Comhairle na nDochtúirí Leighis
Medical Council

Medical Council
Report on Accreditation Inspection of
University of Limerick,
Graduate Entry Programme

Date:
15th & 16th October 2019

CONTENTS OF REPORT

VISITING TEAM

1. Ms Katharine Bulbulia (Chair of the Assessor Team)
2. Prof Mary Leader (Medical Council Member)
3. Dr Andrew Gilliland (Assessor)
4. Dr Julia Hynes (Assessor)
5. Dr Barry Lewis (Assessor)
6. Prof Tom Fahey (Assessor)
7. Ms Tara Willmott (Interim Director of Education, Training and Professionalism)
8. Ms Aoise O'Reilly (UG Accreditation Manager, Education, Training & Professionalism)
9. Ms Aoife Fitzsimons (PG Accreditation Manager, Education, Training & Professionalism)

A. Statement with regard to the Freedom of Information Act, 2014, General Data Protection Regulation ('GDPR') and the Data Protection Acts 1988 - 2018

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

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

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B. THE DECISION OF THE MEDICAL COUNCIL IS THAT:

1. UNIVERSITY OF LIMERICK GRADUATE ENTRY MEDICAL PROGRAMME SHOULD BE APPROVED BY COUNCIL UNDER THE TERMS OF SECTION 88(2)(a)(i)(I) OF THE MEDICAL PRACTITIONERS ACT 2007. THIS RECOMMENDATION IS MADE ON THE GROUNDS OF THE MEDICAL COUNCIL TEAM'S FINDING THAT THE PROGRAMME ADHERES TO THE RULES, CRITERIA, GUIDELINES AND STANDARDS APPROVED BY COUNCIL, AS SPECIFIED IN SECTION 88(2)(a) AND 88(2)(d) OF THE MEDICAL PRACTITIONERS ACT 2007.

   THIS APPROVAL SHOULD BE FOR AN INITIAL PERIOD OF FIVE YEARS FROM THE DATE OF APPROVAL BY THE EDUCATION AND TRAINING COMMITTEE OF THE MEDICAL COUNCIL.

2. UNIVERSITY OF LIMERICK SHOULD BE APPROVED UNDER SECTION 88(2)(a)(II) OF THE MEDICAL PRACTITIONERS ACT 2007 AS THE BODY WHICH MAY DELIVER THAT PROGRAMME. THIS RECOMMENDATION IS MADE ON THE GROUNDS OF THE UNIVERSITY OF LIMERICK'S ONGOING COMPLIANCE WITH THE RULES, CRITERIA, GUIDELINES AND STANDARDS APPROVED BY COUNCIL AS SPECIFIED IN SECTION 88(2)(a)(i)(II) AND 88(2)(e) OF THE MEDICAL PRACTITIONERS ACT 2007.

   THIS APPROVAL SHOULD BE FOR AN INITIAL PERIOD OF FIVE YEARS FROM THE DATE OF APPROVAL BY THE EDUCATION AND TRAINING COMMITTEE OF THE MEDICAL COUNCIL.

C. PREFACE

1. Context of the visit

University of Limerick (UL) delivers a four-year Graduate Entry medical programme leading to the award of a Bachelor of Medicine Bachelor of Surgery (BMBS). It is at undergraduate level (basic level in World Federation for Medical Education terminology).

The Medical Council Accreditation Team visited on Tuesday 15th & Wednesday 16th October 2019. Its remit was to assess the programme and the body 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 also thanks the UL Team, led by Professor Deirdre McGrath, Dean of the Medical School and Josephine Lynch for the work involved in coordinating the visit. Meaningful discussion in person with the Executive Dean was not possible as she was out of the country. In addition, the Medical Council wishes to thank the staff and students who met the Team, whose feedback was most helpful in formulating this Report.

3. Documentation

Prior to the visit, the Team reviewed the *Accreditation of Existing Medical Programmes – WFME Questionnaire* and all supporting documentation, dated 3rd of November 2019. This questionnaire is based on the World Federation of Medical Education's '*Global Standards for Quality improvement in Medical Education, 2015 revision'*.

4. Schedule

The accreditation visit included a presentation by Professor Deirdre McGrath; an in-depth discussion between the Medical Council Accreditation Team and representatives of the school along with private sessions with staff involved in delivering the programme and students representing all stages of the course. Under Section 88 (2)(f) of the Medical Practitioners Act 2007, an inspection of the facilities was also undertaken at University Hospital Limerick, Portiuncula General Hospital, Kilkenny General Hospital, Tullamore General Hospital and Portlaoise Hospital. At each clinical site inspection, we also met with Managers, Clinical Teachers, students and, where available, interns who had graduated from UL.

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 E of this report are therefore those of the World Federation of Medical Education's '*Global Standards for Quality improvement in Medical Education, 2015 revision*.

D. SUMMARY AND GENERAL ASSESSMENT

The programme is well-designed and delivered to an impressive cohort of students who are generally very positive about their experiences. There are areas where review and revision are advised but none of the issues identified warrant conditions being placed on the approval. Areas where UL is commended are also highlighted.

The Team's main recommendations are that:

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

   This approval should be for an initial period of five years from the date of approval by the Education and Training Committee of the Medical Council, subject to annual monitoring and a possible re-inspection should any of the above warrant re-inspection (see Recommended Further Action below).

2. University of Limerick 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 UL's ongoing compliance with the rules, criteria, guidelines and standards approved by Council as specified in Section 88(2)(a)(i)(II) and 88(2)(e) of the Medical Practitioners Act 2007.

