



Peer Review Group Report

School of Medicine

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1 CONTEXT FOR THE REVIEW

1.1 Introduction

This report presents the findings of a quality review of the School of Medicine (SoM), at the Royal College of Surgeons in Ireland, which was undertaken in April 2016.

The Royal College of Surgeons in Ireland (RCSI) is the second oldest third-level academic institution in Ireland. RCSI is both [a] a health sciences Higher Education Institution with Schools of Leadership, Medicine, Nursing, Pharmacy, Physiotherapy and Postgraduate Studies, and [b] a Postgraduate Training Body in Surgery and related specialties. RCSI is one of four Royal Colleges of Surgeons in Great Britain and Ireland (Edinburgh, England, Glasgow and Ireland). The RCSI School of Medicine was established in 1886 and RCSI became a Recognised College of the National University of Ireland (NUI) in 1978. In the decade from 1996 to 2006, RCSI underwent significant expansion through the establishment of additional Schools/Institutes on the Dublin campus, and of three new international campuses (Penang Medical College, RCSI-Bahrain & RCSI-Dubai). Following an institutional review commissioned jointly by the Higher Education Authority and the National Qualifications Authority of Ireland (NQAI), RCSI was granted independent degree awarding powers in 2010. In 2011, RCSI entered into a licensing agreement with Perdana University (Kuala Lumpur, Malaysia) to establish the PU-RCSI School of Medicine. In 2012, RCSI launched the '3U Partnership' in conjunction with Dublin City University and the National University of Ireland Maynooth. In May 2013, RCSI was ranked in the top 200 medical schools in the world in the QS University Rankings. RCSI is among the top 50 most international universities in the world (Times Higher Education University World Rankings, 2014-15).

RCSI is an independent, not-for-profit health sciences institution with charitable status in the Republic of Ireland. The institution operates a primarily self-funding model, with State funding accounting for less than 20% of total income. The model is based on the education of a substantial cohort of international students alongside Irish/EU students.

1.2 Methodology for Review

1.2.1 Purpose of the Review

The self-assessment exercise is a process by which a Unit reflects on its mission and objectives, and analyses critically the activities it engages in to achieve these objectives. It provides for an evaluation of the Unit's performance of its functions, its services and its administration. In line with the RCSI strategic plan 'Growth and Excellence' it provides assurance to the College of the quality of the units' operations and facilitates a developmental process to effect improvement. The fundamental objectives of the review process are to:

- Review the quality of the student experience, and of teaching and learning opportunities.
- Review research activity, including; management of research activity, assessing the research performance with regard to: research productivity, research income, and recruiting and supporting doctoral students.

- Identify, encourage and disseminate good practice and to identify challenges and how to address these.
- Provide an opportunity for the Units to test the effectiveness of their systems and procedures for monitoring and enhancing quality and standards,
- Inform RCSI's strategic planning process.
- Provide robust evidence for external accreditation bodies.
- Provide an external benchmark on practice and curriculum.
- Provide public information on the RCSI's capacity to assure the quality and standards of its awards. RCSI's implementation of its quality procedures enables it to demonstrate how it discharges its responsibilities for assuring the quality and standards of its awards, as required by the Universities Act 1997 and the Qualifications and Quality Assurance (Education and Training) Act 2012.

1.2.2 The Review Process

The key stages in the internal review process are:

1. Establishment of a Self-assessment Committee
2. Preparation of a Self-assessment Report (SAR) and supporting documentation
3. Site visit by a peer review group that includes external experts both national and international
4. Preparation of a peer review group report that is made public
5. Development of a Quality Improvement Plan (QIP) for implementation of the review report's recommendations (that is made public)
6. Follow-up to appraise progress against the QIP

1.2.3 Membership of the Peer Review Group

Fiona Crozier (Chair) Head of International, Quality Assurance Agency, UK

Amy Cole PhD student, RCSI

Paul Gallagher Head of the School of Pharmacy, RCSI

John Jenkins President, ASME; Hon Senior Lecturer in Child Health, QUB

Peter McCrorie Emeritus Professor of Medical Education, St George's University of London, UK; Dean of Medical Education, University of Nicosia Medical School, Cyprus

Fiona Myint Consultant Vascular Surgeon, Royal Free London, Hon Senior Lecturer, UCL

Tony Platt (Secretary) Assistant Director, Quality Assurance Agency, UK

1.2.4 Terms of Reference for the Peer Review Group

The terms of reference of the PRG are to:

- Evaluate critically the SAR and the supporting documentation
- Verify how well the aims and objectives of the Unit are being fulfilled, having regard to the available resources, and comment on the appropriateness of the Unit's mission, objectives and strategic plan
- Comment on how well the Unit fits with the strategic plans for the College as a whole
- Evaluate the Unit's strengths, weaknesses, opportunities and challenges as outlined in the SAR
- Discuss any perceived strengths and weaknesses not identified in the SAR
- Assess the suitability of the working environment(s)
- Comment on any recommendations proposed by the Unit in its SAR
- Make appropriate recommendations for improvement, with due consideration of resource implications

The Peer Review Group visited RCSI from 12-15 April 2016 and held meetings with a wide range of stakeholder groups, both internal and external (see Appendix 1 for details of the site visit schedule).

2 INTRODUCTION AND CONTEXT OF THE UNIT

RCSI School of Medicine

The School of Medicine (SoM) was established in 1886 and is currently the largest of the six medical schools in Ireland, the others being located in Cork, Dublin (Trinity College Dublin (TCD) and University College Dublin (UCD)), Galway (NUIG) and Limerick. It delivers a five- and six-year direct entry and a four year graduate entry medicine (GEM) programme. All programmes lead to a National Framework of Qualifications (NFQ) Level 8 award of MB BCH BAO. The Medical Act of 1886 provided that medical graduates had to be educated in surgery, medicine and obstetrics. SoM graduates also receive licentiates in these three subjects.

