MEDICAL COUNCIL REPORT ON ACCREDITATION INSPECTION OF UNIVERSITY OF GALWAY - DIRECT ENTRY TO MEDICINE

DATE: Tuesday 10 October – Thursday 12 October

VISITING TEAM - ASSESSORS

Ms Teresa Bulfin (Chair of the Visiting Team and Medical Council Member)
Mr Graham Knowles (Non-Medical Assessor & Training Committee Member)
Prof John Jenkins (Medical Assessor)
Dr Ailis Ni Riain (Medical Assessor)
Dr Drew Gilliland (Medical Assessor)
Prof Barry Lewis (Medical Assessor)

VISITING TEAM - EXECUTIVE

Ms Denise Carrol – Head of Quality Assurance, Education & Training
Ms Aoise O'Reilly – Quality Assurance Manager, Education & Training
Ms Hannah McGrath – Quality Assurance Executive, Education & Training

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

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

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B. PREFACE

1. Context of the visit

University of Galway delivers a five/six-year Direct Entry medical programme leading to the award of an MB BCh BAO. It is at undergraduate level (basic level in WFME terminology). The Medical Council Assessor Team held meetings with management, academic & clinical staff and students on Tuesday 10, Wednesday 11 & Thursday 12 October 2023.

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

2. The Team

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

The Medical Council would also like to thank the University of Galway Team, led by Professor Laurence Egan, Head of the School of Medicine, Dr Rosemary Geoghegan, Director of the Direct Entry Medical Programme and Ms Regina Doyle, School of Medicine Operations Manager, for the work involved in coordinating the visit. In addition, the Medical Council would like to thank the staff and students who met with the Team, whose feedback was most helpful in formulating this Report.

3. Documentation

Prior to the visit, the Team reviewed the completed *Accreditation of Existing Medical Programmes – WFME Questionnaire*, dated April 2023, and information submitted in the form of a survey of University of Galway medical students, academic teaching staff and clinical site teaching staff. The questionnaire completed by University of Galway is based on the World Federation of Medical Education's *Global Standards for Quality Improvement: Basic Medical Education.*

4. Schedule

The accreditation visit included a presentation by Professor Laurence Egan, Head of School; an in-depth discussion between the Medical Council Assessor Team and representatives of the University; along with private sessions with students representing all stages of the course, clinical teaching staff and academic staff. Under Section 88 (2)(f) of the Medical Practitioners Act 2007 an inspection of the facilities and observation of teaching was also undertaken at the University of Galway Medical School, University Hospital Galway, Mayo Medical Academy, Sligo Medical Academy, GP Practice and Community Health Centre.

5. The Report

The Medical Council's policy is to use the World Federation of Medical Education's Standards to assess medical programmes. The section headings used in part C of this report are therefore those of the World Federation of Medical Education's '*Global Standards for Quality improvement in Medical Education, 2015 revision*.

C. SUMMARY AND GENERAL ASSESSMENT

Conclusion and main recommendations of Medical Council

The Medical Council's main recommendations are that: the University of Galway 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 Galway 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 Galway'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 Galway, surveys and the information provided by the staff and students interviewed it is recommended that University of Galway addresses the following:

1. **(B.1.1)** The School of Medicine should consider further developing opportunities for inter-professional learning with other healthcare professions during the curriculum review.
2. **(B.2.3)** The Medical school should use the current modernisation of the foundation year to deliver contextualised basic biomedical sciences. This should be completed as part of the curriculum review.
3. **(B.3.1)** A review to ensure no modules are being assessed by a single summative assessment. This should be completed as part of the curriculum review.
4. **(B.3.2)** Review the balance of summative and formative assessments in the current curriculum, particularly in the early years of the programme with a view to supporting learning through assessment for all students in the next 6 months.
5. **(B.3.2)** Review the timeliness and delivery of feedback on assessments.
6. **(B.4.2)** Any expansion in the student cohort should preceded by a review of human resources and physical infrastructure implications to ensure adequate capacity and capability to deliver the educational programme to an expanded student cohort. This should be completed within 6 months of approval.
7. **(B.4.3)** Work with the College of Medicine, Nursing and Health Science to effectively resource and urgently address the health and support needs of the students in the college. This should be completed by September 2024.
8. **(B.4.3)** Ensure that a consistent approach to mentorship which is well publicised across all sites should be developed with supporting policies and procedures. This should be completed within 6 months of approval.
9. **(B.4.3)** The School of Medicine should ensure the student support services office is adequately resourced to meet the needs of the students.
10. **(B.4.4)** The School of Medicine should work with the University to improve communication on the scheduling of exam dates to ensure appropriate notice of dates are given to students
11. **(B.5.2)** Expedite the finalisation and implementation of the Academic Workload Model**.**

12. **(B.5.2)** A review of human resources and physical infrastructure implications to ensure adequate staffing for the implementation of the Academic Workload Model at all sites.
13. **(B.5.2)** Prioritise the recruitment of a Clinical Placement Manager and Chair of Medical Education.
14. **(B.5.2)** Review the current staffing levels in Ballinasloe Medical Academy to ensure adequate staff to student ratio and to ensure equal levels of teaching hours are provided to students as in the other Academy sites.
15. **(B.6.1)** Review and ensure appropriate disability access at all sites.
16. **(B.6.1)** Rooms available to students for studying should be clearly signposted.
17. **(B.6.1)** Review capacity at all libraries and ensure accessibility and capacity at all libraries.
18. **(B.6.1)** In the development of the proposed new medical school building, it is recommended that the School of Medicine ensures adequate facilities for the overall projected number of students.
19. **(B.6.2)** A strategic approach supported by an appropriate administrative structure to support GP and community health placements should be developed for the current programme and the proposed future expansion of the programme. This should be completed within one year of approval.
20. **(B.6.3)** IT and AV support team access offsite should be reviewed.
21. **(B.6.4)** Opportunities to be involved in appropriate research should be available to all students as a core component of the programme.
22. **(B.6.5)** A Discipline/Centre of Medical Education should be established within 12 months.
23. **(B.7.3)** The development and delivery of a mechanism for more detailed school level data collection on student and graduate cohorts is encouraged, including academy level indicators.
24. **(B.8.3)** Review the distribution of resources (finance and time) for the delivery of the programme across all academy sites, with a particular reference to the allocation of resources to Ballinasloe Medical Academy. The review should take place within 6 months of approval and come into effect by the end of 2024.
25. **(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.
26. **(B.9.0.2)** The Medical School should enhance its information gathering to monitor graduate outcomes and career trajectories to inform its interactions with its healthcare partners.

While the visiting team are aware that the school already have plans in place to address some of the areas identified by the visiting team in its recommendations, the team felt that specific areas needed focussed and prioritised attention and have therefore included these in their recommendations.

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

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

2. The Medical Council commends the University of Galway for:

- **(B.2.6)** The feedback received through interactions with current interns who graduated from the School of Medicine highlighted the value of the preparedness for practice module including the Junior Internship. This supports the transition from Medical Student to Intern.
- **(Q.2.7)** A curriculum strategic group is in place with inclusive representation and an awareness of the group and its work plan throughout the system.
- **(B.4.0)** The enthusiasm of all students was evident by the large turn out and engagement of the students at meetings.
- **(B.5.0)** The enthusiasm of all staff involved in medical education was evident by the large turn out and engagement of the staff at meetings.
- **(B.9.0)** The level of awareness amongst the staff and students of the curriculum review was impressive.

