospital & Midland Regional Hospital Tullamore

The Team met virtually with the Clinical Staff and Management at St Lukes General Hospital & Midland Regional Hospital Tullamore and appreciate the time the staff took to meet with them and give them insight into the full scope of practice at the hospital and the hospital's involvement with education and training.

There are 23 UL students at Midland Regional Hospital Tullamore at any one time. The clinical skills labs were recently upgraded. There are two study rooms which are used for individual and collaborative study. There are two lecture theatres and two tutorial rooms. There are dedicated out-of-hours study spaces available. Virtual Reality sessions are held using the Oxford Medical Simulation software platform.

There is a Memorandum of Understanding in place with UL and Midland Regional Hospital Tullamore. It was last updated in 2023 and due to be updated in 2028. The hospital is not linked into curriculum planning. There is communication between the hospital and UL before every student arrives. There is no direct contact between the UL School of Medicine general management team and the hospital. UL is very supportive. There is no shortage of

communication between the hospital and UL. There is lots of engagement through the Medical Education Liaison Groups (MELG) around how teaching is delivered. The hospital is advised students with disabilities in advance of their arrival. There are interprofessional learning opportunities. Students are invited to grand rounds and journal clubs. All students are signposted to the curriculum as part of their induction orientation.

The staff at St Lukes General Hospital like to believe they are welcoming and engaging with all students that rotate through the hospital. Students have access to a library and 16 study pods, lockers, showers and changing rooms. There are tutorial rooms and surgical skills rooms. Tutors have shared office space. There is eduroam access in the UL tutorial rooms, the library and the education centre. Students are given the contact details of their tutor on their first day of their rotation St Lukes General Hospital. There is daily in-person teaching. Students have engagement with Advanced Nurse Practitioners. There are interprofessional learning opportunities. Students are invited to grand rounds and journal clubs.

Virtual Meeting – Ennis Hospital & Nenagh Hospital

The Team met virtually with the Clinical Staff and Management at Ennis Hospital & Nenagh Hospital and appreciate the time the staff took to meet with them and give them insight into the full scope of practice at the hospital and the hospital's involvement with education and training.

There was a comprehensive presentation given from both sites on their involvement in teaching UL students. The staff at both sites were dedicated to teaching and welcomed the students. There has been investment into a new library facility at Nenagh.

The staff at both sites were very positive in their ability to take more students and would like for students to spend more time with them. They stated that the 2-week rotation was very short and hard for students to integrate fully. They would welcome longer rotations.

Both sites also advised that the communication with UL was limited and unstructured and they felt somewhat removed from being involved in curriculum development and examinations. Both sites would welcome more investment from UL into their facilities for teaching purposes.

END.

Appendices

Appendix 1: documentary evidence of compliance with **Area 1: Mission and Outcome** provided by UL

- 1.2.1 Academic Programme Review Policy
- 1.3.1 Educational Outcomes for Years 3 and 4
- 1.3.2 Year 3 & 4 Course Outlines
- 1.3.3 BMBS Fitness to Practise Standards
- 1.3.4 UL BMBS Graduate Attributes
- 1.3.5 Public Health Learning Outcomes
- 1.3.6 BMBS Research Learning Outcomes 2024
- 1.3.7 Mid West Intern Handbook
- 1.3.8 Paediatrics Learning Outcomes
- 1.3.9 Blueprint BMBS Modules Intern Network
- 1.4.1 Advisory Committee Terms of Reference Original
- 1.4.2 Advisory Committee Terms of Reference 2019

Appendix 2: documentary evidence of compliance with **Area 2: Educational programme** provided by UL

- 2.1.1 PBL Cases
- 2.1.2 Year 1 and 2 Learning Objectives by PBL Case
- 2.1.3 Year 1 and 2 Course Outlines
- 2.1.4 References
- 2.1.5 Medicine Curriculum Themes and Learning Outcomes
- 2.1.6 Integrated Preparedness for Practice Unit (IPPU) Logbook
- 2.1.7 Mini Clinical Evaluation Exercise (Mini-CEX)
- 2.1.8 Prescribing Safely Curriculum
- 2.1.9 Teaching, Learning and Assessment in Anatomy
- 2.1.10 UL Equality and Diversity Policy
- 2.1.11 Learning Outcomes Years 3 & 4
- 2.4.1 Professional Competencies Year 1 & 2 Lectures and Learning Outcomes
- 2.5.1 Typical Teaching Week
- 2.5.2 Graduate Survey 2018
- 2.5.3 Professional Competencies Learning Outcomes
- 2.5.4 Rural General Practice Advocacy Update 2024
- 2.6.1 Academic Calendar 2024-25
- 2.6.2 Clinical Skills Years 1 and 2
- 2.6.3 Rheumatology Learning Outcomes
- 2.6.4 Links with Universities Overseas
- 2.7.1 Governance Structure Jan 2024
- 2.7.2 Current Committee and Working Group Terms of Reference and Membership
- 2.8.1 Midwest Intern Governance Structure