The medical degree awarded to RCSI graduates is accredited by the Irish Medical Council (IMC). The SoM received unconditional accreditation for five years from the IMC in April 2012 for the five- and six-year undergraduate medical degree programmes as well as its GEM.

The RCSI-Dublin SoM is the largest of three undergraduate schools within the Faculty of Medicine and Health Sciences, the others being Pharmacy and Physiotherapy. There are currently 2169 undergraduate students in RCSI (2015-2016), of which 86% (N = 1865) are SoM students. While the Dean of the Faculty is responsible for academic leadership and governance for all RCSI undergraduate and postgraduate degree-awarding programmes, the Head of the SoM has overall responsibility for the operational and strategic management of the School. Professor Arnold Hill, who reports to the Dean, was appointed as the Foundation Head of School in November 2013.

The School comprises seven health sciences and sixteen clinical sciences departments. Representatives from these departments participate in cycle committees that oversee the management and delivery of the medical curriculum. The SoM Executive acts as both the strategic and operational arm of the School. The School is also supported by a number of non-academic departments. The SoM comprises 700 staff with an equal gender balance. The SoM operates across multiple sites with pre-clinical teaching for the direct and graduate entry programmes taking place on the St. Stephen's Green campus and at Reservoir House respectively. Teaching will move to a state of the art 120,000 sq. ft. new academic and education building (NAEB) currently under development (over €80 million invested). Clinical teaching takes place in purpose-built academic centres located on the campuses of the major RCSI clinical sites and in regional sites. The clinical partners, which operate in both the public and private sector, span the complete spectrum of patient care from primary to secondary care.

The SoM curriculum is divided into cycles which are delivered as outcome-based modules integrating the biomedical and clinical sciences. Within the senior cycle, modules are specialty-based such as obstetrics and gynaecology, while still remaining outcomes-focused. The School employs a blended approach to teaching and learning, although it does not currently have an overarching teaching and learning framework.

The SoM has established an extensive research portfolio. The School does not itself have a formal research strategy, and defers to the Institutional strategy for guidance. SoM staff includes 323 active researchers, comprising 96 principal investigators (PIs) as listed in the research database, and 227 other research-related staff.

3 ORGANISATION AND MANAGEMENT

Organisation and Management

The RCSI-Dublin SoM is the largest of three undergraduate schools within the Faculty of Medicine and Health Sciences. While the Dean of the Faculty is responsible for academic leadership and governance for all RCSI undergraduate and postgraduate degree awarding programmes, the Head of the SoM has overall responsibility for the operational and strategic management of the School. He is directly supported by a team of cycle directors, the director of GEM and a senior programme coordinator. The SoM Executive, chaired by the Head of School, is where strategic decisions are made and key performance indicators are targeted in line with the RCSI strategy. Cycle committees, chaired by cycle directors, oversee the management and delivery of the medical curriculum. They comprise all academic staff that input to the cycle, including those from RCSI-Bahrain as well as student representatives and a representative of the Student Academic and Regulatory Affairs (SARA) office (see Section 9).

There is a lack of clarity around the relationship between the Cycle Directors and Heads of Departments in terms of their curriculum management roles, which has the potential to lead to conflict. A number of Vice-Deans also report directly to the Dean. These include Vice-Deans for Professionalism, for Student Support and Development, for International Citizenship and for Inter-Professional Education. While the School operates in line with the Institutional strategy, a key priority for the Head of School since taking up his appointment has been the establishment of a five-year SoM strategy (see section 6 for more detail). This project is key to ensuring clearly articulated goals and aims, and should be completed as soon as possible.

While the PRG was informed of much good practice and effective working of the many committees and other groups, the structures for governance and communication are overly complicated and relationships and accountability are not always clear to staff. **The PRG recommends that these should be reviewed and rationalised in order to ensure transparent and efficient leadership, accountability and decision-making within the School of Medicine and between the School, the College and International sites.**

The School comprises seven health sciences and sixteen clinical sciences departments. Representatives from these departments participate in cycle committees that oversee the management and delivery of the medical curriculum. The SoM Executive is the operational arm of the School. The School is also supported by a number of non-academic departments. While the SoM works well from an operational perspective it would benefit from some reconfiguration with regards to reporting mechanisms as well as the establishment of a SoM Curriculum and Assessment Committee (see section 6 for more detail).

The PRG was made aware of significant workload associated with interaction and collaboration with international sites, with Dublin-based staff reporting concern that the level of support provided is not adequate for them to continue to deliver the programmes across all sites.

Income to the School is generated solely through student fees and capitation charges associated with the direct entry programmes, the GEM programme and the PMC programme. Research income (which includes overhead costs) generated by School staff does not contribute currently to the SoM budget. Rather research income and costs are reported separately in the research pillar of the Institution's budget.

RCSI does not operate a formal workload allocation model. Department heads, in consultation with their staff, assign teaching and assessment workloads. Faculty members are also involved in many other research and service activities that are not centralised through a department. There are perceptions of inequity of workload assignment amongst faculty and a workload allocation model may provide a more objective framework through which to assign workload.

3.2 Recommendations

The PRG recommends the following:

Review and rationalise the governance structures in order to ensure transparent and efficient leadership, accountability and decision-making within the School of Medicine and between the Faculty of Medicine and Health Sciences and international sites.

4 STAFF AND FACILITIES

The PRG met with the Head of School, faculty vice-deans and cycle directors. They also met with academic, clinical, research, support and administrative staff. It was notable that the relatively small size of the institution engenders an atmosphere of collegiality and cohesion. However, it was difficult for the PRG to understand the lines of accountability and decision making in the School of Medicine. This is covered in section 3.