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

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

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

The Medical Council has identified the following levels of compliance:

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

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

AREA 1: MISSION AND OUTCOMES

1.1 Mission

The medical school must

- state its mission. (B 1.1.1)
- make it known to its constituency and the health sector it serves. (B 1.1.2)
- in its mission outline the aims and the educational strategy resulting in a medical doctor
  - competent at a basic level. (B 1.1.3)
  - with an appropriate foundation for future career in any branch of medicine. (B 1.1.4)
  - capable of undertaking the roles of doctors as defined by the health sector. (B 1.1.5)
  - prepared and ready for postgraduate medical education. (B 1.1.6)
  - committed to life--long learning. (B 1.1.7)
- consider that the mission encompasses the health needs of the community, the needs of the health care delivery system and other aspects of social accountability. (B 1.1.8)

1.2 Institutional Autonomy and Academic Freedom

The medical school must have institutional autonomy to formulate and implement policies for which its faculty/academic staff and administration are responsible, especially regarding

- design of the curriculum. (B 1.2.1)
- use of the allocated resources necessary for implementation of the curriculum. (B 1.2.2)

1.3 Educational Outcomes

The medical school must define the intended educational outcomes that students should exhibit upon graduation in relation to

- their achievements at a basic level regarding knowledge, skills, and attitudes. (B 1.3.1)
- appropriate foundation for future career in any branch of medicine. (B 1.3.2)
- their future roles in the health sector. (B 1.3.3)
- their subsequent postgraduate training. (B 1.3.4)
- their commitment to and skills in life--long learning. (B 1.3.5)
- the health needs of the community, the needs of the health care delivery system and other aspects of social accountability. (B 1.3.6)

- ensure appropriate student conduct with respect to fellow students, faculty members, other health care personnel, patients and their relatives. (B 1.3.7)
- make the intended educational outcomes publicly known. (B 1.3.8)

1.3 Participation in Formulation of Mission and Outcomes

The medical school must ensure that its principal stakeholders participate in formulating the mission and intended educational outcomes. (B 1.4.1)

Level of compliance	**Fully Compliant**

Description of documentary evidence of compliance with this standard provided by University of Galway

- WFME Questionnaire
- No additional documentary evidence was provided for this standard.

Comments

Following the self-assessment documentary review and accreditation visit, the Assessor Team found Area 1: Mission and Outcomes to be Fully Compliant. No additional observations were made in relation to 1.3 - Educational Outcomes; and 1.4 - Participation in Formulation of Mission and Outcomes.

Further observations:

1.1 Mission

It was evident that the School of Medicine's Mission Statement and the Faculty's Strategic Plan 2022-2025 clearly detailed the current and future healthcare needs of the community, the multi-professional healthcare delivery system and social accountability. It was found to be well disseminated with high levels of awareness across all teaching facilities.

1.2 Institutional Autonomy and Academic Freedom

The School of Medicine has devolved autonomy within the College of Medicine, Nursing and Health Sciences to formulate and implement relevant policies. It was noted that there is an extensive curricular reform process being undertaken by the School of Medicine.

Recommendations

- **(B.1.1)** The School of Medicine should consider further developing opportunities for inter-professional learning with other healthcare professions during the curriculum review.

Commendations

- There are no commendations for this standard.

AREA 2: EDUCATIONAL PROGRAMME.

2.1 Framework of the Programme

The medical school must

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

2.2 Scientific Method

The medical school must throughout the curriculum teach

- the principles of scientific method, including analytical and critical thinking. (B 2.2.1)
- medical research methods. (B 2.2.2)
- evidence--based medicine. (B 2.2.3)

2.3 Basic Biomedical Sciences

The medical school must in the curriculum identify and incorporate the contributions of the basic biomedical sciences to create understanding of

- scientific knowledge fundamental to acquiring and applying clinical science. (B 2.3.1
- concepts and methods fundamental to acquiring and applying clinical science. (B 2.3.2)

2.4 Behavioural and Social Sciences, Medical Ethics and Jurisprudence

The medical school must in the curriculum identify and incorporate the contributions of the:

- behavioural sciences. (B 2.4.1)
- social sciences. (B 2.4.2)
- medical ethics. (B 2.4.3)
- medical jurisprudence. (B 2.4.4)

2.5 Clinical Sciences and Skills

In the curriculum identify and incorporate the contributions of the clinical sciences to ensure that students
  - acquire sufficient knowledge and clinical and professional skills to assume appropriate responsibility after graduation. (B 2.5.1)
  - spend a reasonable part of the programme in planned contact with patients in relevant clinical settings. (B 2.5.2) experience health promotion and preventive medicine. (B 2.5.3)
- specify the amount of time spent in training in major clinical disciplines. (B 2.5.4)
- organise clinical training with appropriate attention to patient safety. (B 2.5.5)

2.6 Programme Structure, Composition and Durations

The medical school must describe the content, extent and sequencing of courses and other curricular elements to ensure appropriate coordination between basic biomedical, behavioural and social and clinical subjects. (B 2.6.1).

2.7 Programme Management

The medical school must

- have a curriculum committee, which under the governance of the academic leadership (the dean) has the responsibility and authority for planning and implementing the curriculum to secure its intended educational outcomes. (B 2.7.1)
- in its curriculum committee ensure representation of staff and students. (B 2.7.2)

2.8 Linkage with Medical Practice and the Health Sector

The medical school must ensure operational linkage between the educational programme and the subsequent stages of education or practice after graduation. (B 2.8.1).

Level of compliance	**Partially Compliant**

Description of documentary evidence of compliance with this standard provided by University of Galway

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

Comments:

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

Further observations:

2.1 Framework of the programme

The medical school clearly defines the overall framework with clear curriculum delivery methods and assessments. These stimulate, prepare and support students to take responsibility for their learning. There is evidence that the curriculum is designed in accordance with principles of equality.

The recently introduced Applied Scientific Knowledge (ASK) Programme has delivered elements of horizontal and vertical integration in two modules of years 1 and 2 and this has been positively received by students.

2.3 Basic Biomedical Sciences

It was reassuring that in the early years of the programme, teaching enabled students to contextualise basic biomedical sciences with clinical care into their learning. However, this was not always apparent in the foundation year.

2.5 Clinical Sciences and Skills

The submitted evidence demonstrating compliance was verified from the interviews and observation of teaching. This included high and low fidelity simulation as a learning experience. The integration of simulation in early stages of the programme is an effective learning modality. This assists the students in preparation for clinical placement.

2.6 Programme Structure, Composition and Durations

The overall structure and design of the programme, utilising academies alongside a major teaching hospital and community health services provides a good framework within which the curriculum can be delivered. The programme structure and composition include preparedness for practice, whereby students undertake a three-week junior internship in the final semester of Year 5.

Concerns were noted regarding curriculum overload and excessive rote learning for example 'interdisciplinary competition' impacting on balance and alignment of taught material. There were curricular gaps in other areas, for example population health, prescribing, record keeping and patient safety (particularly in preparation for intern practice), research & scholarship.

There was inconsistent delivery of teaching programmes noted across the academies which related to unfilled tutor vacancies, their hours of teaching and their competing service demands.

It was noted from meetings with students that there is competition for local GP placements. Overall, there is a lack of physical spaces in the GP practices to accommodate students adequately.

2.7 Programme Management

There is an active curriculum committee with appropriate membership, including representation from staff and students. This committee, which has broad stakeholder representation, is involved with the curriculum review which is currently being undertaken. Some teaching resources are made available for delivery at remote sites. However, concern was raised that in some cases local adjustment/augmentation of these was not permitted.

Recommendations

- **(B.2.3)** The Medical school should use the current modernisation of the foundation year to deliver contextualised basic biomedical sciences. This should be completed as part of the curriculum review.

Commendations

- **(B.2.6)** The feedback received through interactions with current interns who graduated from the School of Medicine highlighted the value of the preparedness for practice module including the Junior Internship. This supports the transition from Medical Student to Intern.
- **(Q.2.7)** A curriculum strategic group is in place with inclusive representation and an awareness of the group and its work plan throughout the system.

AREA 3: ASSESSMENT OF STUDENTS

3.1 Assessment Methods

The medical school must

- define, state and publish the principles, methods and practices used for assessment of its students, including the criteria for setting pass marks, grade boundaries and number of allowed retakes. (B 3.1.1)
- ensure that assessments cover knowledge, skills and attitudes. (B 3.1.2)
- use a wide range of assessment methods and formats according to their “assessment utility”. (B 3.1.3)
- ensure that methods and results of assessments avoid conflicts of interest. (B 3.1.4)

- ensure that assessments are open to scrutiny by external expertise. (B 3.1.5)
- use a system of appeal of assessment results. (B 3.1.6)

3.2 Relation between Assessment and Learning

The medical school must use assessment principles, methods and practices that

- are clearly compatible with intended educational outcomes and instructional methods. (B 3.2.1)
- ensure that the intended educational outcomes are met by the students. (B 3.2.2)
- promote student learning. (B 3.2.3)
- provide an appropriate balance of formative and summative assessment to guide both learning and decisions about academic progress. (B 3.2.4)

Level of Compliance	Partially Compliant

Description of documentary evidence of compliance with this standard provided by University of Galway

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

Comments

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

Further observations:

3.1 Assessment Methods

There was evidence that the school uses a wide range of assessment methods and standard setting. There is an appropriate appeals system which is available to the students. External examiners are used. It was noted from student interviews that Molecular Medicine only had a single summative assessment.