   This approval should be for an initial period of five years from the date of approval by the Education and Training Committee of the Medical Council, subject to annual monitoring and a possible re-inspection should any of the above warrant re-inspection (see Recommended Further Action below).

1) Recommendations made by the Medical Council, based on the evidence provided by UL and the information provided by the students interviewed

- The Team recommends that UL address the adverse effects of the exam timetable at all transitions.
- The Team recommends that UL review the structure and delivery of anatomy teaching.
- The Team recommends that UL consider reviewing the structure and delivery of GP placements, to include the possibility of splitting the placement across 2 sites
- The Team recommends a review on roles and responsibilities within In Training Assessment (ITA) to incorporate senior team members into timely sign-off processes.
- The Team recommends that the formative processes for students and faculty are formalised more clearly. A student portfolio that combines the formative processes should be considered.
- The Team recommends a separation of the humanities module from the professional competencies' assessment.
- The Team recommends that the assessment and feedback matrix is clarified, perhaps with a pictorial/diagramatic representation for each year.
- Given the dispersed nature of the clinical sites and placements, the Team recommends the Medical School continues to keep student support and representation on committees under constant review.
- Pastoral support at peripheral sites should be reviewed in terms of organising accommodation and awareness of isolation during peripheral GP placements.
- The Team recommends UL review the use of electronic records of learning.
- Review the structure / weighting of self-directed learning in Anatomy.
- Review the career guidance available to Irish students.
- The Team recommends that UL address freedom to speak up issue. The Team encourages the proposed move to an Academic Health Science model that involves joint appointment.
- The Team strongly recommends that the medical school consider the appointments of Chair in Pathology and Chair in Microbiology.
- The Team strongly recommends that UL addresses the inadequate infrastructure within the Maternity Hospital Limerick.
- The Team recommends that UL continues to recruit and monitor General Practices to ensure adequate education facilities for students.
- The Team recommends close monitoring of the ongoing budgetary changes that may affect the quality of the programme.
- The Team recommends that GEMS works closely with the Executive Dean and University authorities to address exam timetabling and degree classification particularly in relation to its inclusion on degree parchment, comparable to other medical schools.
- The Team would welcome an update on the success of the relaunch of the school.
- The Team recommends that UL keep clear records of all decision-making meetings.

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

1. UL 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 (2017)* guidelines in Ireland before students have attachments in the specialty area of paediatrics
    - The World Health Organisation *Patient Safety Guidelines*

2. UL 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.

3) The Team commends UL for:

- The innovative delivery of the Problem Based Learning (PBL) format to a diverse and mature group of entrants.
- Its decision to review and update the mission statement.
- The collegial spirit of the students.
- The supports provided to students by faculty within the school and on some peripheral sites.
- The peer mentoring programme between years 1 and 2 was specifically commended by the students and that has led to ongoing support through the later years.

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

Compliance level rating

The levels of compliance are categorised as follows:

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

The Team has identified the following levels of compliance:

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

Area 1: Mission and Outcomes

MISSION AND OUTCOMES	Level of compliance:	FC

Description of documentary evidence of compliance with this standard provided by UL:

1. Academic Programme Review Policy
2. Educational Outcomes for Years 3 and 4
3. Course Outlines Years 3 and 4.
4. GEMS Fitness to Practise Standards.
5. UL_GEMS_Graduate_Attributes.
6. Public Health Learning Outcomes.
7. Research Learning Outcomes.
8. Intern Handbook.
9. Paediatrics Learning Outcomes.
10. Blueprint_BMBS_Modules_InternNetwork.
11. Advisory Committee Terms of Reference.

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

The Team found the mission statement to be a comprehensive statement. Student awareness was apparent but limited, with some only recalling part and others being uninformed, however, students were evidently imbued with the spirit of the statement.

The mission statement has stayed the same with some amendments and is currently under review as part of the new strategy due September 2020.

It was clear from the documentation provided and the interactions with UL that the medical school had institutional autonomy and academic freedom. However, as the exam timetable is not set with awareness of health service intern placement processes there is an adverse effect on UL students who require a resit of their final exam. These students, on graduating, cannot take up an intern place until the following year leaving them without clinical work and the health service without a recent graduate. From student feedback this timing issue appears to be unique to UL GEMS graduates. The Team sought resolution and clarity on this matter from the Executive Dean who was absent. A poor teleconference line limited this discussion.

The Team noted the launch of the Academy within the next few weeks including the appointment of a Chief Academic Officer and plans for a simulation centre within 3-5 years.

The Team was also made aware of the involvement of stakeholders in the first iteration of the mission statement and trusts that the same approach will be maintained.

Compliance:
The Team found that UL was fully complying with the basic standard.

Observation(s) & Recommendation(s)

- The Team recommends that UL address the adverse effects of the exam timetable at all transitions.

Commendation(s)
The Team commend UL's decision to review and update the mission statement.

Area 2: Educational programme

EDUCATIONAL PROGRAMME	Level of compliance:	FC

Description of documentary evidence of compliance with this standard provided by UL:

1. PBL Cases.
2. Year 1 and 2 Learning Objectives by PBL Case.
3. Course Outlines Years 1 and 2.
4. References.
5. Integrated Preparedness for Practice Unit (IPPU) Portfolio.
6. GEMS Prescribing Safely Curriculum.
7. Teaching, Learning and Assessment in Anatomy
8. UL Equality and Diversity Policy.
9. GEMS Scholarship Scheme.
10. Athena SWAN in Ireland
11. GEMS Student Partnership for Health Equity Activities.
12. Professional Competencies Year 1 Lectures and Learning Outcomes.
13. Typical Teaching Week.
14. Graduate Survey 2018.
15. Professional Competencies Learning Outcomes.
16. ITA Guidance Document for Clinicians (Hospital Placements).
17. ITA Information Document for Students.
18. Academic Calendar 2019-20.
19. Training Summary - EU Directive.
20. Clinical Skills Years 1 and 2.
21. Rheumatology Learning Outcomes.
22. Links with Universities Overseas.
23. GEMS Governance Structure Jan 2019.
24. Ed Committee and Working Group ToR and Membership 2007-18.
25. Ed Committee and Working Group ToR and Membership 2019 Onwards.
26. MidWestIntern_GovernanceStructure.
27. National Intern Learning Outcomes Programme.