The PRG was impressed by the strong sense of commitment from staff to the School of Medicine. Staff from many areas made themselves available to the review process and spoke openly of their views. The SAR itself was notably honest and reflective. Furthermore, staff demonstrated a genuinely caring attitude towards students both in terms of their education and of their wellbeing. This was further evidenced by the way in which staff in the SoM worked with those in SARA (see also section 9). **The SAR commends the expert faculty and their commitment to teaching, research and assessment and the welfare of students.**

It was noted that in order to produce the SAR, in excess of four different staff databases were drawn upon in order to collate a list of staff members. This system is both cumbersome and liable to inaccuracies in terms of communication with members of staff, both as an entire body and as defined groups. The PRG was encouraged to hear from representatives in Human Resources that the databases are in the process of being combined and categorised. **The PRG recommends an expeditious provision of a single staff database.**

As is sometimes the case where there is an interdigitation of academic and clinical personnel, members of staff are employed by the RCSI on a range of different contracts. Those with pure academic contracts appeared to have good lines of communication with the SoM. However, some honorary clinical staff were disconnected from College activity and information streams. Furthermore, some with part time contracts may be disadvantaged in terms of promotion and opportunities. The PRG, as part of the quality framework, advises an examination of how greater harmonisation can be achieved in the way clinical faculty are secured, contracted, resourced and integrated into RCSI as there appears to be a bewildering multitude of different resourcing structures, HR contracts, lack of records, database etc. which carry significant risks for the SoM. The PRG also met some clinical partners who would value further development of non-remunerated recognition of their services to the SoM and RCSI.

Some postgraduate students are listed as staff whereas others are listed as students. Once a rationalised staff database is in place, the School might wish to raise this issue with the Human Resources department to consider conducting a review of all contracts.

As noted in other sections of this document, there has been an increase in student numbers and a recent planned growth in research activity. Staff that spoke to the PRG expressed some concern that this would impact on the continued welfare of students and disappointment that they were losing some of the personal contact with students that they believed to be beneficial (see above). Postgraduate students are relied upon, on an honorary basis, to fulfil teaching requirements. Training for post-doctoral staff who are keen to gain some teaching experience outside demonstrating would allow them to be used as a resource for small group teaching.

Whilst a review of the curriculum may rationalise some of the teaching programmes this pressure on staff availability should be addressed: in terms of staff to student ratios and in

terms of the balance of teaching, research commitments and committee work for individuals. For clinical academics, and supporting clinicians, clinical activity is an additional component to balance and job plans should be reviewed. This is particularly pertinent in the light of clinical vacancies in junior posts and the decreasing clinical independence of the junior clinical workforce.

All staff have access to an appraisal mechanism by means of a Professional Development Plan (PDP) process that was introduced for RCSI staff in 2012, though this is not currently enforced for those staff who do not have an RCSI contract. If this is to be the chosen means of appraisal then it needs to be ensured that all staff are captured by robust mechanisms.

There is opportunity for staff development. The Health Professions Education Centre (HPEC) of the College (and thus available to the SoM) runs a Peer Observation of Teaching Programme with most take up by staff at St Stephens Green. More recently a Postgraduate Diploma in Health Professions Education has been introduced. The latter has been mostly provided to those who self-identify and has been well received by the first group who have undertaken it. The Director of HPEC assured the PRG that finances were in place for all staff to undertake the diploma and that staff based at remote sites would also be encouraged to do so. Some staff interviewed by the PRG were not aware of the diploma.

Whilst not the remit of this panel to review the processes of RCSI School of Medicine activity overseas, senior staff at overseas branches of the School (Bahrain, Perdana and Penang) were interviewed (by video link) in respect of their involvement with the School in Dublin. There were differences in the level of involvement with curriculum issues across the international sites with an eagerness for greater involvement. Staff overseas felt well supported by Dublin. Whilst it is usual practice for Dublin based staff to travel to overseas sites, particularly to support examinations, there was no such arrangement for staff local to overseas branches to reciprocate, apart from attendance at the International Education Forum. The School may wish to consider the benefits in terms of loyalty, development and benchmarking, although this may prove to be difficult, given the relatively low staff numbers.

The PRG viewed some of the infrastructure at St Stephens Green, the plans for the New Academic and Education Building (NAEB) and some of the student facilities at Beaumont Hospital. The PRG also had the opportunity to speak to staff members based at other peripheral sites in Dublin.

The medical school still maintains a good traditional anatomy room. The alumni were particularly complimentary about the anatomy facilities. The current library is of a good size with a good range of rooms available for tutorials; facilities for private study will be further improved on completion of the new library which is part of the NAEB.

The PRG saw computer simulated images of the NAEB. This is an impressive construct with excellent facilities for lecturing, seminars, tutorials, practicals and clinical based simulation planned. Furthermore, the students will have access to modern recreational and canteen amenities. Once up and running a review of usage is encouraged.

The medical school has shown good investment in teaching infrastructure at peripheral sites. A new facility is planned at Beaumont, the largest of the affiliated hospitals and additional teaching and study facilities are envisaged at Connolly. All centres that offer teaching have a provision of funding to support this; **the PRG commends this investment in infrastructure.** However, the move towards small group classes is likely to put pressure on space and should be factored. Furthermore, there is pressure to provide clinical clerking space for

students in all clinics. It is of note that the mode of infrastructure development varies from site to site and some degree of standardisation should be established.

As noted there has been a deliberate growth in research activity from the institution as a whole. This has impacted on research space both for medical students and other staff. This will require further, purpose-specific allocation if the current, commendable, involvement of medical students in research is to be maintained (see also Section 6).

4.1 Commendations and recommendation

The PRG commends the following:

The investment in infrastructure for medical school teaching, e.g. the New Academic Education Build and expansion at Beaumont and Connolly hospitals.

Expert faculty and their commitment to teaching, research and assessment and the welfare of students.

The PRG recommends the following:

An expeditious provision of a single staff database.

5 TEACHING, LEARNING AND ASSESSMENT

The PRG was informed that RCSI degrees are awards of the institution as a Recognised College of the National University of Ireland.