3.2 Relation between Assessment and Learning

There has been an increase in the amount of formative assessment in some subject areas since the last accreditation visit, particularly in the later years of the programme. The introduction of the spidergram feedback tool for OSCEs has been well received by students. In contrast, other areas of feedback were found to be lacking or were not delivered in a timely manner. In a number of subject areas, students who passed exams were unable to receive feedback in order to inform their future learning, despite specific requests for this. Feedback is a valuable tool to aid learning. Timelines and exam/assignment feedback are a key for this and should inform ongoing delivery of the assessment framework.

Recommendations

- **(B.3.1)** A review to ensure no modules are being assessed by a single summative assessment. This should be completed as part of the curriculum review.
- **(B.3.2)** Review the balance of summative and formative assessments in the current curriculum, particularly in the early years of the programme with a view to supporting learning through assessment for all students in the next 6 months.
- **(B.3.2)** Review the timeliness and delivery of feedback on assessments.

Commendations

- There are no commendations made for this standard**.**

AREA 4: STUDENTS

4.1 Admission Policy and Selection

The medical school must

- formulate and implement an admission policy based on principles of objectivity, including a clear statement on the process of selection of students. (B 4.1.1)
- have a policy and implement a practice for admission of disabled students. (B 4.1.2)
- have a policy and implement a practice for transfer of students from other national or international programmes and institutions. (B 4.1.3)

4.2 Student Intake

The medical school must define the size of student intake and relate it to its capacity at all stages of the programme. (B 4.2.1)

4.3 Student Counselling and Support

The medical school and/or the university must

- have a system for academic counselling of its student population. (B 4.3.1)
- offer a programme of student support, addressing social, financial and personal needs. (B 4.3.2)
- allocate resources for student support. (B 4.3.3)
- ensure confidentiality in relation to counselling and support. (B 4.3.4)

4.4 Student Representation

The medical school must formulate and implement a policy on student representation and appropriate participation in

- mission statement. (B 4.4.1)
- design of the programme. (B 4.4.2)
- management of the programme. (B 4.4.3)
- evaluation of the programme. (B 4.4.4)
- other matters relevant to students. (B 4.4.5)

Level of Compliance	Partially Compliant

Description of documentary evidence of compliance with this standard provided by University of Galway

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

Comments

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

Further observations:

4.1 Admission Policy and Selection

Based on the evidence provided, it is clear the organisation has a range of policies and procedures in relation to student admission and selection. It was also noted that the School of Medicine has recently increased the number of students admitted under the widening participation pathways.

4.2 Student Intake

The Medical School currently defines the size of student intake. Any consideration of increasing student numbers and development of a new programme requires a careful review of the human resources and physical infrastructure capacity and implications.

4.3 Student Counselling and Support

Students demonstrated awareness of the student counselling, health and support services available to them and praised the Student Advisor. However, students also described difficulties in both access to and

availability of these services. It was evident that there were not enough support services staff to meet demand.

The dispersed educational model is a challenge to the provision of both pastoral/health care and academic/ mentorship. Access to physical and psychological health services was a prominent problem in the dispersed model which students were struggling to solve. At times a more intense support package maybe required by a small cohort of students. Across sites students consistently described challenges including accommodation, travel and consequent financial hardships.

The aim should be to ensure that at least an adequate level of personal support is available everywhere.

4.3 Student Representation

The student representatives are actively involved with committees. Students were forthcoming with raising concerns to the school and gave good examples of how these concerns were actively addressed. Students advised that the exam timetable was issued too late, especially for the international students.

Recommendations

- **(B.4.2)** Any expansion in the student cohort should preceded by a review of human resources and physical infrastructure implications to ensure adequate capacity and capability to deliver the educational programme to an expanded student cohort. This should be completed within 6 months of approval.
- **(B.4.3)** Work with the College of Medicine, Nursing and Health Science to effectively resource and urgently address the health and support needs of the students in the college. This should be completed by September 2024.
- **(B.4.3)** Ensure that a consistent approach to mentorship which is well publicised across all sites should be developed with supporting policies and procedures. This should be completed within 6 months of approval.
- **(B.4.3)** The School of Medicine should ensure the student support services office is adequately resourced to meet the needs of the students.
- **(B.4.4)** The School of Medicine should work with the University to improve communication on the scheduling of exam dates to ensure appropriate notice of dates are given to students

Commendations

- The enthusiasm of all students was evident by the large turn out and engagement of the students at meetings.

AREA 5: ACADEMIC STAFF/FACULTY

5.1 Recruitment and Selection Policy

The medical school must formulate and implement a staff recruitment and selection policy which

- outline the type, responsibilities and balance of the academic staff/faculty of the basic biomedical sciences, the behavioural and social sciences and the clinical sciences required to deliver the curriculum adequately, including the balance between medical and non--medical academic staff, the balance between full-time and part-time academic staff, and the balance between academic and non--academic staff. (B 5.1.1)
- address criteria for scientific, educational and clinical merit, including the balance between teaching, research and service functions. (B 5.1.2)
- specify and monitor the responsibilities of its academic staff/faculty of the basic biomedical sciences, the behavioural and social sciences and the clinical sciences. (B 5.1.3)

5.2 Staff Activity and Staff Development

The medical school must formulate and implement a staff activity and development policy which

- allow a balance of capacity between teaching, research and service functions. (B 5.2.1)
- ensure recognition of meritorious academic activities, with appropriate emphasis on teaching, research and service qualifications. (B 5.2.2)
- ensure that clinical service functions and research are used in teaching and learning. (B 5.2.3)
- ensure sufficient knowledge by individual staff members of the total curriculum. (B 5.2.4)
- include teacher training, development, support and appraisal. (B 5.2.5)

Level of Compliance	Partially Compliant

Description of documentary evidence of compliance with this standard provided by University of Galway

- WFME Questionnaire
- No additional documentary evidence was provided for this standard.

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

Further observations:

5.1 Recruitment and Selection Policy

There was evidence of a recruitment and selection policy. Ongoing work in the development of an academic workload model was noted. Concerns were raised around the perceived change of the role of Professor of Medical Education to a Senior Lecturer. A Medical School of this size and stature should have a senior professional educational lead at Professorial level.

5.2 Staff Activity and Staff Development

Training was available for staff involved in the teaching process. Postgraduate medical education courses are available for staff. Staff are encouraged to attend national and international medical education meetings and conferences. Any career development and progression opportunities should be notified to staff as they become available, in line with university policy.

The introduction of a new performance management system was noted. There was evidence of significant limitations in the current staffing model for delivery of the teaching and assessment required in this programme. Academic Clinical Advancement Programme (ACAP) was positively referenced by the clinical staff which we met. The current staffing model is being further undermined by unfilled posts.

There would appear to be a correlation between the poor MCPI results for the Ballinasloe Medical Academy and the staffing levels currently in place. Students expressed concerns around the availability of tutor time.

Recommendations

- **(B.5.2)** Expedite the finalisation and implementation of the Academic Workload Model**.**
- **(B.5.2)** A review of human resources and physical infrastructure implications to ensure adequate staffing for the implementation of the Academic Workload Model at all sites.
- **(B.5.2)** Prioritise the recruitment of a Clinical Placement Manager and Chair of Medical Education.
- **(B.5.2)** Review the current staffing levels in Ballinasloe Medical Academy to ensure adequate staff to student ratio and to ensure equal levels of teaching hours are provided to students as in the other Academy sites.

Commendations

The enthusiasm of all staff involved in medical education was evident by the large turn out and engagement of the staff at meetings.

AREA 6: EDUCATIONAL RESOURCES

6.1 Physical Facilities

The medical school must

- have sufficient physical facilities for staff and students to ensure that the curriculum can be delivered adequately. (B 6.1.1)
- ensure a learning environment, which is safe for staff, students, patients and their relatives. (B 6.1.2)

6.2 Clinical Training Resources

The medical school must ensure necessary resources for giving the students adequate clinical experience, including sufficient

- number and categories of patients. (B 6.2.1)
- clinical training facilities. (B 6.2.2)
- supervision of their clinical practice. (B 6.2.3)

6.3 Information Technology

The medical school must formulate and implement a policy which addresses effective and ethical use and evaluation of appropriate information and communication technology. (B 6.3.1) and ensure access to web--based or other electronic media. (B 6.3.2.)