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

Overall the Team was impressed with the content, delivery and implementation of the Problem Based Learning (PBL) programme and clinical skills instruction in years 1 and 2. It was universally approved by students and appreciated by clinical faculty as the student's progress to years 3 and 4.

The Team was given insight into the PBL method of learning. The Team consistently heard from students at all levels that as a result of the PBL process they had changed the way they approached learning and it had made them more enquiring learners. This was confirmed by interviews with the interns. Clinical skills teaching in smaller groups was reported to be very helpful, with timing good for long term retention. Mentors were praised for making transition easy and orientation informative.

The students described pressures on the delivery of the anatomy teaching and expressed concerns about scheduling, examination style and lecture length.

The Team heard from students about deficiencies in their knowledge relating to the clinical application of microbiology. While there was much praise amongst students for pharmacology lectures, physiology was regarded as unclear.

The Team noted that medical ethics and medical law was covered conceptually in PBL and this knowledge, and the concepts, were consolidated in the delivery of lectures and bedside teaching.

The Team congratulates the Medical School on the achievement of the Bronze Athena Swan Award and the presence of a strong complement of female staff in leadership positions in the faculty.

A comprehensive adherence to programme management and curriculum committee standards were evident along with linkage to the health sector.

There is a noted focus on health and wellbeing with many pastoral services available for students with mindfulness activities included in the programme.

There are also peer and alumni mentoring.

A quality assurance delivery service team undertakes annual visits to all hospital sites to assure curriculum coverage. A current workstream is also a review of the alignment of PBL and USMLE requirements within the delivery of the curriculum

The Team heard from the students about a 16-week preparedness course to upskill those intending to sit the USMLE, it was noted that this is running in parallel with the existing curriculum. The Team was advised that this clash of two types of learning has been challenging for some students. The medical school informed the Team that the course duration is actually 27-weeks in duration.

Based on student feedback, there is a mixed response to the length of the GP placement and its variability. While the majority of students felt very prepared and stated that their placement allowed them to develop their own consultation style and expand their communication skills, however, they would welcome some flexibility around moving to a different practice to experience different patient population and tutor teaching and learning styles. For students who, at this stage, may be planning a hospital-based career experiencing different teaching practice populations and learning styles may enhance their overall clinical and educational GP experience.

The Team suggests that UL consider student choice in GP placements along with the possibility of splitting the placement across 2 sites.

Compliance

The Team found that UL was fully complying with the basic standard.

Observation(s) & Recommendation(s)

- The Team recommends that UL review the structure and delivery of anatomy teaching.
- The Team recommends that UL consider reviewing the structure and delivery of GP placements, to include the possibility of splitting the placement across 2 sites

Commendation(s)

- The Team commend UL for the innovative delivery of the PBL format to a diverse and mature group of entrants.

Area 3: Assessment of students

ASSESSMENT OF STUDENTS	Level of compliance:	FC

Description of documentary evidence of compliance with this standard provided by UL:

1. BMBS Course Handbooks Years 1 to 4 2018-19.
2. UL Student Handbook.
3. UL Handbook of Academic Regulations and Procedures.
4. GEMS Module and UL Degree Distinction Criteria.
5. Personal Progress Index GEMS and McMaster 2011-2019.
6. UL External Examiner Policy.

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

The Team was provided with details of the principles, methods and practices and found a clear assessment framework that was understood by both faculty and students, despite its complexity which meets the WFME standards required for a basic medical degree.

The Team encourages the use of the expertise within the Education and Health Sciences Faculty to carry out comparative internal evaluation of summative assessment outcomes and student progress.

The Team found variability in the students' perception of the application of formative assessments, in particular, regarding the in-training assessment (ITA). Students questioned its subjectivity and sign-off, believing that the forms should be completed by the Registrar rather than the Consultant as the former observes them more often undertaking clinical tasks with patients.

The students commended the move to pass/fail marking in In-Training Assessment (ITA).

This system which gives no breakdown of grades was found to remove peer competition. While some expressed wishes for the class mean others feared this would destroy the camaraderie within the cohort which was found to be a highly significant feature of GEMS Limerick.

It was evident that there were linkages between assessment and learning in that the emphasis placed within UL on adult self-directed learning created a supportive environment with a clear focus on assessment.

The Team noted favourably the additional support for students taking the USMLE. The Team recognises the introduction of the Prescribing Safely Assessment welcomed by the student body and anticipates further support will develop. The students commended the simulation centre, with scenarios and role play being very helpful.

The Team heard of students concerns regarding the inclusion of the humanities module which can adversely distort the overall mark in the professional competencies' assessment. This has an important bearing on Dean's letter and other references.

The Team noted the recent recruitment of a Senior Lecturer in Medical Education with expertise in Assessment.

Clinical examinations were provided with adequate practice time and mock exams supported preparation.
The Team noted the grading system discrepancy in UL with, a higher, 80% required for first class honours than other schools with 70%.

From discussions with students it was found that many felt that the timing of end of year assessments and resits needs review.

The Team noted the changes to Year 4 assessment following student feedback.