In that context, the three RCSI-Dublin SoM medical programmes (four, five and six year) have a modular architecture, are mapped to the National Framework of Qualifications (terminus awards mapped to Level 8), all programmes employ a cycle system and generally all programmes are delivered across two Semesters (with the exception of the Senior Cycles 1 & 2). The PRG observed that for the five and six year programmes the Intermediate Cycle 1 (ICA1) commenced mid-year and a rationale for the determination of cycles was not provided. There was no evidence that a *Diploma Supplement* (a Bologna Process initiative) was awarded at the end of the programmes. The PRG was informed that there are two exit awards for students who leave before the completion of a programme, namely an NUI Diploma in Medical Sciences (120 credits) and a BSc in Medical Sciences (180 credits). The SAR and Appendices omitted reference to the overall volume (ECTS) of the three programmes and did not compare volumes of the three programmes. In general the Senior Cycles 1 & 2 years are structured and delivered in a distinctly different way from the preceding years (of all programmes) and adopt a discipline approach rather than a systems approach. The PRG would suggest that the Teaching & Learning and Assessment approaches for the Senior Cycle years could usefully make more explicit how integration of knowledge is achieved by the learner.

The PRG was impressed by the diversity of teaching modalities employed and the impressive engagement of the faculty with new initiatives, such as the pilots in technology enhanced learning that were described as part of the HPEC initiatives. As outlined in the SAR (Recommendation 4.1), there is not a consistent approach within or between programmes to teaching and learning. The PRG observed from the Heads and staff of Clinical Departments encountered that there were very distinct approaches to teaching and learning depending on the speciality and that, in general, clinical departments did not share experience although there is a College-wide forum where the Heads of Department meet in Senior Cycle to discuss such issues. The clinical faculty that the PRG spoke to were disposed to a more systematic approach to teaching and learning but believed that this would only happen if there was a clear vision and leadership for a new integrated approach to teaching, learning and assessment. **The PRG recommends the development and implementation of a programmatic, innovative, multi-modal and centrally managed teaching and learning strategy.** Such a strategic approach to teaching and learning will ensure that the learning style of all students across all programmes will be facilitated. The development of such an approach is prescient as the Faculty of Medicine and Health Sciences (FMHS) prepare to commission a New Academic and Educational Building (ready for 2017/2018), the Estates Department has recently commenced work on an extended Education and Research Centre (ERC-2; Beaumont Hospital) and the FMHS prepare for a new Director of Clinical Simulation to take up post. In the absence of such a systematic and pro-active approach to teaching and learning, the recent significant investments may not be optimally utilised to benefit all learners.

The PRG observed both from the SAR and the interview with faculty on St Stephen's Green Campus that the undertaking of time-intensive educational initiatives (e.g. Feedback/Feedforward, Peer Observation of Teaching) was tempered by an increasing uncertainty of the value that the 'RCSI' places on such endeavours. There were requests from faculty for such engagement in educational initiatives to be facilitated by protection of time and the recognition of such activities through the promotion process. The PRG did not raise this with RCSI Senior Management but advises that the perception/position encountered

should be clearly and unambiguously addressed and managed if faculty are to be expected to engage earnestly in time-intensive educational improvement activities.

A central part of the RCSI-Dublin Medical Programmes is clinical training. The SoM engages with a range of clinical partners to provide clinical training for students. The clinical partners span the complete spectrum of patient care from primary through to quaternary care. Students are attached to a range of hospitals via clinical rotations in both the public and private settings and across the full range of specialties including medicine, surgery, obstetrics and gynaecology, paediatrics and psychiatry. The PRG spoke to a range of internal and external stakeholders and found that there is a lack of standardisation and communication across clinical sites, inadequate ICT systems to permit for optimal utilisation of clinical sites, and of most concern due to the absence of a central database which tracks a student's individual clinical experience and exposure, there are often repetitions and omissions in the clinical training portfolio across and between sites. Alumni raised concerns regarding the inconsistency of the value provided by periods of subinternship. There is considerable variation across sites and clinical teams which can affect the added value in preparing final year students for transition to intern responsibilities. The PRG, while recognising the contextual constraints of the Irish healthcare system, **recommends the establishment of a Quality Framework for clinical teaching in order to achieve oversight and ensure a consistent and excellent student learning experience across all clinical sites.**

In addition the PRG suggests that the SoM examine how to more efficiently schedule student rotation in clinical training sites through the deployment of ICT systems that would move away from the current peak and trough utilisation pattern.

Assessment in the RCSI SoM takes places either during (formative or continuous) or at the end of modules (summative) and takes many forms including multiple choice questions (MCQs), short answer written questions, Objective Structured Clinical Examinations (OSCEs), practical examinations, oral examinations, team/individual projects and online assessments. In recent years, RCSI has made considerable advances with regard to multiple aspects of assessment and quality assurance, including blueprinting, MCQ item writing (although the lack of statistics to assist staff in choosing which questions to add or drop can be time-consuming) and the use of OSCEs, although it appeared that this was not happening uniformly across all modules. Feedback from external examiners regarding examinations is positive in general, with particular praise for aspects such as learning outcomes, alignment, and the standard and organisation of examinations across all cycles. However the PRG, on meeting with faculty and Heads of Departments, observed that there is an absence of an integrated and programmatic approach to assessment. In particular the PRG observed that each department has its own approach to assessment and that, in general, there was not an integrated approach to assessment where the student knowledge and skills across multiple specialities was assessed in a single patient (with multiple co-morbidities). The PRG was concerned that such a fragmented approach to assessment would not adequately assess whether a student was ready for clinical practice. The PRG was concerned about the validity of certain modalities of assessment employed (e.g. 7 station OSCE examination as part of final examination) and the lack of justification provided for the overall burden of assessment, including the variability in burden, that the student encounters across the programme. The PRG encourages current work to provide more feedback to students on OSCE examinations. **The PRG recommends the development and implementation of a valid and centrally managed integrated assessment system. This system needs to be programmatic.**

The PRG was impressed by the commitment within the RCSI strategic plan to provide personalised career pathways plans to all its students. The PRG met with the Career Development Manager and was very impressed by the amount of activity undertaken in that area and the positive evaluation of those activities by faculty and students alike. The PRG advises that the resourcing of career progression activities is re-examined in order to ensure both sustainability and continued growth.