6.4 Medical Research and Scholarship

The medical school must

- use medical research and scholarship as a basis for the educational curriculum. (B 6.4.1)
- formulate and implement a policy that fosters the relationship between medical research and education. (B 6.4.2)
- describe the research facilities and priorities at the institution. (B 6.4.3)

6.5 Educational Expertise

The medical school must

- have access to educational expertise where required. (B 6.5.1)
- formulate and implement a policy on the use of educational expertise in
  - curriculum development. (B 6.5.2)
  - development of teaching and assessment methods. (B 6.5.3)

6.6 Education Exchanges

The medical school must formulate and implement a policy for

- national and international collaboration with other educational institutions, including staff and student mobility. (B 6.6.1)
- transfer of educational credits. (B 6.6.2)

Level of Compliance	Partially Compliant

Description of documentary evidence of compliance with this standard provided by University of Galway

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

Comments

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

Further observations:

6.1 Physical Facilities

There is sufficient space on campus for pre-clinical students. The anatomy and physiology laboratories are bright, modern, and well equipped. The clinical skills simulation centre provides a significant teaching resource for medical students. The clinical skills simulation centre is well equipped and fit for purpose. The plans to make the foyer area of the Human Biology Building a more student friendly space is welcomed. There is a disparity in the physical facilities available to students across the four academies and UHG's academic centre. Rooms available to students for studying should be clearly signposted. Library opening hours and capacity across all sites were insufficient. There was variable disability access across the sites. There was evidence of a safe learning environment for students and staff.

6.2 Clinical Training Resources

There is an appropriate range of clinical settings and rotations throughout all main disciplines. There is an adequate level of supervision. It was noted from meetings with students that there is competition for local GP placements. Overall, there is a lack of physical spaces in the GP practices to accommodate students adequately.

6.3 Information Technology

Students have Eduroam Wi-Fi access at all sites. The recent change of Virtual Learning Environment platform has been effectively implemented. There is a wide range of online platforms to support staff in delivering the curriculum and for professional development. IT support is centrally managed in the University of Galway and can cause difficulties for staff and students based offsite at the Medical Academies. We heard little evidence of the impact of the student digital pathway programme.

6.4 Medical Research and Scholarship

Exposure to research is limited. Based on discussions throughout the visit, the curriculum review intends to address this deficiency.

6.5 Educational Expertise

There is a lack of a Discipline of Medical Education in the School. The strategic intention to establish this was noted.

6.6 Education Exchanges

Away electives are available. Students referred to availability of the Erasmus Programme. Summer electives were supported within the University. All medical students can apply for and participate in an away elective in an international location. Applications for the away elective programme are managed locally by the year 4 and year 5 teams, respectively and students usually self-source these electives in their home countries. Full administrative support is provided to all participating students.

Recommendations

- **(B.6.1)** Review and ensure appropriate disability access at all sites.
- **(B.6.1)** Rooms available to students for studying should be clearly signposted.
- **(B.6.1)** Review capacity at all libraries and ensure accessibility and capacity at all libraries.
- **(B.6.1)** In the development of the proposed new medical school building, it is recommended that the School of Medicine ensures adequate facilities for the overall projected number of students.
- **(B.6.2)** A strategic approach supported by an appropriate administrative structure to support GP and community health placements should be developed for the current programme and the proposed future expansion of the programme. This should be completed within one year of approval.
- **(B.6.3)** IT and AV support team access offsite should be reviewed.
- **(B.6.4)** Opportunities to be involved in appropriate research should be available to all students as a core component of the programme.
- **(B.6.5)** A Discipline/Centre of Medical Education should be established within 12 months.

Approved by ETC: 05 March 2024

Commendations

- There are no commendations made for this standard.

AREA 7: PROGRAMME EVALUATION

7.1 Mechanisms for Programme Monitoring and Evaluation

The medical school must

- have a programme of routine curriculum monitoring of processes and outcomes. (B 7.1.1)
- establish and apply a mechanism for programme evaluation that
  - addresses the curriculum and its main components. (B 7.1.2)
  - addresses student progress. (B 7.1.3)
  - identifies and addresses concerns. (B 7.1.4)
- ensure that relevant results of evaluation influence the curriculum. (B 7.1.5)

7.2 Teacher and Student Feedback

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

7.3 Performance of Students and Graduates

The medical school must analyse performance of cohorts of students and graduates in relation to

- mission and intended educational outcomes. (B 7.3.1)
- curriculum. (B 7.3.2)
- provision of resources. (B 7.3.3)

7.4 Involvement of Stakeholders

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

Level of Compliance

Description of documentary evidence of compliance with this standard provided by University of Galway

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

Comments:

Following the accreditation visit the Assessor Team found Area 7: Programme Evaluation, to be Fully Compliant. No further observations were made in relation to 7.2 - Teacher and Student Feedback; and 7.4 - Involvement of Stakeholders. These sub-standards are deemed to be fully compliant.

Further observations:

7.1 Mechanisms for Programme Monitoring and Evaluation

Four tools are used for programme monitoring and evaluation – DREEM survey, MCPI survey, module surveys and student representation and feedback at meetings within the programme and school structure.

7.3 Performance of Students and Graduates

We note that the student recruitment and selection committee are developing a mechanism for more detailed school level data collection on student and graduate cohorts.

Recommendations

- **(B.7.3)** The development and delivery of a mechanism for more detailed school level data collection on student and graduate cohorts is encouraged, including academy level indicators.

Commendations

- There are no commendations made for this standard.

AREA 8: GOVERNANCE AND ADMINISTRATION

8.1 Governance

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

8.2 Academic Leadership

The medical school must describe the responsibilities of its academic leadership for definition and management of the medical educational programme. (B 8.2.1)

8.3 Educational Budget and Resource Allocation

The medical school must

- have a clear line of responsibility and authority for resourcing the curriculum, including a dedicated educational budget. (B 8.3.1)
- allocate the resources necessary for the implementation of the curriculum and distribute the educational resources in relation to educational needs. (B 8.3.2)

8.3 Administration and Management

The medical school must have an administrative and professional staff that is appropriate to

- support implementation of its educational programme and related activities. (B 8.4.1)
- ensure good management and resource deployment. (B 8.4.2)

8.4 Interaction with Health Sector

The medical school must have constructive interaction with the health and health related sectors of society and government. (B 8.5.1).

Level of Compliance	Partially Compliant

Description of documentary evidence of compliance with this standard provided by University of Galway

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

Comments:

Following the accreditation visit the Assessor Team found Area 8 - Governance and Administration to be Partially Compliant. No further observations were made in relation to 8.2 - Academic Leadership; and 8.5 - Interaction with Health Sector.

Further observations:

8.1 Governance

The School of Medicine clearly defines its governance structures and functions including its relationship with the University. The new organisational structure of the School of Medicine is noted.

8.3 Educational Budget and Resource Allocation

The allocation of resources is sufficient for implementation of the curriculum in the current programme. However, the distribution across the academies is uneven. In particular the allocation of resources to Ballinasloe Medical Academy was felt to be insufficient and arguably not at the same level as other sites.

8.4 Administration and Management

There are sufficient and appropriate deployed administrative resources to support the delivery of the current programme. The dedication and commitment of the administrative staff was noted.

Recommendations

- **(B.8.3)** Review the distribution of resources (finance and time) for the delivery of the programme across all academy sites, with a particular reference to the allocation of resources to Ballinasloe Medical Academy. The review should take place within 6 months of approval and come into effect by the end of 2024.

Commendations

- There are no commendations made for this standard.

Area 9: Continuous Renewal

The medical school must as a dynamic and socially accountable institution

- initiate procedures for regularly reviewing and updating the process, structure, content, outcomes/competencies, assessment and learning environment of the programme. (B 9.0.1)
- rectify documented deficiencies. (B 9.0.2)
- allocate resources for continuous renewal. (B 9.0.3)

Level of Compliance	Fully Compliant

Description of documentary evidence of compliance with this standard provided by University of Galway

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

Comments:

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

Further observations:

A formal new curriculum development process is underway. This was referred to in the documentation which was submitted prior to the accreditation visit and was referenced by staff across all clinical sites and student representatives. The potential for a Graduate Entry to Medicine programme was presented under this standard.

The value of information provided for continuous improvement from the use of DREEM and MCPI was apparent in the evidence provided. There is little evidence of the monitoring of graduate outcomes and career trajectories. To effectively engage with heath service partners, this information would be of great value.

To support the continued development and enhancement of the College of Medicine, Nursing and Health Sciences, the College has partnered with PWC to conduct an organisational review of the overall College and School structures.

