

**University College Cork
National University of Ireland, Cork
Quality Improvement/Quality Assurance
Academic Year 2002/03**

Peer Review Group Report

Medical School

MB BCh BAO Degree

Department of Epidemiology & Public Health

Department of General Practice

Department of Medicine

Department of Obstetrics & Gynaecology

Department of Paediatrics & Child Health

Department of Pathology

Department of Pharmacology & Therapeutics

Department of Psychiatry

Department of Surgery

Confidential

15th April 2003

Members of the Peer Review Group

Professor Gerald Fitzgerald, Department of Microbiology, UCC (Chair)

Professor Paul Giller, Dean of Science, UCC

Professor Cecily Kelleher, Professor of Public Health Medicine & Epidemiology, UCD

Professor Donald Weir, Regius Professor of Physic (Retired), TCD

Professor David Levison, Dean of Medicine, University of Dundee, UK

Professor Kevin Park, Professor of Pharmacology, University of Liverpool, UK

Professor Carl Whitehouse, Professor of Teaching Medicine in the Community, University of Manchester, UK.

Timetable of the Site Visit

The timetable for the conduct of the site visit is attached in Appendix 1. The details of the staff, students and other members of the University and representatives of employers and past graduates who attended the scheduled meetings are listed in Appendix 2.

In general the timetable and arrangements for meeting staff and students were suitable and adequate, and included visits to the facilities at Cork University Hospital, the Mercy University Hospital and the South Infirmary/Victoria Hospital, as well as those located on the University campus. The reviewers noted that teaching facilities are also sited outside Cork City, in particular in Mallow General Hospital, in Limerick Regional Hospital and in Tralee General Hospital but the time available did not allow the group to visit these facilities. The reviewers wished to record their appreciation to all those whom they met and who made themselves available to the Peer Review Group for both the time offered in the meetings and the frankness and openness of their discussions with the Peer Review Group.

Peer Review

Methodology

A Self-Assessment Report had been prepared for each of the nine Clinical Departments, the Medical School and the MB BCh BAO Degrees, and submitted to the members of the Peer Review Group a few weeks prior to the review visit.

As detailed in the timetable given in Appendix 1, in order to ensure comprehensive meetings with representatives of staff and students of all the Departments concerned it was necessary for the peer reviewers to divide into two groups at certain times. Each of these groups had at least one representative from within UCC, as well as one each from a national and an international institution. The reviewers visited the Cork University Hospital and met with senior officers of the University as a single group. At all times the reviewers shared their experiences with the whole group. The external members did bring their specialist knowledge to bear on many issues whilst internal members endeavoured to represent the views and concerns of the University. For the meetings with staff and students Ms. Buckley and Ms. Ní Néill of the Quality Promotion Unit were present to assist with the taking of notes of the meetings.

Site Visit

The general ambience of the student facilities at Cork University Hospital (CUH) was not found to be pleasant, the library and reading areas are small, generally over crowded with poor ventilation and the quality of décor and upkeep was unacceptable. The number of functioning computers is grossly insufficient to meet student needs. Other facilities for students such as locker rooms are of a very poor standard, and a common room was non-existent. The reviewers were of the opinion that the facilities for students in CUH are substandard, but understood from Officers of the University that plans are underway to address this problem.

Part of the problem seems to have been the lack of clarity as to where responsibilities lie for the upkeep of these facilities (viz between UCC and the hospital management). Whether this has prevented the Medical School itself from undertaking some of the refurbishment using its own funds is not clear.

The research facilities were visited along with every clinical Department accommodated in CUH. Some of the research facilities were cramped to such an extent it appeared that laboratory safety was compromised.

In addition to CUH, the Group did inspect the campus and other city off-campus sites involved in medical education, including Mercy University Hospital, the South Infirmery/Victoria Hospital, and Distillery House.

The reviewers found the Mercy University Hospital to be a good environment with very nice facilities, including a new, small but pleasant library. They agreed that there was capacity for the Mercy University Hospital to expand the number of student placements.