5.1 Commendations

The PRG commends the following:

The introduction of Technology Enhanced Learning;

5.2 Recommendations

The PRG recommends the following:

Develop and implement a programmatic, innovative, multi-modal and centrally-managed teaching and learning strategy that will be appropriate for diverse learners

Recognising the contextual constraints of the Irish healthcare system, establish a Quality framework for experiential learning in order to achieve oversight and ensure a consistent and excellent student learning experience across all clinical sites

Develop and implement a valid and centrally-managed integrated assessment system. This system needs to be programmatic

6 CURRICULUM DEVELOPMENT AND REVIEW

The SoM has not undertaken a full medical curriculum review for a number of years. It has, however, adapted the existing curriculum in a piecemeal way in response to student feedback, quality assurance and quality improvement reports and change in leadership. While some of these curriculum changes have been effective in isolated areas of the curriculum (e.g. general practice, mental health), they have had little impact on the medical programme as a whole. The PRG noted that it is recognised by many faculty (academic and administrative) that a more radical change is now necessary in order to ensure that the RCSI medical programme is up-to-date, based on evidence from high quality medical education research and acceptable to all stakeholders. **The PRG recommends that the School should develop and agree a new medical graduate profile** and that the curriculum will need to be modernised, in terms of content, organisation, mode of delivery and assessment. Before designing a new curriculum, **the PRG recommends that the School agrees, as soon as possible, on its vision and its strategy to achieve that vision, taking account of RCSI's current vision and the changing imperatives of the internal and external environment. This must be disseminated to, discussed with, and accepted by faculty members (and students) at all levels of seniority, both academic and administrative.**

The PRG endorsed the idea that a forum to address and recommend proposals for curriculum and assessment, perhaps chaired by someone external to RCSI be established within the School's deliberative processes. The SAR document highlighted the imbalance in teaching approach between early and later years, the former relying too heavily on didactic methods, the latter being necessarily much more small group based learning. Course handbooks reveal the high level of detail that is being taught, some of which may be less relevant to the new curriculum. The PRG learnt that teaching staff, below the level of Cycle Directors, are often unaware of what has been taught before (in their own area of interest) and of what is going to be taught later. The production of a curriculum map (which the PRG was told only exists for the GP component of the programme at the moment but which is the subject of a current tendering exercise), as suggested in the SAR, should facilitate the development of a new modern curriculum.

The PRG was of the opinion that a central steering committee must be in place to ensure that the principles of transparency, communication and staff involvement are adhered to in the development of the new curriculum. As such, it would endorse the proposed Curriculum and Assessment Steering Committee (CASC).

The PRG believes that it is important that there is one medical programme which is planned and integrated throughout as one single programme of learning, with teaching occurring, not in silos, but as and when appropriate. The systems based approach has gone some way to address this, but the students still perceive the course as discipline based. The SAR states "there is not a significant amount of synchronous teaching activities and there is not convincing evidence of routine use by staff of uniform definitions, slide-sharing and/or reference to prior or future teaching by other departments. The term 'integrated curriculum' does not, therefore, accurately reflect current activities".

The Team suggests that a curriculum map is created without further delay (starting with a map for the existing curriculum, which could then be used to formulate a map for the new curriculum). This will also assist in furthering the drive towards cross cycle curriculum development with the initiatives around vertical integration groups, inter-professional education and ethics.

The PRG believes that a curriculum map will help eliminate overlap and highlight omissions, with planning the course in a more logical and coherent way, will highlight opportunities for truly integrated teaching and should provide opportunities for the RCSI 50 to be linked to the curriculum map by identifying where opportunities for acquiring the clinical competencies can be found.

The timetabling of clinical placements should be taken into consideration when planning a new curriculum to avoid too many peaks and troughs of student numbers.

As indicated in Section 5), the PRG observed that there is currently no co-ordinated approach to assessment. Each module, especially in the clinical years, is responsible for its own style and quantity of assessment. The format, timing, length and the summative or formative nature of these assessments varies from module to module. **The PRG recommends that the School should develop and implement a valid and centrally-managed assessment system as part of the development of the curriculum. This should be programmatic.**

Whilst it was clear to the PRG that the process for collecting feedback from students was effective, the process for giving feedback to students, both following evaluations and after examinations was less so although improving (see previous statement on feedback on OSCEs). The TOSBA was noted as a good example of the provision of both qualitative and quantitative feedback orally and in written form. The PRG read in the SAR about the various initiatives to improve feedback thus demonstrating an awareness of the problem and a desire to act on student comments in this area. The PRG encourages the School in its efforts to improve feedback.

6.1 Recommendations

The PRG recommends the following:

Develop and agree a new RCSI medical graduate profile and design and implement a new and coherent curriculum to deliver this

Taking account of RCSI's current vision and recognising the changing imperatives of the internal and external environment, the School should finalise and disseminate across the whole school for consultation and discussion its draft vision and strategy; the final version then should be published.

Develop and implement a valid and centrally-managed assessment system as part of the development of the curriculum. This should be programmatic.

7 RESEARCH ACTIVITY

RCSI is an exclusively health sciences-focused educational and research Institution with strong links to acute hospitals and other Institutions that reflect the wide diversity of healthcare facilities and needs, locally and nationally. RCSI is therefore uniquely placed to develop and enhance translational research for the benefit of patients and to improve the health of the community. The SoM has established an extensive research portfolio. While not itself having a formal research strategy, it defers to the Institutional strategy where research outcomes are clearly articulated. The PRG was informed of the range of available research facilities on different sites, and of metrics which demonstrate that the School is in a strong position to leverage external research funding both nationally and internationally. However, further consideration could usefully be given to ensuring that research metrics are calculated using criteria which facilitate comparison with selected benchmark organisations.