The results of recent externally facilitated stakeholder consultation process, in the School, highlighted the need to establish a discipline/centre of Health Education. The School undertook this extensive stakeholder consultation exercise in February 2023 to explore the potential for establishing either a centre or discipline in medical education within the school. The strategic intention to establish a discipline or centre in medical education arose from a recognition that the school requires a central structure to oversee, coordinate and motivate faculty development, curriculum reform and education research. This requirement is being explore by the College within the context of the current College organisational review.

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.9.0.2)** The Medical School should enhance its information gathering to monitor graduate outcomes and career trajectories to inform its interactions with its healthcare partners.

Commendations

- The level of awareness amongst the staff and students on the curriculum review was impressive.

E. CLINICAL TRAINING SITES – SUMMARY FOLLOWING INSPECTION VISIT.

University of Galway Campus

University of Galway - Facilities

On inspecting the facilities, the Team found that there are sufficient lecture rooms, small teaching spaces, simulation rooms, computer facilities, a canteen, locker rooms, breakout spaces, an anatomy lab and a histology lab.

University of Galway - Student Representatives

A Student Faculty Forum was formed during the Covid-19 pandemic. School level issues can be brought up at these meetings, which take place about once a month. Communication and feedback between the faculty and the students has improved since these meetings have been established. Minutes are taken at the forum meetings and are put on the Virtual Learning Environment (VLE) for all students to access. Bi-weekly meetings between the student representatives and year heads also take place. There is a lot of emphasis placed on wellbeing supports available to students. The administrative staff are overall responsive to the needs of students. GP practices can be a bit far for students to travel to, but they understood that GP availability for placements is difficult. The students described how it was easier to see some things at the Academies, like a normal birth. There is also more individualised teaching in the Academies. It was noted by students that one of the benefits of the Academies is that the tutors are very supportive overall if a student has a difficulty which is outside of the course, such as doctors' appointments. Access to accommodation is an issue for students, particularly at the transition points when moving to and from the Academies. Student representatives are involved in the curriculum review.

University of Galway - Foundation Year Students

Students in Foundation Year were in the early stages of the year, overall, their experience to date has been positive. They mentioned the peer discussions they had with what to expect in pre-med which made them feel more confident going into the year ahead.

The students raised concerns with the difficulty in obtaining accommodation in the halls of residence, leaving many of them looking for accommodation elsewhere. The students found the online platform Canvas difficult to navigate. However, a clear assessment timetable and module outline for the year were made available to them. The students did feel that the basic sciences modules were not specific to medicine (for example botany and physics), and this should be revised to be more preparatory for going into first year of medicine.

University of Galway - Year 1 Students

Students go to their class representatives with any concerns they have. The Student Faculty Forum allows issues to be raised.

There is an academic mentorship programme, whereby five Year One students are assigned to an older student. Academic mentorships with staff are available if needed. There appeared to be good integration between the students who undertook the Foundation Year and those who entered directly into Year One. The students appreciated the weekly emails from the Anatomy Lab thanking them for their professionalism and reminding them that help is available if they are struggling.

The students commented on how it "would be great" if the timetable could be finalised a week or two in advance of the start of the semester. The lack of group study space is an issue. There are only 6 or 7 group study spaces which can be booked. There is sufficient individual study space. Students are often asked to print or scan things for classes, but the printer in the library is not reliable. Access to slides prior to a lecture would be helpful. Recording of lectures and uploading them to the VLE at the end of the week

would be appreciated. More consistency is needed on the new VLE – there are duplicated posts, and some things are hard to find.

University of Galway - Year 2 Students

The students all confirmed they received a good quality orientation online. The students who didn't complete the Foundation Year found it a little more difficult to become familiar with their new environment. The students all praised the MedSoc talks that were arranged for them.

The students advised that although they were aware of the counselling services available to them, the services are not clearly advertised, and it was difficult to find the right service when needed. When asked about assessment, the students felt there wasn't enough formative assessment and there were significant delays in getting some assessment results back (some results took more than a month to get back). They also advised that there is no feedback provided for those who passed exams, only those who failed. The students advised that the exam timetable was issued too late, especially for the international students.

The student group are in the process of trying to develop a Buddy System for new students. They felt that it would have made the transition into medicine easier if they had such a system in place for them. The students said the library space was limited and they would benefit from more study space on campus.

University of Galway - Year 3 Students

The students noted how the School of Medicine try to implement as much of the feedback received in the DREEM survey as possible. The students described how the final examination for molecular medicine module in Year 2 is worth 100% of the overall grade. Students felt that it would be better to have some continuous assessments. The students commented on how there was no interactive component and no supplementary activities for this module. The students said that there was no support from the module coordinator for students who failed the module.

The students believed access to recordings of lectures would be beneficial to their learning. Students said that they had no access to past examination papers. The release of repeat examination results does not take place until after the start of term, leaving some students "in limbo". The preliminary timetable was only released two days before the start of term and was not finalised for about a week. There is no master timetable available. The students noted that there is a lot of overlap of what is being taught in modules. They need to rush between classes, as there is a 10-minute walk between some class venues.

The students received a transition talk on what to expect in the clinical years. They felt that this has prepared them well for Semester 2. There were "Meet the Dean" sessions for the students who are going to the Medical Academies in Semester 2.

University of Galway - Observation of teaching
Session: Phlebotomy and Blood Group Identification Session
Assessor & Executive Observing Teaching: Professor John Jenkins & Denise Carroll.

Format of Teaching

The session observed was a paired group activity, including the use of computers for the introductory information for students to read at their own pace, in addition to a practical blood test activity. It was reported a lecture on ESR was given a week prior to this session so good prior knowledge was presumably in place. The session was a 2-hour lab, during which each student performed a finger prick on themselves and then used a practical method to ascertain their own blood group. Each student was working comfortably in pairs. Both the space and format of the session were perfectly adequate for the topic in question.

Ratio of Students

Excellent ratio of students to teaching/support staff. Approximately 40 students were counted with 4 staff in place. There was one clinical lead; 2 demonstrators and 1 lab technician/PhD student, all of whom paced the room throughout the session. The ratio of students was appropriate to the format of the session. Resources (computers, blood tests etc) were available for all students.

Quality of Facilitation/Instruction

Good preparation for the Year 1 students was in place, with a lecture on the ESR reportedly delivered one week prior. The session opened with an introductory section where student read up on relevant information in a paired activity on computers. All staff were moving throughout the room and on hand for any questions the students had.

Quality of Question & Answer

Questions observed were from students who were seeking clarity or support with the practical blood test activity. The format of the session didn't lend itself to the typical Q&A session as per normal lecture format. On the computer after relevant introductory sections were read, students had to answer online questions before moving onto the next section. It was reported that the answers of this are reviewed at the end of the session. The design of the session also supported peer to peer questioning/learning as the pair had to discuss and agree on an answer before submitting.

Engagement of Students

From observation, all students appeared to be very engaged in the session and with their assigned partner for the session. Good mini discussions were happening, and the practical element of the blood test helped to tie the session together.

Other Observations

Excellent interactive facilities in a well-lit, ventilated, modern, and spacious classroom/lab. Excellent support available for students via staff on hand throughout. The paired activity also allowed for peer-to-peer learning. Having a lecture the week before on the topic, an introductory element with questions allowed for a great recap of prior learning and the practical element tied it all together nicely. It was reported at the end of each lab that there is a revision element which would close a session off nicely with a recap on learning on the topic in question.

University Hospital Galway

The Team met with the Clinical Staff and Management of University Hospital Galway (UHG) and appreciate the time the staff took to meet with them and give them insight into the full scope of practice at the hospital and the hospital's involvement with education and training. Staff described the huge commitment they have for teaching students. They described how they are involved in lectures, bedside teaching, provide questions for examinations and their involvement with clinical assessment. Assessment writing training is provided to the staff.

Teaching courses are available to the teaching staff and registrars are encouraged to undertake the diploma in clinical teaching. Tutors undertake a dedicated feedback session at the end of each rotation. Student feedback is given to the hospital. There are clear processes in place for dealing with students in difficulty.

The Covid-19 pandemic has changed teaching, to the benefit of the students. There are small groups of students now, with students assigned to specific areas with specific learning outcomes.

University Hospital Galway – Facilities

On inspecting the facilities, the Team found that there are lecture halls, small teaching spaces, simulation rooms, a clinical skills room, consultation rooms, libraries, and sufficient lockers. Students have access to a canteen, a prayer room, changing rooms with showers and small study spaces. Students have reliable Wi-Fi access through Eduroam. These areas were found be to be fit for purpose overall. However, it is suggested that easily accessible wheelchair desk space be addressed in lecture halls.