The South Infirmary/Victoria Hospital was noted to have a small library with a very nice atmosphere, with a good tutorial room next to it with seating for 70. ~~There is no common room and very limited facilities for students to change and keep belongings.~~ It was noted that ~~there is~~ the hospital has recently purchased a big-large area for future expansion. The Group recommended that UCC should be involved in discussions and decisions as to what is needed for student accommodation in the hospital.

The reviewers, as noted above, did not visit facilities in Limerick, Mallow or Tralee as these are geographically remote and the time available precluded visits. These hospitals were recognised as being an important part of the teaching facilities and it is acknowledged that they contribute in a significant way to the experience of the students. The group did get feedback from graduates on the usefulness of these facilities and were favourably impressed with the positive views expressed.

~~In addition to CUH, the Group did inspect the campus and other city off campus sites involved in medical education, including Mercy University Hospital and the South Infirmary/Victoria Hospital, plus Distillery House.~~ The facilities at Distillery House are no longer adequate for their current use. It was observed that rooms are being used for conflicting purposes due to lack of space; for example, a Senior Lecturer shares an office with a postdoctoral fellow due to lack of space and a seminar room intended to be used for communication skills training had to serve the very different demands of being a multi-user computer laboratory. The reviewers were of the opinion that the Departments presently accommodated in Distillery House have outgrown the facilities.

Preparation of the Peer Review Group Report

The report was compiled in the following manner:

- On the afternoon of the first day of the review, the Group agreed the overall structure of the ~~report~~ review. It was decided that a single report for the Medical School and the MB

BCh BAO Degrees would be written ~~and that each Department would receive this report. which would also contain Aa~~ section specific to ~~the each~~ Department. ~~This section~~ would ~~also be written and~~ would include the comments of the PRG on the specific analysis of the Department and the recommendations for improvement made by the Department. It was agreed that each Department would receive the full report on the Medical School and the Degrees and their own specific section but would not receive the section of the report dealing with the other Departments without the agreement of those Departments. (Following the approval of the Governing Body of UCC the reports will ultimately become documents that are publicly available). The Group agreed the broad outline of headings and initial findings. Topics requiring further enquiry were also noted.

- On the evening of the second day the PRG discussed the findings to that point and agreed on the general thrust of the review.
- On the afternoon of the third day the PRG prepared for the exit presentation, agreeing the principal structure of their findings and recommendations. These were then communicated to the staff of the Departments and of the School.
- The final detailed structure of the report and specific recommendations were agreed and noted by all the members on the evening of the third day.
- The chair of the Peer Review Group communicated a draft version of the final report to the members by e-mail. Following corrections and amendments, which were agreed by all members, the report was finalised.

Overall analysis

Self-Assessment Reports

Overall, the self-assessment reports for all the Departments, the Medical School and the Degree programme were comprehensively prepared. The PRG was impressed with the detail, accuracy and volume of material contained in the reports. Generally the information provided in the appendices was well-organised and presented and greatly facilitated the understanding by the PRG of the structures and operations of the Medical School and the Departments. Within the eleven reports a wide range of issues were brought up, which were not necessarily addressed in each individual report. ~~The reviewers noted that not all the self-assessment~~

~~reports discussed all the issues. However, collectively all issues were addressed.~~ The information on budgeting and outputs in terms of student performance were not systematically addressed in the reports. The reviewers were of the view that it would have been helpful if more information on budgeting matters and on assessment of students and student outcomes in terms of results had been provided by central administration. Overall the self-assessments were frank and open.