In May 2015, RCSI launched its strategic academic recruitment (StAR) programme, with an investment of €50 million in the expansion of its research division, over the next 5 years. This includes the appointment of 20 research lectureships and 20 associate professorships, along with additional methodological and biostatistical supports, PhD/MD studentships (~40) and infrastructural developments. The PRG noted the importance of proactively supporting StAR appointments in and to facilitate their integration into RCSI in a manner that protects their research time and maximises their research output, whilst simultaneously increasing teaching capacity and standards. The changing workload of other research active academics (i.e. between teaching, clinical, research, administrative etc.) also needs to be actively managed in order to ensure an appropriate balance between these elements. It was apparent that further developments should be instituted to protect research time, facilities and support for clinicians, particularly where research is not recognised in their HSE contracts.

The PRG was pleased to learn of the support which has been introduced for medical education research and would encourage further development in this area as a key element of the overall SoM research strategy.

The PRG was made aware of a number of examples of research-informed teaching. **Undergraduate research is embedded within the SoM curriculum and is commended by the PRG.** Undergraduates can also participate in the RCSI Research Summer School. While senior students (in Senior Cycle) are aware and grateful for the research opportunities afforded by the School, more junior students could usefully be made more aware of the opportunities they will have as they progress through the cycles.

A recurrent theme from review findings is the need to further support the career progression of all students, undergraduate students and postgraduate and postdoctoral researchers. The PRG was informed of concerns that some researchers at undergraduate or postgraduate level demonstrate a lack of (i) basic statistics knowledge, (ii) scientific writing skills and (iii) basic study design/methodology/grant application writing skillset. Further integration of postgraduate and postdoctoral researchers to the undergraduate teaching programme would also help support their career aspirations, and in parallel, offer increased teaching capacity to support research-active PIs. Such integration needs to be carefully planned and supervised, so as to ensure teaching quality is maintained.

7.1 Commendations

The PRG commends the following:

The successful embedding of undergraduate research in the SoM curriculum.

8 MANAGEMENT OF QUALITY ENHANCEMENT

Management of quality enhancement

The School recognises the national and institutional quality assurance and enhancement contexts within which it sits. It is also subject to a number of professional and regulatory body accreditation processes. The role of RCSI's Quality Enhancement Office was particularly recognised in the SAR.

It is the role of this latter that has the most impact, alongside the Irish Medical Council requirements, on the School's day-to-day enhancement and assurance of the quality of its provision. In particular, the QEO has introduced a 'centralised and standardised student feedback process...' Staff record a high level of satisfaction with this process, although there was some indication that it was difficult for staff, other than programme and cycle directors, to easily access the outcomes of evaluation surveys and students had variable views on the outcomes of the surveys (see below).

The School recognises the need for ongoing monitoring and evaluating of its response to reviews, in particular in relation to the implementation of recommendations set out in reports by external panels and evidenced some means by which this was happening. The PRG encourages the School in its endeavours in this regard.

The PRG had the opportunity to meet with a group of students who informed it that feedback on the evaluations they submitted was variable. It ranged from no feedback at all to one instance of good practice where the member of staff verbally informed students in detail of what would be done in relation to feedback that they had given both in terms of changes that would be made but also giving reasons for not making other changes. The SAR recognises the need for better dissemination of 'closing the loop' in relation to feedback. The School has noted variability in the level of feedback provided following student feedback surveys managed by the QEO through the QIP process. The PRG endorses the SAR panel's recommendation that an agreed and consistent approach in relation to the QIP process be implemented across all cycles. Working with the QEO, the School might wish to consider further approaches to quality enhancement of the student experience to supplement the QIP process.

An important initiative for the dissemination of feedback which is commended by the PRG has been the establishment of the International Education Forum. Staff both in Dublin and at the relevant international centres stressed the value of the Forum as an opportunity not only for networking but also for exchanging information on innovative methods of teaching and learning and their application in different markets and cultures (see also Section 10).

The School of Medicine has clearly taken the opportunity afforded by internal review to go through a comprehensive self-evaluative process in drafting the SAR, which was thorough, detailed and self-critical. Discussion with staff revealed that this had been a useful process and one that had provided clear signals in terms of work that needed to be done. **The PRG commends the SAR.** It contained a large number of recommendations, some of which were at a detailed level. The PRG encourages the School to prioritise these recommendations and consider which of them sit under and contribute to the implementation of the recommendations made by the panel. This will assist it in creating an ongoing evaluation and monitoring of the outcomes of the internal review and progress in relation to implementation of recommendations.

The PRG spoke to a group of students who confirmed that they had opportunities to evaluate modules. The group was largely satisfied with these opportunities but reported variability in terms of the feedback they received following evaluations and examinations (see Section 6). The PRG supports the SAR's recommendation that guidelines and/or recommendations be provided to cycle directors and module facilitators exploring additional methods to involve students in the feedback process.

In general the PRG found evidence to suggest that the School is aware of and participates in both national and institutional quality enhancement initiatives. It encourages the SoM to consider how it might engage on a deeper level to ensure that it receives maximum value from such processes. For example, it may wish to consider how it might best adapt generic processes in which it participates to make them more relevant to the School. This need is recognised in the SAR in the final paragraph in section 7 which states, "...the SoM would benefit from having a more cohesive and structured approach to...quality management across all of its activities." The PRG agrees with this view and encourages the School to work with the QEO to decide on the best means of achieving this goal.

The School has arrangements in place for student class representatives. RCSI Student Services and the Students' Union provide training but students on clinical rotations find it difficult to fulfil their representative role. The PRG endorses the SAR panel's recommendation (7.4) that induction and training for student representatives be reviewed with Student Services.

The SAR panel reported that difficulties in gathering feedback from external examiners in a timely fashion had been experienced because of delays arising in part because external examiners reports are submitted to NUI in the first instance. The PRG endorses the recommendation of the SAR panel (7.8) to explore ways of improving the feedback loop.

8.1 Commendations

The PRG commends the following:

Sharing good practice across campuses through the International Education Forum.

The production of a detailed, thorough and self-critical SAR through a consultative and inclusive process. The PRG encourages the School of Medicine to build on this process of open reflection as it considers its own recommendations and those offered by the panel.