University Hospital Galway – Students

Students described how being sent to remote locations for their GP and psychiatry rotations caused financial burdens. Although some of the costs were reimbursed, it took a long time to receive the reimbursement. There was a perception amongst the students that other medical schools covered the costs of these rotations. The end of semester 2 in Year 4 was exam heavy. The students found these exams to be quite overwhelming as a result. The students described how there was no opportunity for regular feedback from tutors and lecturers due to a lack of continuous assessment exams. The students described how the logbooks were a good reference tool overall. However, they are inconsistent across specialities.

The students found the Academies to be very good and enjoyed the small group teaching and the high level of bedside teaching. However, the students did note teaching staff gaps in the Donegal Medical Academy and the Ballinasloe Medical Academy. The students commented on how the Ballinasloe Medical Academy appears to be underfunded compared to the other Medical Academies. Summer electives are encouraged rather than mandatory, which the students appreciated as they felt that if the summer electives were mandatory, it could cause undue stress. The electives are accessible. Some of the medical societies organise career talks. Staff in the hospitals are also receptive to career questions which the students may have. The Mayo Academy ran a careers talk which was led by SHO's and registrars. The students found this to be very helpful.

The final year students felt that they were being prepared to be interns. The students would appreciate a bit more information on what to expect after the intern year, for example what to expect in the postgraduate pathways. The students described their time in UHG as being "well rounded".

University Hospital Galway – Interns

The interns described how their class representative was heavily involved in the curriculum reform project. The simulation sessions prepared them for their intern year. They received 15 simulation sessions in their final year, one of which focused on a fall on a ward which is a common occurrence when interns are on a night shift. The interns' experience in the Academies during their undergraduate studies was very good. They described how it was hard to get involved in UHG as students as it was so busy, but they felt like part of the teams in the Academies. There was great exposure to case mix in the Academies.

The Junior Internship was beneficial to them, and they felt very prepared for their intern year compared to other medical school graduates.

Observation of teaching

University of Galway Medical School Accreditation Visit
Session: Simulation of Operating Theatre – Galway Hospital
Assessor & Executive Observing Teaching: Prof Barry Lewis & Mr Graham Knowles

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Format of Teaching

The session was a full simulation of an operating theatre session. A human 'dummy' patient, a junior anaesthetist a senior 'scrub' nurse and an operating assistant. The students were guided through the session from explaining the process to the patient to recovery room interactions. Some students had the opportunity to 'scrub up' and others to measure blood pressure or assist procedures.

The simulation suite was excellent. A teaching observer provided the voice of the patient and observed student engagement. The space and format were both excellent.

Ratio of Students
Eight students/session were involved so the teacher: student ratio was very good.

Quality of Facilitation/Instruction
The session was carefully managed. Realistic processes were detailed and the pace of delivery appropriate to early learners in this setting. Scrub and anaesthetic detail were good.

Quality of Question & Answer
Little time was available for questioning. A student who felt faint was appropriately managed and allowed to sit out and observe.

Engagement of Students
All the students were engaged with the process and had positive comments on the session at the end.

Other Observations
A well-managed and received session. Most information was given directly with little opportunity for discussion or questions. No end of session reflections or additional questions. Overall, a good introduction to operating theatre processes and student involvement.

Format, on the computer after relevant introductory sections were read, students had to answer online questions before moving onto the next section. It was reported that the answers of this are reviewed at the end of the session. The design of the session also supported peer to peer questioning/learning as the pair had to discuss and agree on an answer before submitting.

Engagement of Students
From observation, all students appeared to be very engaged in the session and with their assigned partner for the session. Good mini discussions were happening, and the practical element of the blood test helped to tie the session together.

Mayo Medical Academy

The Team met with the Clinical Staff and Management of Mayo Medical Academy and appreciate the time the staff took to meet with them and give them insight into the full scope of practice at the academy and their involvement with education and training. Staff described the huge commitment they have for teaching students. They described how they are involved in lectures, bedside teaching and incorporate practice exams through bedside teaching, focusing on key exam areas. Teaching courses are available to the teaching staff and registrars are encouraged to undertake the diploma in clinical teaching. Tutors undertake a dedicated feedback session at the end of each rotation. Student feedback is given through their logbooks and at end of placement feedback sessions.
There are clear processes for dealing with students in difficulty However, there is no onsite student support service, and the staff feel the medical school needs to extend its services to the clinical sites for students, especially the academies as the students are placed there for a full year.

Mayo Medical Academy – Facilities
On inspecting the facilities, the Team found that there is a large teaching space upstairs, a simulation room and a sufficient number of lockers. Students have access to a kitchenette, changing rooms and small

study spaces. Students have reliable Wi-Fi access through eduroam. There is a small library with PC's and study spaces and a computer room which cater for all staff and students at Mayo General Hospital. There is restricted opening times of the academy which means that students who need to access online sessions early in the morning, they have to do so from home and then make their way into the academy afterwards.

Mayo Medical Academy – Students

The students all agreed that the academy placement is a really good experience. There are simulation facilities on-site and a lot of hands-on experience on the wards. The students advised that their tutors' notes from teaching sessions were not allowed to be uploaded after teaching sessions, only notes from the medical school and they felt that there was some good quality teaching that would be useful to have. The students found the Zoom lectures held by the medical school were difficult to access remotely.

Overall, they were satisfied with the exams and felt they were well prepared. However, they did not receive any feedback on their exams if they passed. Only those who failed had an opportunity to get feedback. The students expressed their difficulties in finding accommodation when on placement in Mayo medical academy. The students are placed there from January to January; however, a lot of the accommodation is leased per academic year.

Observation of teaching

University of Galway Medical School Accreditation Visit
Session: Mayo – Case Based Teaching
Assessor & Executive Observing Teaching: Dr Drew Gilliland & Mr Graham Knowles

Format of Teaching

The session observed was a round table presentation and highly interactive discussion.

Ratio of Students

1:8 - An excellent ratio enabling an interactive/immersive experience.

Quality of Facilitation/Instruction

Clearly well-planned and well executed learning experience led by an enthusiastic individual who appropriately engaged with all students in a motivational and encouraging manner that also reflected individual needs of students.

Quality of Question & Answer

All students were presented with questions to answer themselves throughout the session and encouraged to ask questions/seek clarification to get the most out of this session.

Engagement of Students

All students were actively engaged throughout the session within an acceptable and understandable spectrum as would always be the case.

Other Observations

It was a well-designed, managed and delivered session. The enthusiasm and expertise of the person delivering the session enhanced the outcome.

Donegal Medical Academy

The Team met with the Clinical Staff and Management of Donegal Medical Academy virtually and appreciate the time the staff took to meet with them and give them insight into the full scope of practice at the academy and their involvement with education and training. The staff described several initiatives

that students are part of in the academy. The students have community engagement with the GP tutor, exposure to the teddy bear ward, and the students who were on placement in Donegal at the time of the emergency incident at the petrol station were heavily involved in the treatment of all patients involved in the incident. The staff have a clear understanding of the curriculum to be delivered and they are involved in the exams, along with staff from the medical school and they work with the other academies to continuously revise the exams.

The academy has a clear process in place for dealing with a struggling student and the tutors meet every three weeks to discuss any issues with struggling students. There is limited access to wellbeing services in the academy for students and these services are difficult to access; however, the tutors all strongly promote and facilitate wellbeing within the academy. The ratio of tutor to students is manageable as there are only Galway students in Letterkenny.

Donegal Medical Academy – Facilities

No facilities inspection took place as the meeting was held virtually.

Donegal Medical Academy – Students

The students from 4th and 5th year who are currently on placement in Donegal Medical Academy attended a meeting virtually. The students in year 4 described their experience to date as a pleasant one. In particular, the GP rotation, where there was plenty of hands-on experience with Covid Vaccinations, taking blood and assisting with local anaesthetics.

The students in year 5 expressed their disappointment with the level of teaching being given to them. The communication of re-scheduling of lectures and tutorials was poor, and they felt the level of engagement from the tutors was lacking. The students found the access to mental health and wellbeing services difficult. There were no services available to them on-site and they had to access the University services remotely with long waiting lists. They advised of the adequate library facilities; however, there were no power outlets in the library. There is open study space available to the students to use.

Sligo Medical Academy

The Team met with the Clinical Staff and Management of the Sligo Medical Academy 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. A cohort of students come to the Sligo Medical Academy for one calendar year, either for Semester 2 of Year 3/Semester 1 of Year 4 or Semester 2 of Year 4/Semester 1 of Year 5.