SWOT Analysis

Every Department and Unit performed an analysis of their strengths, weaknesses, opportunities and threats. In general, these were very well done, although they did vary in coverage and detail from one Department to another. It was noted that a separate SWOT analysis was completed for the MB BCh BAO Degrees. Comments specific to each of the nine Clinical Medical Departments are included in the section specific to the particular Department. It was evident that all the Departments benefited from the exercise. The complexities associated with the clinical Departments in terms of their multiple commitments and their staffing levels were recognised by the reviewers. ~~The PRG commended the efforts of the Departments to involve as many staff as possible in the process.~~ In some of the clinical Departments it was clear that few of the large numbers of part-time clinical teachers took part in the preparation of the SWOT analysis. Thus, in some cases, the analysis was not necessarily owned by all the people who should own it. Nevertheless, the PRG commended the efforts of the Departments to involve as many staff as possible in the process.

Benchmarking

All of the Departments and the School complied with the requirement for Benchmarking as specified in the guidelines for preparation for the Quality Review. However, the comparatives and outcomes reflect the very wide range of facilities and contributions of the individual medical specialities at various institutions in Ireland, Europe and North America. In no single case did the panel find the specialities in Cork failing to provide an adequate education in the required clinical knowledge and skills.

Overall Analysis and Findings – Medical School

This section of the report contains the overall analysis by the PRG of the Medical School and its Clinical Departments. The issues discussed in this section, in general, apply to most if not all of the Departments of the School and are not re-iterated in the sections relating to individual Departments.

The SWOT analysis carried out by the Medical School formed the basis of a major section of the Self-Assessment Report dealing with 'Challenges and Proposed Solutions'.

A number of issues are highlighted based on the observations of the PRG, the comprehensive documentation submitted and arising from the meetings with staff and students.

I. Lack of Resources, Facilities and Support Issues

- Resource limitations are hindering development.
- The library facility at CUH is woefully inadequate although the review team was impressed by the dedication of the library staff to the service.
- Level of IT support from UCC is a serious problem for some Departments and for teaching hospitals.
- The lack of appropriately appointed space for teaching is a big-significant issue.
- Student facilities are extremely poor – this is also addressed below.

The PRG recommended a positive engagement with Hospital/Health Board managements, to identify responsibility and mechanisms for provision of facilities. Clearly, there is a need for an adequate library at CUH and appropriate access to IT facilities. There is a level below which facilities cannot be allowed to fall if the programme delivered is to be credible. It is understood that improvements are necessary to meet requirements set by the Medical Council prior to their next visit.

II. Staffing & Budgets Issues

- The lack of co-ordination in the delivery of the programme and the poor quality of many of the teaching-related facilities is beginning-seriously threatening the quality of education being delivered.
- Many Departments are too small and are staffed at a level which puts at risk their future viability not to say their development. This deficiency applies to academic and administrative support staff.

- The number of part-time clinical teachers as a ratio of full-time staff (and the amount of money involved in paying these teachers) is a major issue_ and theThe variability between Departments with regard to their relationship with some of the part-time teachers is also of concern-is a major issue. This appears to have arisen due to the incremental development of this practice, inherited intact and without clear rationale for it, by incoming heads. In some Departments it appears that the part-time staffing situation is almost out of control in budgetary and administrative terms.
- The lack of teaching co-ordinators who would co-ordinate, direct and monitor the academic programme related to the various areas of the Degree is an issue identified by many Departments.
- Taking into account the varied teaching, research, clinical and administrative commitments, current Departmental structures, including the small size of some Departments, do not provide sufficient time and resource for staff to deal with all the issues confronting them. This is an impediment to both restructuring the curriculum and development of research. For instance considerable economy of scale could be achieved by rotating administrative responsibilities in larger, amalgamated working units of cognate Departments without interfering with the academic identity of designated chairs.

Each Clinical Department should have a minimum of two full-time senior staff with 50:50 (University : Health Board) appointments. A similar model would apply to both hospital and community disciplines. Such a situation would free academic time for research, broaden perspective, allow rotation of Headship, and reduce teaching responsibilities for individuals. Each Department also needs adequate and substantive (i.e. permanent appointments) administrative support. It is recognised by the PRG that the required costs of the necessary improvement in staff:student ratios cannot be borne by the University alone and will need very significant financial support not only from the Higher Education Authority but also explicitly from the Department of Health and the Health Boards with recognition of an education responsibility on the part of the Department of Health.