The Team was informed of the streamlining of some assessments such as CPR as some believed they were not being assessed enough. In training assessment runs across two years, giving opportunity at the end of that time to assess and identify struggling students.

Compliance

The Team found that UL was fully complying with the WFME basic standards.

Observation(s) & Recommendation(s)

- The Team recommends a review on roles and responsibilities within In Training Assessment (ITA) to incorporate senior team members into timely sign-off processes.
- The Team recommends that the formative processes for students and faculty are formalised more clearly. A student portfolio that combines the formative processes should be considered.
- The Team recommends that separation of the humanities module from the professional competencies' assessment be considered.
- The Team recommends that the assessment and feedback matrix is clarified, perhaps with a pictorial/diagramatic representation for each year.

Commendation(s)

No commendations made.

Area 4: Students

STUDENTS	Level of compliance:	PC

Description of documentary evidence of compliance with this standard provided by UL:

1. Admissions Appeal Process.
2. Year 3 and 4 Clinical Placement Rotations.
3. Links to UL Student Support Services.
4. International Residency Matching Information.
5. GEMS Peer Mentoring Programme.
6. GEMS Mindfulness Programme.
7. Getting Help.

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

The Team found that the selection process is in line with Irish policies for admissions. The students positively commented on the diverse intake.

The Team heard evidence and awareness of excellent pastoral supports like counselling and prayer rooms being made available at the University. Even though there was reference to logistical difficulties in providing these supports on the peripheral sites, with some concern about isolation, for example at some GP placements.

The introduction of mandatory mindfulness or exercise classes was noted.

It was found that there was a disparity in career guidance services available to Irish/EU students and International students. From feedback in student meetings, it was felt that international students were provided with more career guidance that the Irish/EU students.

The peer mentoring programme between years 1 and 2 was commended by the students and has led to ongoing support through the later years.

PBL was praised for not only allowing interactive learning but affording social interaction with other students in small groups. Feedback provided by students on PBL was noted to have moved from Survey Monkey to Qualtrics.

The students informed the Team of the difficulties in finding accommodation. They continuously reported that the process was very difficult and that many were required to sign a year-long lease and expected to drive while on GP placements. Accommodation in Kilkenny was found to be more expensive than Limerick with only a few lodging options available for students.

Class representatives described the difficulties in attending committee meetings when on peripheral placements and repeatedly expressed concerns for exam repeats. Many felt that the timing for repeats should be rescheduled from August to July however this may be difficult in terms of allowing enough time to revise.

Issues relating to GDPR with Garda Vetting for non-EU students was noted as adversely causing delays in starting clinical placements.

There was overall awareness of the role of the Medical Council, the Medical Council's Ethical Guide, 8 Domains of Good Professional Practice and 3 Pillars of Professionalism.

Students from Year One

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

The students experience to date had been a positive one. They felt that their orientation was very useful and gave them a lot of information, with the course handbook detailing assessment schedules and that the College had been clear with what is expected from them during their medical education. The students also praised their mentors for making their transition easy.

The students informed the Team that the culture of the school was supportive, that the overall focus was on learning, and that they felt that there was no unhealthy competition due to learning objectives. The "no percentage" culture with regard to exam results within UL which meant they were closer to classmates with many reporting that there was great camaraderie within the cohort. This sense of camaraderie is highly significant to Limerick.

Social functions had also encouraged a strong sense of community amongst the students with many classmates sharing information freely.

PBL while challenging was considered by the vast majority to be stimulating and enjoyable. Weekly guest lecturers were greatly appreciated amongst the students who found them to be very approachable, particularly anatomy tutors, and all classes were explained very well except embryology lectures which some students found unclear.

Another issue raised amongst the students was that anatomy sessions did not provide sufficient time for curriculum coverage. Students expressed the need for audio recording of lecturers, however they accepted that this could potentially discourage lecture attendance. Some Year 1 students felt that not having the use of cadaveric material was a disadvantage compared to their peers in other medical schools.

Students found the Simulation Centre to be very good with scenarios and role play being very helpful for learning however they did also mention the need for guidance with recording their learning.

The Team asked the students if they were aware of support services in place within the College and all students confirmed that they knew of the counselling facilities and prayer area available and that they have a mandatory well-being class every Tuesday on mental health. The students felt that there is a conscious effort to make everyone aware of all services available to them and that a Chaplin and a Psychologist are available to speak to if needed.

Students were aware of a new Committee on Professional Standards but unsure of any student representation on said committee.

Students from Year Two

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

The Team asked the students how their experience has been so far, to which they stated it had been a positive one. The students told the Team that there was a sense of confidence amongst them and that learning is that of a collaborative method that draws on different strengths. There was much praise given for the high-quality pharmacology lecturers and a noted preference to have lectures before or during PBL.

PBL was praised as students found tutorials and clinical skills in smaller groups very beneficial with timing being good for long term retention. Clinicals provided adequate practice time and mock exams supported preparation. Students approved of the pass or fail system of scoring but remarked that the grading system needs review as there is a huge discrepancy in Limerick compared to other schools in terms of a first-class honours qualification.

The students from year 2 felt that the weighting of self-directed learning in anatomy was too much and felt that more lecture time would be beneficial.

The students expressed concerns that there was insufficient time for formative assessment and informed the Team that there was no formal portfolio and no formal evaluation of tutors.

The students felt that assessments were fair and informed the Team that all grades are given individually with no class statistics or ranking being made available and that this creates an atmosphere free of unhealthy competition. While some students expressed a desire to know the class median others mentioned that this may destroy the comradery.

The students also spoke positively of the quality of teaching they had so far been exposed to.