9 SUPPORT SERVICES

The PRG met with a number of support staff that actively engaged in the review process and the SAR, providing it with an insight into the role they play in relation to the SoM. The PRG was impressed with, and **commends the level of support provided to the SoM by Student Academic and Regulatory Affairs (SARA) and a number of central shared service departments.** As student numbers increase, the PRG encourages the School to ensure that students are aware of all support facilities available to them.

The PRG heard evidence of the various kinds of support offered by staff, ranging from 'signposting' to academic and welfare support, formal communication through Moodle, one-to-one appointments through to extracurricular support, for example, for interview preparation, the Passport for Success programme and consideration of alternative pathways with those students who decide that they do not wish to continue studying Medicine. **The PRG commends the strong ethos of student support.**

In implementing the general recommendations outlined for the SoM, the PRG recognises that there will be a need for more resources and infrastructure to facilitate this. There was some concern expressed by a number of SoM staff about the database systems that do not seem to be accurate or interface well with each other. It was also noted that there is no single platform that maps the student journey from registration to graduation, and that Moodle is not reliable, and does not provide an accurate student record system. The PRG heard that there are projects in place to address these issues, and the PRG suggests that these projects should run in parallel with the overarching recommendations 3 and 4.

9.1 Commendations

The PRG commends the following

The level of support provided to the SoM by Student Academic and Regulatory Affairs (SARA) and a number of central shared service departments, in addition to that provided by academic staff;

The strong ethos of student support;

10 EXTERNAL RELATIONS

The School of Medicine has relationships with a number of external stakeholders. Whilst not exhaustive, these include clinical entities across the Dublin area, international medical schools, the Irish Medical Council, the National University of Ireland, and other schools within the RCSI (Schools of Pharmacy, Physiotherapy, Nursing, Postgraduate Studies and the Institute of Leadership).

The School of Medicine sends its medical students on clinical attachments across Dublin and at various other sites in Ireland for experiential learning. There are 37 such sites. There is clear buy-in from senior management and clinicians at these institutions. The School of Medicine provides financial support to develop, support and maintain teaching on each site. This is a strength of the School. Review and standardisation of facilities across clinical sites should be undertaken as there is no fixed protocol as to use of and distribution of funding. The Head of School has regular communication with teaching faculty on these sites. There is strength in these visits which nurtures buy-in from faculty and confers a degree of standardisation of curriculum delivery across sites. General Practitioners are reimbursed per capita. With the increase in student intake there are some incidences where there are too many students in a clinical area at one time. However, this does not occur at every site and adjustment to timetabling to smooth out peaks and troughs would be strongly recommended by the PRG in order to alleviate this issue (see also section 6). A robust mechanism to cascade information about the curriculum and curriculum overview is needed at peripheral sites. It is noted that patients are largely happy to support clinical teaching. They value the additional time that the students are able to offer them.

The School of Medicine has affiliated Schools of Medicine in Bahrain, Perdana (Malaysia) and (jointly with UCD) in Penang (Malaysia). Senior faculty on these sites report a strong sense of support from the Dublin faculty. In particular the annual International Education Forum (IEF) is regarded as fostering an atmosphere of excellent communication, integration and shared interest (see Section 8). The timing of this forum in June could be better placed to inform curriculum change for which the annual deadline is in March. Furthermore, the feasibility of rotating the forum to the international sites could be considered.

The international nature of the intake of medical students and the international flavour to the programme means that alumni take up clinical posts across the world. This is in particular in North America but also the Middle East and South East Asia. This is reinforced by the RCSI affiliated medical schools in Bahrain and Perdana, and the joint College in Penang. As a result, alumni feedback that they have contacts all over the world and retain contacts via a live database. This is a significant benefit in terms of support for electives, mentorship and overseas clinical attachments. Furthermore, faculty at International sites report an ability to tailor parts of the curriculum to suit local needs in order to produce doctors fit for purpose. There is focussed support for those students taking international Medical Licensing Examinations, particularly in North America. **The PRG commends the provision of academic direction to all students in relation to supporting practice in diverse locations across the world.**

Whilst the PRG did not note any exchange programmes, there is direct sponsorship for students from Kuwait to attend RCSI.

10.1 Commendations

The PRG commends:

The provision of academic direction to all students in relation to supporting practice in diverse locations across the world

11 SUMMARY OF COMMENDATIONS AND RECOMMENDATIONS

Commendations

- The expert faculty and their commitment to teaching, research and assessment and the welfare of students (section 4);
- Investment in infrastructure for medical school teaching, e.g. the New Academic Education Build and expansion at Beaumont and Connolly hospitals (section 4);
- The introduction of Technology Enhanced Learning (section 5);
- The successful embedding of undergraduate research in the SoM curriculum (section 7);
- The production of a detailed, thorough and self-critical SAR through a consultative and inclusive process. The PRG encourages the School of Medicine to build on this process of open reflection as it considers its own recommendations and those offered by the panel (section 8);
- Sharing good practice across campuses through the International Education Forum (section 8)
- The strong ethos of student support (section 9);
- The provision of academic direction to all students in relation to supporting practice in diverse locations across the world (section 10).

Recommendations

NB: In implementing all of the recommendations, the review panel is cognisant of the need for the following:

- Effective communication and consultation;
- Recognition of staff workloads;
- Recognition of the balance between research and other educational activity (noting the StaR programme in particular);
- The need for recognition and reward systems;
- The need for resources and infrastructure and
- That the student body be involved in all deliberations.

We hope that the SoM will recognise that a number of recommendations made in the SAR may be subsumed within the recommendations made by the panel. The recommendations follow the sequence in which they are set out.