There is significant variation in the relationships with part-time academic staff amongst Departments. These include numbers of staff employed, nature and amount of payments, the

extent of teaching inputs, training for teaching role, and the degree of interaction with the Departments. A need for transparency and full devolution of the part-time teaching budget to the School was identified. Many part-time academic staff indicated that one way to overcome some of the difficulties regarding the part-time budget and the interaction with the Departments and the University was through University rRecognition for clinical part-time teachers ~~can possibly be achieved in a cost neutral way if appropriate academic recognition is given~~(such as access to University sports facilities, academic titles, etc). Full dDevolution of the budget allocated to the Medical School should take place and a management model introduced that gives democratic participation by Departments in its relative allocation.

III. Student Care Issues

- Student facilities are almost embarrassingly deficient (library, IT, lockers, common room) in CUH.
- The lack of career guidance ~~and pastoral care~~ for students was highlighted.
- With some Departments it was evident that there is a lack of transparency in their dealings with students particularly with respect to feedback relating to examinations.
- The organisation of elements of the programmes is not student friendly. There is a lack of co-ordination in timetables – examples of which include six consecutive lectures without a break, geographic disharmony of sites, and timing of lectures following clinics in various hospitals allowing insufficient travel time.
- Concern was expressed over the extended time scale of responses made to issues raised at staff:student committees and in student questionnaires.
- There was a lack of awareness of the pastoral needs of the students (particularly international students). These are not really being addressed.

The PRG understood that the issue of facilities at CUH will be addressed within the short term. The Registrar stated that this issue was under active consideration and that the Office of Buildings & Estates has been asked to address the question of provision of appropriate facilities. However, there currently exists a difficulty (apparently bureaucratic!) which prevents UCC from sending maintenance and computer support staff to CUH. This matter needs to be dealt with by engaging with the CEO of the hospital. There is also a duty of care

on behalf of the Medical Faculty which should have used some of its own funding to date in this regard.

The PRG also agreed there is a need for career guidance in intern year. There should be greater transparency in the examination process and medical students should be afforded the same rights re access to scripts, appeals procedures, information on examinations and other processes available to students from other disciplines in UCC.

The Departments should be more responsive to student feedback.

Consideration needs to be given to co-ordinating timetables, along with the presentation of clear timetables and reasonable notice for dates for oral examinations etc.

Pastoral care for full fee paying students and indeed for all students is needed and the idea of a mentoring scheme was suggested by the Group.

IV. Curriculum Issues

- There is a widespread recognition within the School and across the various Departments that curriculum review is necessary, particularly in respect of what constitutes the core curriculum, developing possibilities for some specialisation and how to deal with the explosion of medical knowledge (see later section on Degree).
- There is also widespread recognition that better coordination between the various elements within the overall programme and between elements taught by part-time staff is needed.
- The objectives of the programme need some refinement, to include perhaps greater comprehension of causes and societal context of disease and greater exposure to communication skills.
- There is a need to produce an accurate timetable.
- Vertical integration of the programme appeared to be accepted as being necessary and needs to be brought forward.
- There should be a re-evaluation of the balance between direct teaching and student self-learning.

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- Graduates suggested that, from experience, the UCC curriculum should provide students with more practical skills/expertise to look after patients, treat emergencies and carry out specific procedures that are needed when embarking on their term as interns/house doctors.
- Concern was expressed by some of the student body that assessments come too early especially in 1st Medical (after six weeks).

The PRG formed the opinion that discussion of the curriculum had not really begun yet. There is a need for a specified time line for the discussions and implementation of curriculum development. The PRG recommended a facilitator be asked to drive this. The PRG also recommended that the Medical School be given the devolved authority and budget control to achieve this curriculum reform.