Most of the staff involved in teaching have a qualification in teaching. There is a culture of support and development. There are monthly staff meetings with class representatives. Staff operate under an open-door policy. Staff have a close working relationship and reach out to each other if there is a struggling student. Consultant clinicians advised that a lack of protected time for teaching is a big pressure point.

Sligo Medical Academy – Facilities

There are purpose-built facilities for the Sligo Academy on level 7 and 8 of Sligo University Hospital. On inspecting the facilities, the Team found that there is a lecture hall, small teaching spaces, simulation rooms, a clinical skills room, and sufficient lockers. Students have access to a kitchenette, a breakout space, changing rooms with showers and small study spaces. Students have reliable Wi-Fi access through eduroam. It was clear that there was good investment in the facilities at the Sligo Medical Academy.

Sligo Medical Academy – Students

Students described the tutors as a very good help and support to them. They are contacted by the Heads of discipline in Galway if they are failing. Students have regular tutor check-ups and have a mentor

assigned to them while in Sligo. There are 7 students to 1 mentor. Students noted that while there are more cases in University Hospital Galway, they have more 1 to 1 time with patients in Sligo University Hospital. The students felt that this allowed them to get a full clinical exposure. They gain experience in different facilities and exposure to different protocols. There is a lot of interactive teaching,

Students described some logbooks as tedious and that they were more of a stressor than a learning tool. The logbooks are inconsistent across specialities. The students felt that learning outcomes would be better than a logbook and that an e-portfolio would be "great". The students explained that their GP logbook is online and feel that it is a learning tool. GP teaching is one on one with lots of opportunities for learning. Students descried how it takes a long time to get results and feedback on their submissions and examinations.

Observation of teaching

University of Galway Medical School Accreditation Visit
Session: Sligo – Case Based Teaching
Assessor & Executive Observing Teaching: Prof Barry Lewis & Ms Denise Carroll

Format of Teaching
Patient case-based teaching scenario with some role play and student interactive questioning throughout. Lecture room based with 24 students and 1 tutor.

Ratio of Students
24 students:1 tutor. The Tutor ensured students were engaged and involved by regular questioning around the room.

Quality of Facilitation/Instruction
Excellent given the student numbers. The tutor used a mixed format involving simulation of patient presentation, basic consultation skills and key knowledge through direct questioning. A record of important factors was captured on the whiteboard.

Quality of Question & Answer
High quality Q&A with positive feedback when questions answered, or salient factors raised.

Engagement of Students
All the students were engaged from the outset. Many were taking notes as well as interacting. The 'case' felt 'real' and students questioned and responded appropriately.

Other Observations
An excellent teaching session that covered important clinical features and management in an interactive and engaging format. The tutor summarised the session at regular intervals to allow a 'pause' for thought and additional questions. The role play may have been more productive in smaller groups but would have required additional tutor input and a rearranged teaching space. The transition from history taking to management via differential diagnosis appeared to leave some students confused or in need of further discussion but, overall, this was a well-managed and very informative teaching session.

Ballinasloe Medical Academy

The Team met with the Clinical Staff and Management of the Ballinasloe Medical Academy 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 is an emphasis on small group

teaching, in part due to the space constraints at the Academy. There are simulation sessions, interdisciplinary teaching, and opportunities for reflective practice.

There are regular meetings between the class representatives and staff. These usually occur every 2 weeks. The staff operate an open-door policy. Counselling supports are available to students and students are encouraged to sign up to a GP. Meetings take place with students coming in the new year to help them prepare for the transition. Staff described that service commitments and a lack of overall time affects their teaching. However, staff also described the great support consultants in the hospital offered the tutors.

It was heard that students have better exposure to patients at Portiuncula Hospital as it is a smaller hospital. The students and staff know each other. Patients aren't inundated with students and as a result the students have more opportunities to develop skills such as history taking. The Team noted the challenges of delivering two medical programmes from different universities at the Ballinasloe Medical Academy.

Ballinasloe Medical Academy – Facilities

On inspecting the facilities, the Team found that there are small teaching spaces, a clinical skills room, and a sufficient number of new lockers. Students have access to a kitchenette, changing rooms and small study spaces. Students have reliable Wi-Fi access through eduroam. The Team was also told that the Wi-Fi had been recently upgraded.

There is a small library with six computers which cater for all staff and students at Portiuncula Hospital. Due to staffing issues, the library was only open two days a week. However, a new staff member is due to join the library shortly and the opening days will return to five days a week. The students have access to a small study room which is open 24 hours and requires swipe access.

Ballinasloe Medical Academy – Students

A cohort of students come to the Ballinasloe Medical Academy for one calendar year, either for Semester 2 of Year 3/Semester 1 of Year 4 or Semester 2 of Year 4/Semester 1 of Year 5. Students described that the Ballinasloe Medical Academy was not the first choice for most students who were placed there. About half the students live in the Ballinasloe area, while the other half the students commute to the Academy from Galway. Commuting by public transport is difficult, as is the accommodation situation.

The approach to students at Portiuncula Hospital was described as "welcoming". Students described that they have opportunities to get hands on experience but that there is a broader range of cases at University Hospital Galway, and they felt held back as a result. Any issues which students have are raised with the class representatives who then discuss it with the tutors and dean.

Exam feedback and results were slow to be received. The School of Medicine does contact students who are close to failing. Support is given to students who fail by the module lead. There are ongoing issues with the hours of teaching with the tutors, but not the quality of the teaching. The students felt that they were not given as many resources as those at the other academies. The 5th year students felt unhappy with and disadvantaged by the medical tutor vacancy. Work placements with the consultants are often 1 on 1. The students mostly receive bedside feedback on how they did. Students described difficulties with GP Placements, as there can be up to a three-hour journey time each way, with minimal refunds for travel. The students described the use of the logbooks as a "tick box exercise".

Crescent Family Practice (GP Practice)

The Team met with the Clinical Staff and Management of Crescent Family Practice appreciate the time the staff took to meet with them and give them insight into the full scope of practice at the unit, and the unit's involvement with education and training. The staff described the detailed 4-week GP placement students

undertake. They have a one-week induction in the medical school with the GP tutor, then a two-week placement in a GP practice and the last week is spent back in the medical school with the GP tutor doing OSCE prep and formative assessment. The staff described the 1-2-1 experience students get and how it is easy to manage the student's welfare and any academic struggles they may be having.

The team received a very thorough briefing on the approach taken to advancing the students' understanding of general practice, building on the other primary care content of the programme. The team noted a very positive environment for students attached to the practice. There is a strong emphasis on personal interaction between the supervising doctors, other practice staff and students, with opportunities for them to see and take art in practical procedures.

The staff welcome the plan for a more GP based curriculum, however, they did express capacity concerns and noted that more resources will need to be allocated to GPs to continue teaching.

While the doctors see their contribution to the education of medical students as very important, they also expressed their concerns regarding the constraints of time and space created by the need to meet the requirements of their patients. They specifically mentioned the need for these issues to be fully considered and widely discussed with relevant stakeholders prior to any decision to increase student numbers or develop an additional programme.

Crescent Family Practice – Facilities
The GP Practice had adequate space for the students to attach to a GP/Nurse/Admin staff on their placements. Students have access to the online system and spends one day per week with the administrative staff to familiarise themselves with patient records. There is study space available to the students and they can also use this space to access online lectures.

Adult Acute Mental Health Unit, University Hospital Galway

The Team met with the Clinical Staff and Management of the Adult Acute Mental Health Unit at University Hospital Galway and appreciate the time the staff took to meet with them and give them insight into the full scope of practice at the unit, and the unit's involvement with education and training. Students undertake a four-week rotation in Psychiatry in the Adult Acute Mental Health Unit. Student feedback on the rotation is collected through the MCPI survey and online feedback through the VLE. The student feedback is considered for changing things, such as expanding access to CAHMS.

Students appeared comfortable to approach tutors if they had any difficulties. Tutors meet on a one-to-one basis with struggling students. There are informal tutor connections between the academies, whereby they advise each other on students in difficulty. Students are embedded into the secondary care team. There is exposure to multidisciplinary learning opportunities. There is plenty of pharmacology teaching from clinicians but none from the pharmacists. Logbooks give structure to students and help them engage. There is an Electroconvulsive therapy (ECT) rota available which students can add their name to in order to observe the treatment being carried out. Students found it it difficult at times to secure a slot to observe ECT treatments. However, for those students who had observed ECT they found it very informative and beneficial.