- 2.8.2 National Intern Learning Outcomes Programme
- 2.8.3 SOM Student Partnership for Health Equity Activities

Appendix 3: documentary evidence of compliance with **Area 3: Assessment of students** provided by UL

- 3.1.1 Year 1 Course Handbook 24 25
- 3.1.2 Year 2 Course Handbook 24 25
- 3.1.3 Year 3 Course Handbook 24 25
- 3.1.4 Year 4 Course Handbook 24 25
- 3.1.5 UL Student Handbook 24 25
- 3.1.6 UL Handbook of Academic Regulations and Procedures 24 25
- 3.1.7 SoM Distinction Criteria - effective 24 25
- 3.1.8 Personal Progress Index GEMS and McMaster 2011-2019
- 3.1.9 External Examiner Policy
- 3.1.10 Year 4 Medicine post exam report AY 23 24
- 3.2.1 Formative Video Tutor Feedback Year 2
- 3.2.2 Summative Written Assessment Feedback
- 3.2.3 Summative OSCE Feedback

Appendix 4: documentary evidence of compliance with **Area 4: Students** provided by UL

- Year 3 and 4 Clinical Placement Rotations
- 4.3.1 Links to UL Student Support Services
- 4.3.2 SoM Peer Mentoring Programme
- 4.3.3 SoM Mindfulness Programme
- 4.3.4 Medwell Programme.pdf
- 4.3.5 Getting Help

Appendix 5: documentary evidence of compliance **Area 5: Academic Staff/Faculty** provided by UL

- 5.1.1 Recruitment Policy
- 5.1.2 SoM Staff Numbers 2024 against Planned Recruitment 2019
- 5.1.3 UL Academic Role Profiles and Responsibilities
- 5.1.4 PDRS Documentation
- 5.2.1 University of Limerick Workload Allocation Policy
- 5.2.2 Education Strategy Committee Terms of Reference
- 5.2.3 Education Research and Writing Group Terms of Reference
- 5.2.4 SoM Staff Development Scheme Policy
- 5.2.5 PBL Quality Assurance Form
- 5.2.6 UL Promotion Policy

Appendix 6: documentary evidence of compliance **Area 6: Educational Resources** provided by UL

- Supervision and Support at Clinical Sites
- 6.2.2 Order Of Placements 24/25
- 6.2.3 Student Placements - Week by Week Attachments
- 6.2.4 General Practice Map
- 6.3.1 Mobile Devices Handbook
- 6.3.2 UL Data Protection Policy

- 6.4.1 UL Submission Graduate Intake To Medical Education
- 6.5.1 Current and UL Approved Academic Staff Positions
- 6.5.2 Module and Programme Workflow Diagrams
- 6.6.1 UHL Electives Handbook
- 6.6.2 UL Sabbatical Policy

Appendix 7: documentary evidence of compliance **Area 7: Programme evaluation** provided by UL

- 7.1.1 Equity and Outreach Activities
- 7.1.2 BMBS Annual Return 2022-2023
- 7.1.3 Annual Returns Longitudinal Data
- 7.1.4 EHS QRG Report 2022
- 7.1.5 2022-23 Annual Programme Review Document
- 7.1.6 DREEM and MCPI Results 2024
- 7.2.1 Student Feedback and Responses 2020 23
- 7.3.1 Graduate Destinations
- 7.4.1 BMBS Student Survey Results 2017-2024
- 7.4.2 BMBS Graduate Outcomes Survey 2024
- 7.4.3 Intern Network Feedback Survey 2014

Appendix 8: documentary evidence of compliance **Area 8: Governance and Administration** provided by UL

- 8.1.1 Faculty Governance Structure
- 8.2.1 SoM Academic Staff Organisational Chart 2024
- 8.2.2 Academic Role Profiles-Roles of Responsibility including Course Director
- 8.4.1 SoM Administration Staff Organisational Chart 2024
- 8.4.2 SoM Technical Staff Organisational Chart 2024
- 8.5.1 Legal Agreements Overview
- 8.5.2 MOA Midlands Hospital Tullamore Apr 23 Signed Final

Appendix 9: documentary evidence of compliance **Area 9: Continuous Renewal** provided by UL

- No additional documentary evidence provided.