V. Structural Issues

- The new Medical School structure was welcomed. The PRG recognised that the School is at an early stage of development and that its relationship to the main Faculty office will require careful thought to ensure a balance of administrative responsibilities between the two and in respect of the other Schools of the Faculty of Medicine. This Report will discuss the role of the School later.
- The PRG was concerned that there may be too many committees proposed for the School.
- As stated above, the PRG recommend that the School must be given budgetary control and authority to allow for coordinated curriculum reform and the development of elective modules.
- The PRG recognised that there are too many small Departments (see above) and that rationalisation should be undertaken to consolidate administrative and other functions and thereby release resources for strategic developments.
- The PRG recommended some rationalisation of the proposed committee structure, in particular to ensure that students were both fully involved and aware of where they can most effectively contribute and make their needs known.

VI. Research Issues

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- Concern was expressed at the lack of clinical research with one or two clear exceptions and the lack of a research strategy building on local strengths.

The PRG recognised the importance of research to underpin the teaching programme. The PRG felt it is not necessary that all areas currently contributing to clinical teaching should be developed into world-class research centres, but there are opportunities in areas such as behavioural science, clinical science and biomedical science. Given the changing demographic profile of the student body, issues such as international health could be given a focus, both as a necessity but also as a strength. To fulfil this and ensure most effective use of resources, it is essential that an overall research strategy be determined at the earliest opportunity.

VII Interactions with the Health Boards and hospitals

- Concern was expressed at the problems in the relationships between UCC and the Health Board, but the PRG acknowledged that this situation has improved over the past couple of years. It is essential for UCC to continue its recent efforts to encourage better relations with the Health Board.
- Greater interaction with teaching hospitals and the part-time teaching staff is needed. As one Clinical Teacher stated “Hospitals will not take an interest in teaching until the University takes an interest in the hospitals”.
- Engagement with the hospital management in relation to provision and maintenance of student facilities is essential.

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VIII General

The Medical School should be a cost centre with a devolved budget. This would allow the end users to exercise control over allocation of budget as they see fit. It would also allow consolidation of resources and would facilitate the development of a coherent strategy for the delivery of the teaching programme and consolidation of administrative functions. Above all this requires the provision of a co-ordinator and organiser of the teaching programme. Savings made can be redeployed to promote developments in areas identified as being strategic and to free up the time of Heads of Departments. Pastoral care for all students is needed. There is the significant issue of the excessive number of Departments within the

Medical School. This ~~must should~~ be ~~agreed~~ rationalised. Some incremental consolidation will provide a mechanism for cost efficiencies to release scarce funds for deployment to agreed strategic developments.

Recommendations for Action from Staff of Medical School

The PRG endorsed the following recommendations made by the Medical School:

1. The budget must be administered in a manner that ensures the delivery of the curriculum and the resourcing of Departments towards this end.
2. The central administration of the School must expand and develop expertise in such essential areas as Student Welfare, Staff Support, Finance, Curriculum, Postgraduate Studies and Research and the relevant committees must be appropriately resourced. It is essential that these functions should evolve in tandem with the other Schools and without unnecessary duplication of the role of the Faculty office.
3. Infrastructure, and especially the web site, must develop and assist in promoting communication between the School and its Departments, Faculty (at all levels), staff and students as well as with the University and all relevant institutions and agencies.
4. The School must assume a pivotal role in the promotion of research.

Overall Analysis and Findings - MB BCh BAO Degree

The SWOT analysis carried out by the staff responsible for the MB BCh BAO Degree programme was quite comprehensive and formed the basis for the section of the self assessment report dealing with 'Challenges and Proposed Solutions'.

The PRG acknowledged that the clinical Departments have been very successful in producing high quality internationally competitive medical graduates. This view was supported by the experiences described during discussions with past graduates. In line with all other Irish Medical Schools over the recent past significant challenges have arisen that include increasing student numbers, increasing clinical demands on academic staff -and competition for facilities

by other programmes. The PRG commended the very high level of commitment of all the teaching staff. The PRG formed the impression that most of the serving medical practitioners in the Munster region are graduates of UCC. It was recognised that UCC is a provider of graduates at both regional and national levels. To meet the modern challenges common to this and other Medical Schools in these islands, it was felt by the Departments and the PRG that significant repositioning of the Degree programme and the curriculum will be required.