- Review and rationalise the governance structures in order to ensure transparent and efficient leadership, accountability and decision-making within the School of Medicine and between the School, the College and International sites (section 3);
- An expeditious provision of a single staff database (section 4);

- Develop and implement a programmatic, innovative, multi-modal and centrally - managed teaching and learning strategy that will be appropriate for diverse learners (section 5);
- Recognising the contextual constraints of the Irish healthcare system, establish a Quality framework for experiential learning in order to achieve oversight and ensure a consistent and excellent student learning experience across all clinical sites (section 5);
- Develop and implement a valid and centrally-managed assessment system. This system needs to be programmatic (sections 5 and 6);
- Taking account of RCSI's current vision and recognising the changing imperatives of the internal and external environment, the School should finalise and disseminate across the whole School for consultation and discussion its draft vision and strategy; the final version then should be published (section 6);
- Develop and agree a new RCSI medical graduate profile and design and implement a new and coherent curriculum to deliver this (section 6).

APPENDIX 1: SITE VISIT SCHEDULE

Evening prior to site-visit: Tuesday, 12th April, 2016

Dur. mins	Time	Meeting Theme	Venue
90	15.00 – 16.30	PRG convenes. Private meeting time for PRG Tea/Coffee (Brief welcome by Director of Quality Enhancement)	3 rd Floor Boardroom 121 SSG
45	16.30 – 17.15	M1 Meeting between PRG and Head of School of Medicine	3 rd Floor Boardroom 121 SSG
45	17.30 – 18.15	M2 Meeting between PRG and School of Medicine SAR Co-ordinating Committee	2 nd Floor Boardroom 121 SSG
30	18.30 – 19.00	Private planning meeting for PRG	3 rd Floor Boardroom 121 SSG
	19.30 – 21.30	Dinner	

Day 1: Wednesday, 13th April, 2016

Dur.	Time	Meeting Theme	Venue
45	08.45 – 09.30	Private PRG meeting	
40	09.30 – 10.10	M3 Meeting with SoM GEM and Cycle Directors and Faculty Vice-Deans (Theme: Organisation & Management; Curriculum Development and Review)	2 nd Floor Boardroom 121 SSG
40	10.20 – 11.00	M4 Meeting with SoM Heads of Pre-Clinical Departments and Director of HPEC (Theme: Teaching, Learning and Assessment; Quality Enhancement)	2 nd Floor Boardroom 121 SSG
30	11.00 – 11.30	Tea/Coffee. Private PRG meeting	3 rd Floor Boardroom 121 SSG
45	11.30 – 12.15	M5 Meeting with Research-Related Staff (Theme: Research Activity)	2 nd Floor Boardroom 121 SSG
30	12.15 – 12.45	Tour of School Facilities	
60	12.55 - 13.55	Lunch & private meeting time for PRG	Robert Smith Room, 123 SSG
45	14.00 – 14.45	M6 Meeting with Pre-Clinical and Clinical Student Representatives (parallel sessions) (Theme: Student Issues)	2 nd & 3 rd Floor Boardrooms 121 SSG

40	14.55 – 15.35	M7 Meeting with Academic and Administration Staff Representatives (Staff Training and Development)	2 nd Floor Boardroom 121 SSG
20	15.35 – 15.55	Tea/Coffee	3 rd Floor Boardroom 121 SSG
30	16.00 – 16.30	M8 Meeting with RCSI CEO and Dean of the Faculty of Medicine & Health Sciences	2 nd Floor Boardroom 121 SSG
25	16.40 – 17.10	M9 Meeting with RCSI President	President's Office 123 SSG
50	17.10 – 18.00	Review of afternoon's meetings	3 rd Floor Boardroom 121 SSG
	19.00 – 21.00	PRG dinner	Hotel

Day 2: Thursday, 14th April, 2016

Dur. mins	Time	Meeting Theme	Venue
15	08.15 – 08.30	Private meeting time for PRG	3 rd Floor Boardroom 121 SSG
35	08.30 – 09.05	M10 Meeting with Senior Staff from International Campuses (VC link) (Theme – Organisation & Management across Campuses)	2 nd Floor Boardroom 121 SSG
40	09.15 – 09.55	M11 Meeting with Internal Stakeholder (Theme – Professional Academic and Administrative Support Services)	2 nd Floor Boardroom 121 SSG
45	10.10 – 10.55	M12 Meeting with External Stakeholders (Theme – External Relations)	2 nd Floor Boardroom 121 SSG
30	11.00 – 11.30	Tea/coffee. Private meeting time for PRG	3 rd Floor Boardroom 121 SSG
45	11.30 – 12.15	M13 Meeting with Support Department Heads (Theme: Operational Support including Staff and Facilities)	2 nd Floor Boardroom 121 SSG
60	12.15 – 13.15	Lunch & private meeting time for PRG	3 rd Floor Boardroom 121 SSG
	13.15	Taxi to Beaumont Hospital	
45	14.00 – 14.45	M14 Meeting with SoM Clinical Academics (Theme: Teaching, Learning and Assessment; Quality Enhancement)	Blue Room
40	15.00 – 15.40	M15 Meeting with SoM Alumni	Blue Room
30	15.45 – 16.15	Tour of Facilities	

30	16.30 – 17.00	M16 Meeting with Head of School of Medicine Tea/Coffee	Blue Room
90	17.00 – 18.30	Private meeting time for PRG members to discuss draft commendations and recommendations	Blue Room
	18.30	Taxi back to St. Stephen's Green	
	19.30	PRG dinner and a chance to discuss key issues	Hotel

Day 3: Friday, 15th April, 2016

Dur mins.	Time	Meeting Theme	Venue
180	08.45 – 11.45	Private meeting time for PRG – discussion and finalisation of commendations and recommendations for all sections.	3 rd Floor Boardroom 121 SSG
	10.30	Tea/coffee	3 rd Floor Boardroom 121 SSG
25	11.50 – 12.15	Private meeting with QEO	2 nd Floor Boardroom 121 SSG
15	12.15 – 12.30	PRG meeting with Head of School & QEO	2 nd Floor Boardroom 121 SSG
20	12.40 – 13.00	Exit presentation to School Staff	2 nd Floor Boardroom 121 SSG
	13.00 – 14.00	Light lunch and private meeting with QEO	Robert Smith Room 123 SSG
	14.00	Review ends	