The Team asked the Students if they had been assessed in Ethics and Professionalism and were informed that although it is not taught in Year 1 it is due to be part of Year 2.

The Students were aware of pastoral supports in place for them should they need them, including counselling services, as well as a mentor/mentee programme in which second year students assist first years by meeting with them and providing guidance.

Students from Year 3

The Team met with several students from year 3 of the Programme. They were assured of confidentiality and advised of the Medical Council's role. The students all confirmed that they had volunteered to meet with the Medical Council Team.

The Team asked the students how they felt their experience had been so far to which the students replied that it had been good. Though at first it was felt as though the students were "thrown into the deep end", they felt that they soon "got the rhythm". The students spoke positively of working with patients.

The students praised PBL and found it to be better than lectures and enjoyed the small group learning particularly for the social aspect of meeting with other students. The students informed the Team that they felt supported throughout and that they could approach staff if they felt they had a problem.

Some students described struggling with anatomy as the tutor times were not scheduled well. They also commented that PBL does not suit anatomy learning with those struggling having no previous visual learning experience.

The students placed on the more peripheral GP sites found it difficult to secure accommodation, although a list of potential places was provided. However, the list was sparse, and the majority of rooms were not available. However, the students from the year above were forthcoming with information when sought. Students also felt there was a lack of support when going out on GP peripheral placements and expressed concerns for those who may be isolated such as non-Irish students who may not have any family etc.

Students informed the Team that they felt the timing of the repeat exams needs to change from August to July, however they accepted there were concerns raised about length of study time.

Students expressed concerns regarding ITA forms believing it would be better filled out by registrars rather than by consultants as the former sees them more often undertaking clinical tasks with patients.

Students informed the Team that while the logbook is helpful, some consultants do not know how to fill it in, they also mentioned the need for a structured career guidance service.

They also mentioned issues with VC lectures as surgeons would often walk off screen, meaning many demonstrations were not visible to the students. They suggested the use of webinars in the future.

There was praise for support from consultant staff in medicine and surgery with Kilkenny's hospital surgery bedside tutorials being described as "incredible". Students found morning sessions "great" for teaching and exposure in A&E but regarded the surgery rotation too long, suggesting a need to rotate more frequently.

Students found in general there was enough study space available except for in Kilkenny hospital.

The students felt the requirement to purchase an iPad was found to be unnecessary.

Students from Year 4

The Team met with a number of students from year 4 of the Programme. They were assured of confidentiality and advised of the Medical Council's role. The students all confirmed that they had volunteered to meet with the Medical Council Team.

The Team asked the students if they felt as though they were prepared for Year 4 to which they stated that there was a nervous trepidation and that in the clinical years there is a lot of observing but not a lot of responsibility. They also stated that they sometimes felt they were a "nuisance in the eyes of the nurses". While GP practice placement was reported to be very good it was said to plateau at 9-12 weeks, as students found it to be a little too long and sometimes isolating.

The students informed the Team that sites can vary in terms of student involvement, some teams can be very inclusive while larger teams are more observant. The students all spoke highly of the exposure to the "working world". They also informed the Team that they felt confident and comfortable in GP practice. The students spoke highly of their GP attachments and felt that they offered a lot of teaching and learning opportunities and that it gave them a sense of responsibility. However, they were aware that not every GP attachment offers the same experience.

The Team was informed that within the six-week rotation of year 4, the groups were small with a focus on patient history and examination. The surgery rotation was reported to be "incredible" and very engaging by actively demonstrating procedures.

Students expressed their very positive experience in Paediatrics with the orientation explaining the five weeks of rotation. The Team was informed that there is a great culture of learning, that consultants are happy to offer their support and nursing colleagues are an integral part of the process.

The Maternity hospital was also praised for its excellent teaching with its only deficit being the lack of available space.

The students informed the Team of the discrepancy which exists with regard to the grading system which leaves many students disappointed as they feel it is not reflective of the amount of effort put in and has a negative impact on research award and fellowships. Students also felt that it would be better for registrars to do sign off and assessments rather than the consultants. Concerns were expressed regarding the tick the box assessment as well as the need to move assessments entirely from end of year to end of module as students feel the current timing sets them off on the "wrong foot" if they are resitting.

They believed that the repeat exams in August are too late as they have already started their clinical practise. If they need to re-sit, they have to wait for internship for another year.

A few issues were consistently raised amongst the students, the two main points being the exam re-sit timing and what constitutes a pass mark and if this will appear on their certificate.

Students made mention of the good pastoral support but did raise a concern regarding a consultant who displayed inappropriate behaviours which they stated had left some students crying. There was a general unawareness as to how to report such concerns with the reassurance of not disadvantaging themselves in any way.

The students felt that a lack of continuous assessment in Year 4 was detrimental to their overall learning.

The Students were aware of the Medical Council's Ethical Guide, the 8 Domains of Good Professional Practice and 3 Pillars of Professionalism.

Meeting with Interns who are UL graduates

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

While the transition into internships can be difficult and sites can vary in relation to student involvement with some teams being more inclusive, students in general found there was sufficient teaching and learning opportunities and that they were given a great sense of responsibility, particularly within Year 3 & 4.

The interns informed the Team that the transition can often be difficult and reported a disparity in GP placement at 18 weeks in comparison with the length of intern shadowing. They felt a longer intern-shadowing opportunity would be better at this stage in their career.

The new curriculum for medicine was implemented and some students commented that it was overwhelming, while the rotation on Microbiology was considered by the vast majority to be weak.

Interns discussed the lack of career guidance put in place for Irish students and reported it was only made available for international students last year.

