**Quality Improvement Plan & Follow up**

**SCHOOL OF MEDICINE**

The table below details recommendations from the Peer Review Group arising from the Quality Review of the School of Medicine in February 2014. The School

prepared a Quality Improvement Plan and a Follow up meeting was held in 19th December 2016.

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|  | **Recommendations in the SAR** | **Response from the School of Medicine**   | **QPC Comment/****Recommendation** | **Actions** | **Follow up meeting 19th December 2016** |
|  | **RECOMMENDATIONS MADE BY THE SCHOOL** |  |  |  |  |
|  1 | The PRG noted the recommendations made by the School in the SAR. These included suggestions around:* Organisational structure and function
* Clinical Sites and Staff as integral to the School
* School defining initiatives
* Outreach to staff
* Make the School a repository of information

All these recommendations are valid and should be addressed. Some have been incorporated in the PRG’s own recommendations.  | **1. Organisational structure and function:**As outlined in the SAR, the committee structure of the School requires restructuring. In order to do this effectively, a subgroup of the Executive Heads of Department and identified Committee Chairs will be convened to critically look at the governance and committee structures. The subgroup will be comprised of 2 representatives of the life sciences, 1 representative of the MEU (Medical Education Unit) and 2 representatives of the Clinical Departments, the Medical School Manager and the Head of School. Aims of group:Review current governanceReview and amalgamate committeesReview communication between committees and reporting structure to HOS, Executive HOD and School staffConvene September 2014Report December 2014The Medical Education Unit is a new entity within the SOM. The Head of the MEU has been requested to look at the governance structure of the Unit with a plan to present the structure at the Executive Heads of Department in 2014. This will help clarify how the MEU fits into the School structures, the reporting lines, roles of the staff in the Unit and how they link with other Departments and Clinical teaching sites.**2. Clinical sites and Staff as integral part of School**Work is currently underway to address this issue. As stated in the report there is a need for integration of SOM (Central) and Clinical teaching sites in the expanded Academic Health Centre network.There is a requirement for a strategic and an operational plan for Clinical teaching sites for infrastructure and personnel.The work of the Clinical sites working group has been expanded to include the following:**2a. Infrastructural development** – Senior Faculty member and Medical School manager in conjunction with UCC Building and Estates, HSE/Academic Health Centre network to progress projects in clinical sites. This is progressing in a structured way on clinical sites. Branding of UCC on clinical sites is required and is progressing as part of the AHC development.**2b. Personnel and student coordination at Clinical sites** – Senior faculty member has been appointed to take a lead in this area. The remit is improve linkage and communication between the SOM and clinical teaching sites involving the Academic teaching staff of all grades across all Clinical Departments, UCC administrative staff (see below), the Clinical Senior Lecturers on clinical sites, Medical Manpower on clinical sites and outreach by the Medical Educational Unit. Student placement will be aligned to this review.The aim will be to foster better relationships between staff in line with the development of the AHC and to ensure the highest standard clinical placements will be maintained over timeAdministrative support will be provided to the lead faculty who will report to HOS on completion of the review.The two areas of work will be combined as one to ensure one line of communication across clinical sites. This work will also address outreach to staff – administrative and Clinical Faculty and the Clinical sites managerial staff.**3. School defining initiatives**The SOM requires a strategic plan. The plan should be in line with the College of Medicine and Health’s Strategic 5 year plan 2013-2017 <http://www.ucc.ie/en/media/support/hr/briona/CollegeofMedicineandHealthStrategicPlan2013-17.pdf>.To cover the areas of research, lifelong learning and change in Healthcare service and delivery. The specific needs of the SOM will be addressed. This will be developed by the HOS in consultation with relevant stakeholders by end of 2014.The School’s objectives and mission statement will be an integral part of the planThis addresses point 1 of the recommendations of the PRG. | QPC believes that the various components in this recommendation need to be led by the Head of School, in conjunction with the Head of College. The Head of College should take primary responsibility. Comments from the LP&E board should be taken into account and the whole recommendation should be approached holistically and should be linked to the response to the PRG’s recommendation 3 below. | Work on reducing the number of committees within the Medical School has progressed;Medical Student Board – an amalgamation of Student Affairs Committee and Student representative Committee now complete and active.Research and Postgraduate Affairs – complete with sign off by Executive Heads of Departments in September 2015Library Committee to be subsumed in to Curriculum Committee (Teaching and Learning)Student Affairs/Welfare undergoing reorganization. It is essential to clarify roles and responsibilities of those providing support for student body so that users of the service have a seamless pathway. This review is active and due for completion in September 2015. The aspiration is to have School of Medicine committees in 4 areas :* Student Affairs
* Teaching and Learning
* Clinical sites support
* Research