Adult Acute Mental Health Unit, University Hospital Galway – Facilities
Students have access to a small study space. Students have reliable Wi-Fi access through eduroam.
The Adult Acute Mental Health Unit is located on the University Hospital Galway campus and a short walk from the University of Galway campus and so the students have access to the facilities at Hospital and University.

Adult Acute Mental Health Unit, University Hospital Galway – Students

Students told the Team that the four-week placement goes by very quickly. There was a reference to half the students attending the teaching in their first 2 weeks of rotation while the other half of the students have the two weeks of rotation on the units and then attend the teaching. The students who had the teaching first found this more advantageous as they knew what they should watch out for or what was being discussed when they rotated onto the units. The logbooks have specific and detailed tables with a checklist, which helped direct the students. The online lectures allowed the students to learn at their own place.

Observation of teaching
University of Galway Medical School Accreditation Visit
Session: Community Mental Health (Galway)– Simulated patient
Assessor & Executive Observing Teaching: Prof Barry Lewis & Ms Denise Carroll

Format of Teaching

Interview skills simulation workshop occurred in a appropriate space for a small group work interactive session. Simulated patient interview (experienced actor) observed by student group by video. Consultation reviewed and structured feedback managed by the clinician tutor. Excellent facility that made the consultation 'feel real' for the interviewing student. The simulated patient was involved in the feedback, hints on technique for interviewing distressed patients were well received. The student was also asked to self-reflect on their own interview techniques. Good use of recap on areas of good practice and areas for improvement.

Ratio of Students

Excellent, 6 students:1 tutor with additional simulated patient.

Quality of Facilitation/Instruction

Excellent. The process was clearly described prior to the session. A volunteer '1st interviewer' was sought, the feedback session post interview was carefully managed by the tutor.

Quality of Question & Answer

Slides were prepared with clear learning objectives stated. The simulation (by the actor) was excellent. The question, answer and feedback carefully managed with 'learning' as the key intent. Excellent sessions in terms of a holistic view from the patients; student doctor; and tutor and fellow students.

Engagement of Students

Students were engaged from the outset. The focus on both consultation skills and the clinical scenario was maintained. Delivery method of this session was excellent.

Other Observations

This is a potentially difficult process to manage with both skill development and clinical management being considered through role play and discussion. It was carefully and successfully managed by the tutor and the simulator. Students are clearly engaged with this challenging process and 'Pendleton process and rules' for feedback and development were observed throughout.

End of report

Approved by ETC: 05 March 2024

APPENDICES

Appendix 1: documentary evidence of compliance with **Area 2: Educational programme** provided by University of Galway

1. Appendix 2.1 School of Medicine Curriculum

Approved by ETC: 05 March 2024

2. Appendix 2.3 Undergraduate Research Day
3. Appendix 2.5.1 Clinical Placements
4. Appendix 2.5.2 ASK (Applying Scientific Knowledge) Programme Student Instruction Booklet
5. Appendix 2.5.3 Curriculum
6. Appendix 2.5.4 Example of student journey through clinical years 3.2 to 5.2 of Undergraduate Medical Programme University of Galway
7. Appendix 2.5.5 Logbook
8. Appendix 2.5.6 Pediatric Logbook
9. Appendix 2.5.7 Obstetrics & Gynaecology Logbook
10. Appendix 2.5.8 Psychiatry Logbook
11. Appendix 2.5.9 GP Logbook
12. Appendix 2.5.10 Clinical Logbook
13. Appendix 2.5.11 Junior Internship Logbook
14. Appendix 2.6.1 Clinical Placements
15. Appendix 2.6.2 Diagrammatic Overview of The Undergraduate Medical Curriculum
16. Appendix 2.6.3 Example of student journey through clinical years 3.2 to 5.2 of Undergraduate Medical Programme University of Galway
17. Appendix 2.6.4 ACSPD (20 ECT) Integrated Module Year 4 – Module Description
18. Appendix 2.6.5 4MB Student Away Attachments During Term – Process
19. Appendix 2.6.6 Elective Clinical Placements
20. Appendix 2.7.1 NUI Galway Undergraduate Medicine Programme Board Terms of Reference
21. Appendix 2.7.2 Medical Student Forum Terms of Reference
22. Appendix 2.7.3 Organisational structure for Undergraduate Medical Programme Curriculum Redevelopment Project
23. Appendix 2.8.1 Academic Clinician Advancement Programme

Appendix 2: documentary evidence of compliance with **Area 3: Assessment of students** provided by University of Galway

1. Appendix 3.1.1 Overview of Assessment Tools used in modules in Undergraduate Medical Programme per Programme phases.
2. Appendix 3.1.2 Case study marking grid.
3. Appendix 3.2.1 Undergraduate Medical Programme Year 5 Student Information Booklet
4. Appendix 3.2.2 Advanced Clinical Skills & Professional Development Individual Student Feedback

Appendix 3: documentary evidence of compliance with **Area 4: Students** provided by University of Galway

1. Appendix 4.1.1 Allocation of places to the five-year & six-year NUI Galway Medicine Programmes
2. Appendix 4.1.1a Student Selection and Recruitment Committee Terms of Reference
3. Appendix 4.1.2 Key Facts Mature Entry to Medicine

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4. Appendix 4.1.3 Garda Vetting and Police Clearance for Undergraduate and Postgraduate Students
5. Appendix 4.1.4 Identification and Management of HBV-Infected Medical Students and Medical School Applicants
6. Appendix 4.3.0 Remit of the Student Affairs Committee
7. Appendix 4.3.1 Regulations for Professional Behavior and Conduct, including Academic Regulations of Undergraduate Medical Students
8. Appendix 4.3.2 Management od Medical Students with Academic Difficulties
9. Appendix 4.3.3 Students with Disabilities on Placement
10. Appendix 4.4.1 Programme Boards for Taught Programmes
11. Appendix 4.4.2 DREEM Results AY 20/21

Appendix 4: documentary evidence of compliance **Area 6: Educational Resources** provided by University of Galway

1. Appendix 6.2.1 Galway University Hospital Brief
2. Appendix 6.2.2 Letterkenny University Hospital Brief
3. Appendix 6.2.3 Sligo University Hospital Brief
4. Appendix 6.2.4 Major Developments in Mayo University Hospital
5. Appendix 6.2.5 Portiuncula University Hospital Brief
6. Appendix 6.4.1 Research Strategy 2020
7. Appendix 6.5.0 Faculty development/update course on contemporary best practice in assessment at the School of Medicine, University of Galway
8. Appendix 6.5.1 ICAPSS Publications
9. Appendix 6.5.2 Overview for Curriculum Steering Group Members
10. Appendix 6.5.3 Clinical Skills and Simulation Working Group Terms of Reference
11. Appendix 6.5.4 Inter-professional learning, education and simulation (iPLES) working group Terms of Reference
12. Appendix 6.5.5 Simulation Steering Group (SISC) Terms of Reference

Appendix 5: documentary evidence of compliance **Area 7: Programme evaluation** provided by University of Galway

1. Appendix 7.1.1 Accredited Programmes
2. Appendix 7.1.2 2021/2022 Annual Returns to the Medical Council
3. Appendix 7.1.3 Feedback from MD4102 (Paediatrics): S1
4. Appendix 7.1.4 School of Medicine Acute Medical Care for students on placement in the Medical Academies
5. Appendix 7.1.5 School Report on Academy Visits for School Executive
6. Appendix 7.1.6 Curriculum Review and Redevelopment Project – Vision, Mission, Aims and Themes
7. Appendix 7.3.1 5MB3 Cohort (EEA/ NEEA) Grade Distribution AY 2021/22 over 5 Years 2017-2022

Appendix 6: documentary evidence of compliance **Area 8: Governance and Administration** provided by University of Galway

Approved by ETC: 05 March 2024

1. Appendix 8.1.1 Terms of Reference - College Executive Committee
2. Appendix 8.1.2 Terms of Reference - College of Medicine, Nursing and Health Sciences Council
3. Appendix 8.1.3 Terms of Reference – Executive Committee School of Medicine
4. Appendix 8.1.4 Terms of Reference – School Board, School of Medicine
5. Appendix 8.2.1 Job Advertisement - Dean of Medical Education, Mayo Medical Academy

Appendix 7: documentary evidence of compliance **Area 9: Continuous Renewal** provided by University of Galway

1. Appendix 9.1.1 University of Galway Undergraduate Medical Programme Curriculum Review and Redevelopment Project