PBL was seen as a "double edge sword" by the interns, stating that if the information is wrong it can be very misleading and hinder learning while some are unfairly disadvantaged if they do not come from a strong science background.

Overall, the interns stated that they would recommend UL and felt they were well prepared for their internships.

Compliance

The Team found that UL was partially complying with the basic standard.

Observation(s) and Recommendation(s)

- Given the dispersed nature of the clinical sites and placements, the Team recommends the Medical School continues to keep student support and representation on committees under constant review.
- Pastoral support at peripheral sites should be reviewed in terms of organising accommodation and awareness of isolation during peripheral GP placements.
- The Team recommends UL review the use of electronic records of learning.
- Review the structure / weighting of self-directed learning in Anatomy.
- Review the career guidance available to Irish students.
- The Team recommends that UL address freedom to speak up issue.

Commendation(s)

- The Team commends the collegial spirit of the students.
- The Team commends the support provided to students by faculty within the school and on some peripheral sites.

Area 5: Academic staff/faculty

ACADEMIC STAFF/FACULTY	Level of compliance	PC

Description of documentary evidence of compliance with this standard provided by UL:

1. Appointment of Academic Staff.
2. GEMS Staff Numbers and Planned Recruitment.
3. UL Academic Role Profiles.
4. PDRS Documentation.
5. GEMS CPD Scheme.
6. PBL Quality Assurance Form.
7. UL_Promotion_Policy.

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

The Team noted the robust recruitment processes in place in the medical school. However, the difficulty in attracting suitable candidates is a concern.

The Team noted with concern the difficulties in recruitment nationally and remarked the absence of Chairs in Pathology and Microbiology and several unfilled Senior Lecturer positions. This lack of faculty resource was attributed to many factors, namely the lack of flexibility in funding with mention to the dispute that exists in consultant contracts between the pre-2012 and post 2012 salaries. This disparity and lack of flexibility to modify salaries along with geographical challenges makes it problematic to attract people.

Students commended the support and input of academic staff in UL and on the peripheral sites.

The Team recorded that all PBL tutors are medically trained.

Students had high praise for pharmacology lectures and anatomy tutors.

The Team noted the launch of a health science academy in November, with plans for a cancer centre as part of a new strategy.

The high level of support which is received from non-academic clinical staff was documented along with the aspiration to have all consultants hold academic posts in the future.

There was a marked awareness of professionalism and good examples were provided in the form of staff role models.

Compliance

The Team found UL to be partially compliant with the Basic Standard.

Observation(s) and Recommendation(s)

- The Team encourage the proposed move to an Academic Health Science model that involves joint appointments for senior clinical staff.
- The Team strongly recommends that the medical school consider the appointment of Chairs in Pathology and Microbiology.

Commendations

No commendations made.

Area 6: Educational Resources

EDUCATIONAL RESOURCES	Level of Compliance	PC

Description of documentary evidence of compliance with this standard provided by UL:

1. Supervision and Support at Clinical Sites.
2. OrderOfPlacements_1920.
3. Student Placements - Week by Week Attachments.
4. General Practice Map.
5. Engaged Learning, Teaching, Learning and Assessment Strategy 2014-18.
6. Mobile Devices Handbook.
7. UL Code of Conduct for Users of Computing Resources.
8. Access to Individuals' Computers.
9. UL Data Protection Policy.
10. Excellence and Impact 2020.
11. Medical Education Strategy 2012-17.
12. UL Submission_GraduateIntakeToMedicalEducation.
13. Appendices_ULSubmission_GraduateIntakeToMedicalEducation.
14. GEMS Quality Review Report.
15. Core Academic Staff Profiles.
16. Current and UL Approved Academic Staff Positions.
17. Module and Programme Workflow Diagrams.
18. UHL Electives Handbook.
19. UL Sabbatical Policy.

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

The Team was informed by students that the medical school was a very inviting environment.

The Team note the excellent physical facilities and study space, in particular within Midlands Regional Hospital, Tullamore and St Luke's, Kilkenny. The notable exception was the Maternity Hospital Limerick. The Team received consistent comments from staff and students regarding the absence of an adequate infrastructure, with not enough space being available for teaching or study or locker storage. Kilkenny was also found to have limited library and desk space.

The Team received comments that the students on General Practitioner placements were sometimes constrained in consulting independently due to lack of space.

The Team was impressed by the Clinical Training and Information Technology resources that supports "engaged learning" at UL and its peripheral clinical sites.

The Team noted the ongoing challenges facing students in arranging their own electives. Going forward, they felt support may be needed for students arranging electives, in particular, international students.

The Team was made aware of the wide variety of resources made available to students, including journals and digital resources that allowed them to download books for free. Students found SULIS straight forward to use and appreciated the assistance tutors provided in using 3D software. In particular the life science resources within microbiology in UL were found to be excellent.

Some did express distraction issues in VC lectures with surgeons walking off screen and pointing to things not visible to students. Kilkenny VC facilities are in need of updating. Overall the students suggested the use of webinars and audio recording of lectures to be made available online. However, some felt that this might discourage lecture attendance.

The Team noted much difficulty in accommodation with lists being sparse and students being heavily reliant on the year above for assistance. It was noted that UL pay for paediatric accommodation but not for medicine or surgery.

Compliance
The Team found that UL was partially complying with the basic standard.

Observation(s) and Recommendation(s)

- The Team strongly recommends that UL addresses the inadequate infrastructure within the Maternity Hospital Limerick.
- The Team recommends that UL continues to recruit and monitor General Practices to ensure adequate education facilities for students.

Commendation(s)

- No commendations made.