Across the School conflicts were identified between the commitments of the academics and their Departments in relation to their clinical, ~~and academic~~ and administrative duties. There was also evidence of a lack of knowledge in what was being achieved by other Departments and a difficulty in clearly articulating common values. Little cohesion in teaching by Departments was evident. On the plus side the fact that the Departments and the Medical School requested a joint quality review rather than eleven distinctly separate reviews helped the PRG to identify the lack of cohesion in teaching between different elements of the curriculum and also showed opportunities for remedying this in the immediate future.

The lack of opportunity for taking electives in the programme was highlighted. There is little opportunity for student-selected components to allow students to study aspects in depth. The curriculum as it is currently structured does not allow the student to diversify and to work towards personal development and neither does it provide the student with the appropriate level of clinical and communication skills. The PRG noted and commended, in particular, the recent development of clinical skills modules. A need for the development of clinical skills training at the commencement of the intern year was clearly identified. A systematic course should run right throughout the clinical years. A number of factors including legal pressures have meant that support for training in clinical skills has decreased in recent years. The way of remedying this would be the introduction of a clinical skills component throughout the clinical years in line with the recommendations in *Tomorrow's Doctors* already embraced by the School in its documentation.

Most of the Departments involved in delivery of the MB BCh BAO Degrees felt they would benefit from greater co-ordination. The increased service commitment of staff of the Departments is affecting their ability to deliver programmes as well as they would like.

Students commented on the very heavy load of didactic teaching in the Degree programme. It was clear to the PRG that staff do understand the value of small group teaching, including problem-based learning. However, the lack of staff resource is hampering development in these areas. Students also criticised the term and end-of-year assessments and the PRG felt these should be reviewed. The PRG would anticipate that, as the curriculum is being reviewed, the forms of assessment at all levels would also be examined, with a view to including more formative assessments and reducing the burden of end-of-unit assessments.

Goals of the MB BCh BAO Degrees

The Self-Assessment document outlined five key goals of the curriculum.

1. To provide the student with the necessary theoretical knowledge, practical experience and clinical skills to enable them to function as a pre-registration House Officer.
2. To instil a caring and ethical approach to Medical Practice.
3. To promote life-long learning and education.
4. To promote an enquiring and critical approach to the science and practice of Medicine.
5. To comply with the statutory requirements laid down by the Medical Council, the Medical Practitioners Act and the European Commission and in accordance with other international licensing and registering bodies.

The PRG felt it was good that these goals were identified and understood that the stated objectives need to be developed by different units in the light of changing medical knowledge and the changing student body. There is however a need to do this in an integrated way to prevent conflict, confusion and wasted resource.

The PRG noted that there is little evidence of vertical or horizontal integration in the course at this time and concluded that there needs to be improvement in this area. The PRG endorsed the principles for medical education as detailed above. The PRG recommended that curriculum reform based on the following principles be undertaken:

1. Identification of a core curriculum based on knowledge skills and attitudes required at graduation.
2. More integration of basic biological, social and behavioural sciences with applied science and clinical science material over the five years of the programme.
3. Development of a systems-based rather than knowledge-based curriculum.
4. Learning outcomes should be clearly defined.
5. There should be a rationalisation of content with an overall reduction in the amount of material.
6. Replacement rather than addition of extra material is recommended.
7. The possibility of the inclusion of electives in the programme should be considered (although questions were raised over the rationale for and validity of the only current elective proposed on History of Art).
8. Addressing of timetabling issues in relation to student daily workload is necessary.
9. There should be increased emphasis on and teaching of clinical, communication and practical skills,
10. There should be a greater emphasis on self-directed learning.
11. Appreciation of social and contextual issues for future practice of medicine in Ireland and internationally.