Proposal to go to Heads of Department in September 2015 to set up task force to look at feasibility of same.MEU:The Governance structure of the MEU was reviewed from September-November 2014. The new structure was presented to the Executive Heads of Department on 5 November 2014. The function, roles and responsibility of the faculty and how they link to the other Clinical Departments and teaching sites is outlined at the Executive Heads meeting in November 2014. In addition the MEU webpage was properly structured and went live early in 2015.Action: complete. **2. Clinical sites and Staff as integral part of School****2a. Infrastructural development**Branding of UCC underway. Progress on HSE signage well advanced with agreement between clinical sites and UCC Buildings and Estates. UCC signage is completed on the following sites MUH, SIVUH, KGH, UHW, STGH and will be completed on CUH by mid/end July and Bons Secours Cork by end August 2015. The UCC signage on GP practices attached to the School due to be completed by end September 2015.Delay on widespread HSE sites due to absence of new hospital network name.Completion of capital infrastructure overseen by Clinical sites committee and Building:Kerry General Hospital – completed in April 2015Cork University Hospital – ongoing development Completion of Room 17 Completion of GA/GB tutorial room June 2015 Work on 1A/1B and 4A/4B tutorial rooms planned for completion end 2015 Negotiations on 5A/5B tutorial room ongoing (Prof Stephen Cusack and Prof Jonathan Hourihane)University Hospital Waterford - New administration office complete February 2015Mercy University Hospital – upgrade of teaching facility in Boardroom. Agreed with MUH CEO and CFO. Completion end 2015. SIVUH – space identified. Review by Head of School and Chair Clinical Sites July 2015. Development late 2015 with completion in 2016 – date TBC.Administrative Support across the Clinical sites is constantly reviewed and has been increased in specific site locations in the last year. The School Manager has undertaken to visit the administrative staff on the clinical sites twice a year as part of the remit of the Clinical Sites management.**3. School defining initiatives**School Strategic Plan. Discussed with Head of College. Agreement that the College and School Plan were in line and that duplication might lead to confusion.Key priorities of lifelong learning/CPD under development.Director of Graduate Studies appointed and CPD strategy developed. The School of Medicine to appoint an Instructional Designer in late Autumn 2015 to assist in the development of CPD initiatives for the development of on-line learning.**CPD Leading Actions and Targets 2015** * CPD centre with centralised support to be developed.
* Governance: steering committee and advisory unit
* Integrated, clear and coherent branding and marketing strategy
* CPD website for advertising and engagement with professionals and providers
* Clear procedures for development, approval and review of CPD activities - aligned with UCC CPD strategy.
* Revision of core processes - Streamline for efficiency
* Work on create clear pathways for credit accumulation
* Administrative and academic structure to support CPD development and delivery.
* Increase online/ blended activities. VLE for non-credit bearing units.
* Internal and external benchmarking; Identify niche leadership and areas of focus for new programmes.
* Review of current CPD portfolio and development of new flexible courses; clinically focused; non-clinical skills.
* Expand collaborative programmes for health care professionals/interdisciplinary modules: widening participation- increase critical mass.

This College of Medicine and Health agreed the strategy for CPD at its Executive on 26 February 2015. The School is progressing this under this policy with a plan to go live in October 2015.International office: Administrator appointed and office open for August 2015Following on from an Administrative Review of the School of 2013 attached is a draft proposal of an organisational schematic for the administrative staff in the School. It is proposed to introduce this in the 2015/2016 year. | The Head of School reported the School has implemented a re-organisation of committee structures (as per proposed actions). |
|  | **RECOMMENDATIONS MADE BY THE PRG** |  | **QPC Comment/Recommendation** |  |  |
|  | *NB: Many of the recommendations can be linked to the following overarching recommendation:** *That the School clarifies and communicates its administrative and committee structures, including how these relate upwards to the College and the University and downwards to subject level structures and committees.*