Area 7: Programme evaluation

PROGRAMME EVALUATION	Level of compliance	FC

Description of documentary evidence of compliance with this standard provided by UL:

1. Equity and Outreach Activities
2. Annual Return to Medical Council 2017-18
3. Annual Return to Medical Council 2014-15 2017-18 Statistics
4. Annual Programme Review Report 2018-19
5. DREEM and MCPI Data 2014-2019
6. Sample_DisciplineSpecific_surveys
7. Education committee minutes Student issues
8. Graduate Destinations
9. Graduate Study Research Paper
10. Extract_Graduate_CareerProgression

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

Overall the Team agrees that the programme evaluation provided in GEMS is fully compliant. There are some good examples where student evaluations led to change in the curriculum and in the clinical sites.
For example, year 4 students are now doing on-call sessions as part of their preparedness for practice.

Student and staff feedback of the programme was that general specialties would be more beneficial in year 3 and more specialty specific i.e. OBs & Gynae, Paeds etc. in year 4 to have students more equipped with general knowledge for the specialties. The surgery rotation of 9 weeks was considered too long and suggestions were made to rotate more frequently with different consultants. Another suggestion with the medicine programme was to remove A&E and put it into a week of surgery.

Compliance
The Team found that UL was fully complying with the basic standard.

Observation(s) and Recommendation(s)

- No recommendations made.

Commendation(s)

No commendations made.

Area 8: Governance and Administration

GOVERNANCE AND ADMINISTRATION	Level of compliance	PC

Description of documentary evidence of compliance with this standard provided by UL:

1. Faculty of Education and Health Sciences Structure.
2. GEMS_Academic_Organisational_Structure_August2019.
3. Course Director Academic Role Profile.
4. GEMS_Support_Organisational_Structure_August2019.
5. Legal Agreements Overview.
6. Tullamore Site Specific Agreement.

The Team noted the documentary evidence was adequate.

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

The Team noted that there has been a change in the funding model which is already causing challenges to the Medical School. They noted the challenges faced with the loss of a "ring fenced" budget and its potential impact on the long-term sustainability of the quality of the programme. These budgetary changes affecting governance require ongoing review.

The Team was advised that a new committee on professional standards has been set up. However, when asked, the students were unsure as to whether they have representation.

The Team noted two consistent issues raised throughout the visit, one being the disparity in degree classifications when compared to other medical schools and the other being the display of the grading of the degree on certificates. The Team urges GEMS to work with the Executive Dean and the University to address these issues.

Compliance

The Team found that UL was partially complying with the basic standard.

Observation(s) and Recommendation(s)

The Team recommends:

- close monitoring of the ongoing budgetary changes that may affect the quality of the programme;
- that GEMS works closely with the Executive Dean and University authorities to address exam timetabling, degree classifications in comparison to other medical schools and the inclusion of such on the degree parchment.

Commendation(s)

No commendations made.

Area 9: Continuous Renewal

CONTINUOUS RENEWAL	Level of compliance	FC

Description of documentary evidence of compliance with this standard provided by UL:

1. Student recruitment and selection;
2. The mission and objectives of the programme;
3. The required competencies of the graduating students;
4. The curricular model, elements and instructional methods;
5. Assessment; staffing recruitment and policy;
6. Educational resources;
7. Quality assurance;
8. Governance structures

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

The Team received documentary evidence of processes and committees that review and renew on a continuous basis. The upcoming relaunch of the school is clear evidence of continuous renewal and the Team would welcome an update on the success of the relaunch.

The Team heard evidence of actively responding to feedback from meetings with the students.

The Team took note of the challenges faced by the medical school in relation to staffing issues, accommodation and physical facilities on the Maternity site in Limerick.

It was also noted that the Course (Curriculum) Review Board meets once a year and is not minuted, the BMBS Course (Curriculum) Board meets several times a year and is minuted. The team were concerned that not all important meetings were minuted.

Compliance

The Team found that UL was fully compliant with the basic standard.

Observation(s) and Recommendation(s)

- The Team would welcome an update on the success of the relaunch of the school.
- The Team recommends that UL keep clear records of all decision-making meetings.

Commendation(s)

- No commendations made.

F. INSPECTION OF CLINICAL TRAINING SITES

University Hospital Limerick

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

The Clinical Staff and Management informed the Team that clinical skills teaching was strong within Year 1 & 2. While giving a good basis for teamwork and providing plenty of content, PBL was reported to not suit anatomy learning. Anatomy teaching on the whole was praised along with Paediatrics

The team was informed that UHL has high achieving students in obstetrics & gynaecology. Students indicated that the 6-week rotation with 3 nights in a labour ward was very onerous. Within Year 3, students were given more exposure to general practice than to the specialities. However, students maintain final year is still the best opportunity.

The Team was brought on a facility walk-around by several staff members in the Hospital and noted the need to improve facility space for students, provide lockers etc. is currently under review as resources are limited. With twenty-eight students rotating, there is often not enough teaching or study space available.

The UHL receives a huge amount of support from non-academic clinical staff. The consultant base is low, and locum is still high in particular within pathology. Having recently hired a head-hunter to help with recruitment they are hoping to face such staffing challenges.

The clinical staff advised the team that there is regular communication across the sites, online content available for assessments and career guidance available for international students.

Overall the students' feedback was positive, and many would recommend the University Hospital Limerick. The Team was impressed with all the feedback from both staff and students regarding the programme at UHL.

Midland Regional Hospital Portlaoise (MRHP)

The Team met with the Clinical Staff and Management of the MRHP. The Chair introduced the Team and advised those in attendance of the purpose of the meeting. The Team appreciated the time the

staff took to meet with them. They also appreciated the insight into the full scope of the practice at the hospital and the hospital's involvement with education and training.