*Recommendations 1, 2, 4 and 8 below, in particular, may be linked back to this key point.* |  |  |  |  |
|  1 | Review School objectives; develop a strategic plan and a new mission statement that reflects the ambitions of the School | Point 1 (see above **3. School defining initiatives)** | Endorsed. |  |  |
|  2 | Clarify and communicate the School administrative structures, taking into account comments below regarding their reform | A review of the administrative structures took place in 2013. A report was presented in early 2014. Items required clarification by HR. Following on from this, the Medical School Manager has undertaken to review the structure of the Administrative staff of the SOM and those in Departments affiliated to the School. This is an onerous task in the context of the large number of departments within the SOM and the distance of some of the Clinical teaching sites and the staff at these sites however this piece of work is essential to the day-to-day work of the School. The plan is to have an administrative forum for the SOM – the initial meeting is planned for September 2014 and will be lead by the Medical School Manager.  | Endorsed. |  | Implemented. School Manager appointed and administrative structures revised. Administrative forum still functioning??Yes – ongoing administrative staff developments |
|  3 | Engage the University in the development of a teaching and scholarship track for promotion in addition to a teaching and research track, reflective of international best practice | The University has a promotion track for Faculty, the next round of which is currently underway (April 2014). The SOM has a promotion track for Honorary Senior Lecturer posts; the most recent round was completed in February 2014 with the appointment of 8 Professorial grades based on criteria that include excellence in research and teaching. Heretofore the availability of this promotion track was infrequent however the SOM is committed to making this opportunity available to Clinical faculty every 2 years.  | QPC recognises that this recommendation is not specific to the SoM and will ensure that it is brought to the attention of senior management. However, the response does not directly address the matter of differential tracking and QPC is interested in the School’s views on what would be a sensible tracking paradigm for Health Science.QPC will ask the Registrar, the VP T&L, the VP R&I and the Director of HR to also consult on the matter. | PromotionUniversity Promotion Professor Scale 2 complete June 2015Clinical Professorships, New call October 2015 | Clinical Professorships now appointed. |
| 4 | 1. Develop a robust support system for administrative staff, to include:
	1. An administrative forum in medical school
	2. An administrative forum within and across clinical sites
 | See point 2. | Endorsed. |  |  |
|  5 | Consider the introduction of a School-level induction programme for graduate research students | The appointment of a Director of Graduate Studies and Continuous Professional Development is imminent. The post was advertised in June 2014 with the successful applicant in post for September 2014. The post is a half-time equivalent and is across the COMH. The remit will include a more coordinated approach to support of graduate students and will include recommendation 5. | Endorsed. |  | Postgraduate committee established.Director of Graduate Studies appointed?The Dean of the School of Medicine has, as per Recommendation 1 above restructured the School Committees and the Research and Postgraduate Affairs Committee under its remit has taken on the responsibilities under this remit |
|  6 | Review reliability of timely feedback to undergraduate students, in line with university policy | Timely feedback to undergraduate students will be reviewed again by the Direct Entry Programs and the Graduate Entry Programs in Medicine. The Directors of the Programs will lead the review and any deficits in the review will be corrected accordingly.  | Endorsed. | Collecting and monitoring feedback from all students in the School of Medicine is on-going and essential within the School.On commencing first year, a Medical Student is assigned a Mentor from the existing groups of Mentors, who are made up of the Academic and Clinical Staff of the School of Medicine. The assigned Mentor acts in an advisory and supportive role for the Medical Student, throughout the student’s entire time in the Undergraduate Medical Degree Course. Examples of the Mentor’s role include, adapting to life in University having left Secondary School or having moved from another country, or guiding the Medical Student as to career choices. In the event that the Mentor notices any health and/or personal issues affecting the Medical Student’s academic performance, or the Medical Student informs the Mentor of the existence of such issues, the Medical Student is referred, or is offered a referral to the appropriate Student Support Service, through the Student Welfare Programme. Over the last few months, and particularly in response to a recent request from a number of Class Representatives in the School of Medicine, a series of Seminars are now run in each Term to deal with issues of Coping Skills, Exam Stress and Financial Concerns. It is intended to further develop this Programme of Seminars with Pop Up Clinics run by the various Student Support Services in UCC, which will be advertised on the School of Medicine’s Internet Service Blackboard, and held in Brookfield Health Sciences Complex to inform Medical Students of the various Student Support Services. In addition, Information Notice Board on Blackboard of all the Student Support Services available to Medical Students will be set up by the School of Medicine. All of which will be outlined to Medical Students at Induction for ALL Medical Students, inclusive of 3rd 4th and 5th Medical Students. | Student feedback has been improved in line with university policy and Medical Council requirements.  |
|  7 | Implement plans to develop the physical infrastructure and the clinical faculty across the clinical training network, to enhance ownership of medical curriculum | Recommendation 7 is addressed above (**2. Clinical sites and Staff as integral part of School).**  | QPC does not believe that the response above addresses the issue raised in this recommendation. | RECOMMENDATION 7:Physical infrastructure development ongoing with projects completed as outlined aboveFaculty development underway. This task is the remit of the MEU. First workshop in February 2015 with additional workshops planned for September 2015  | Implemented. Clinical sites upgraded. Structures and Service Level Agreements put in place. |
|  8 | Clarify the resource allocation model at all levels of the organisation and communicate the rationale for differential growth across subsections of the School | A commitment to look at the resource allocation within the SOM will be made. There has been a differential growth in different Departments over the past few years based on the needs at the time. Efforts have been made over the past 6 months to increase the number of Faculty in Clinical Departments within the SOM with the approval of posts for Departments. This has been challenging given the moratorium on appointments within the Public Sector, which hadn’t been an issue when some faculty were recruited several years ago. | Again – QPC asks for a response to the recommendation which asks for clarification around the RAM. | 8. RESOURCE ALLOCATIONNeed to add new posts and support of clinical services. Investment made in the context of the constraints of the budget. | Implemented. -Part-time budgets became leaner. -More stringent processes regarding budget authorisation.-Increased support for bursaries and sabbatical’s. Improved administrative structures and management of clinical sites provided greater clarity on budgets overall. |