The team was informed of the long-term postgraduate links with UL, with research opportunities and PG training with UL to take place in the future. The clinical staff gave a detailed breakdown of Psychiatry, Paediatrics (one-week induction within 6-week frame with 2-5 tutorials per month) and GP training rotation with the latter being 18 weeks. Many students felt this was too long and that they would benefit more from a split of 2-3 GPs for the 18-week duration.

The Team asked about assessment and were informed that students complete two assessments while on clinical placement, a formative assessment at the mid-point, a summative at the end, in addition to a written exam and OSCE/clinical exam at the end of the academic year. They also stated that there was a very low fail rate amongst students. However, students did not differentiate, significantly, between the formative assessments during clinical placements and summative assessments at the end with the potential loss or reduction of learning opportunities presented by formative assessments.

The Team was informed by the clinical staff of the accommodation being made available for students and pastoral supports offered on site, with individual administrators being the first point of call. The Team was brought on a facility walk-around by several staff members in the Hospital. The hospital was commended for the facilities available to students.

Overall, the Clinical Staff and Management felt that the experience offered to students at MRHP was positive and conducive to their overall learning.

Kilkenny Hospital

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

The team was informed of the excellent working relationship between Kilkenny hospital and UL. Clinical staff advised the Team that UL was a very important partner and support structure.

The Clinical Staff and Management detailed the assessment process explaining that the clinical practice in UL contributes to final exams and that UL provides 13 hours of supported teaching with full time tutors.

The students were praised for their professional behaviour and were found to be very self-reliant and friendly. The Team was brought on a facilities walk around and advised of what is available to the students. It was informed of the supports and HSE care offered which has a strong focus on preventing burnout amongst students. While there is some overcrowding on the wards, the hospital was found to be well equipped with teaching and study space.

Overall the Clinical Staff spoke highly of the educational process and experiences available to all students at Kilkenny Hospital.

Portiuncula University Hospital Ballinasloe

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

The Team observed an overall culture of educational focus that allows students to learn by fully integrating them into the team, involving them as if they were junior interns, giving outpatient access, on call rota and handover, broad based exposure to electives and facilitating social interaction by teaching within small groups.

The Team was informed of UL involvement which included regular visits and meetings with examiners and assistance with accommodation when on Paediatric rotation. UL were reported to be extremely supportive. While the format of exams is different than in UL, they try not to alter teaching based on this.

The Clinical Staff informed the Team of the 24-hour facilities available to students with study space freely available.

While the majority of consultants were found to be happy to talk with students, surgery consultants were reported to have very little time for students with many feeling unwelcome in a follow and observe only environment. Overall, many students felt very prepared for internships with many claiming they would choose to return after graduation.

The Team was brought on a facility walk-around by several staff members in the Hospital. The hospital was commended for the facilities available to students.

The Team was impressed with Portiuncula University Hospital Ballinasloe as a teaching facility for undergraduate medical education.

Midland Regional Hospital Tullamore

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

The Team was informed of the close-knit community that exists within the hospital and about the pastoral supports available which included a helpline.

A medical education liaison allowed for a direct line to UL and its pastoral support. The Team was informed that it was committee representatives that agreed on the structure of teaching for students and on funding and that they had formal academic contracts with UL.

The Team was brought on a facility walk-around by several staff members in the Hospital. The hospital was commended for the facilities available to students.

The Clinical Staff and Management of Tullamore Hospital informed the Team about the structure of rotations and assessments, with the former being broken down into three-week rotations of nine weeks and assessment now including a mid-way and end of rotation examination.

The Team enquired about PBL and teaching to which they were advised that there is an easy transition into clinical placement with structured teaching in medicine and surgery, "very good" bed-side teaching and highly beneficial short lessons particularly within anatomy.

The Team was informed that there were clear learning objectives outlined in the handbook and logbooks.

Overall the Clinical Staff spoke highly of the educational process and experiences available to all students at Tullamore Hospital.

Ballyvaughan Medical Centre

The Team met with the Clinical Staff and Management of Ballyvaughan Medical Centre. The Chair introduced the Team and advised those in attendance of the purpose of the meeting. The Team appreciated the time the staff took to meet with them. They also appreciated the insight into the full scope of the practice at the centre and its involvement with education and training.

The Team noted that students were given plenty of learning opportunities to become skilled in taking patient history. Students reported good practice and high attendance at weekly Wednesday meetings and stated that by week 6 they had become active members of the medical practice, which gave them great confidence.

The Team was also informed of difficulties surrounding funding and capacity with limited placements in practice. Clinical staff reported that the biggest battle lies in decreasing the length of GP practice and cycle of learning to 3-4 months.

The Team asked about In-training (workplace) assessment and were informed that students partake in two-way feedback with their supervisor, a formative assessment at the end of 6-weeks, a summative end of placement assessment and are required to complete a logbook which has set learning requirements. The Team learned that GP tutors do not have a role in Year 4 assessment only in Year 3 and that forty of the one hundred and forty tutors had PBL exposure. The Team was informed of the tutor selection process in which tutors are selected by peers, apply via CV and then visit the practice.

Overall, the Clinical Staff and Management felt that the experience offered to students at Ballyvaughan was conducive to their overall learning with specific educational sessions and ongoing CPD being made available.

The Team was also informed of the very good pastoral supports offered to students which include a weekly email regarding mental health awareness.

The Team was brought on a facility walk-around by several staff members. The medical centre is well equipped with teaching and study space, is open until 6pm with swipe card access until 10pm.

Overall, The Team was impressed with Ballyvaughan Medical Centre as a teaching facility for undergraduate medical education.

End of report