Based on the site visit to the teaching hospitals (particularly the CUH) and discussions with student representatives, the PRG was of the view that the facilities available to the students were seriously substandard and inadequate and should be considered to be quite unacceptable. It is recognised that it is not within the remit of the University alone to address these issues and that engagement with the Hospital management and to a degree with the Health Board, is necessary if facilities are to be improved. However, any past difficulties in the relationship between the University and other agencies cannot be used as an excuse for not addressing the poor level of student facilities in the future (the medical students are after all UCC students). The responsibility also falls on the Medical Faculty to commit some of its own resources towards this end. The PRG was encouraged to hear that the relationship between the University and the hospital management has improved and is being put on a more solid basis (e.g. through the creation of hospital liaison committees) and the expectation is that the issues of substandard facilities will be addressed in the near future.

The PRG was concerned that the level of pastoral care available to Medical students was practically non-existent. While Medical students are academically high achievers, and generally can deal with an intellectually demanding academic programme, it is not acceptable that those in difficulty do not have any significant support structure on which they can rely for pastoral advice. Many Medical students do not or cannot avail of the pastoral care facilities accessible to other University students due to their off-campus location, particularly during the clinical years.

It was noted that the strategic plan 2000-2005 for the Medical School identified the need for a student mentoring system which has not yet been put in place. The PRG considered that the student:staff structures that have been set up are not adequately providing for the support of students. The PRG advocated the setting in place of a mentoring system for the students.

This is a time of change and challenge and it is very encouraging that systems and structures are being put in place to manage and inform these changes. What are needed now are clear time-lines for the implementation of change.

Recommendations for Action for MB BCh BAO Degrees

The PRG endorsed the following recommendations made in the Self-Assessment Report on the MB BCh BAO Degree:

1. That increases in student numbers be accompanied by parallel increases in full-time faculty or clinical staff places. Although some of this may be achieved through the necessary reallocation of part-time pay towards permanent staffing it is recognised by the PRG that the required costs of the necessary improvement in staff:student ratios cannot be borne by the University alone and will need very significant financial support from the Department of Health and Health Boards and recognition of an education responsibility by the Department of Health.
2. That a thorough review of the entire curriculum is undertaken to allow for deletion of material as well as inclusion of new material.
3. That a more rigorous and transparent approach to assessment of students be developed.

4. That the Medical School must engage in an ongoing programme of support for teachers at all levels and must impose a continuous programme of assessment and review of all aspects of the MB BCh BAO Degree Course. The central elements of the course must be supported by appropriately qualified and dedicated educators, whose mission is the delivery of the course and an insistence on objective assessment at all levels. Departmental infrastructure and staffing levels must be increased to facilitate, not only course delivery and assessment, but also ongoing support for its teachers and an ongoing programme of quality review.

Overall Analysis and Findings - Department of Epidemiology & Public Health

The SWOT analysis carried out by the Department was good.

The Department of Epidemiology and Public Health has developed rapidly and impressively since its establishment in 1997. Its contribution to the undergraduate MB programme has been considered, relevant and was well reviewed by students. Indeed, it has pursued a broad-ranging course development programme with an appropriate inter-disciplinary perspective, including a new Bachelor's programme and a Masters level course in Health Promotion. Its research programme fits both into regional and national needs in public health research and the support of peer-funded projects, particularly from the Health Research Board, is considerable. Consolidation of the permanent staff base has been slow, with little evidence of proactive recognition by the University of the potential of the Department. The large numbers of staff in contract appointments contribute to a sense of fragility in the Department. Accommodation has reached a ceiling, making the move to the new medical campus site at Brookfield necessary. There is scope for considerable inter-disciplinary linkage on the part of this Department within and beyond the University.

Recommendations for Action from Department of Epidemiology & Public Health

The PRG endorsed the following recommendations made in the Self-Assessment Report of the Department of Epidemiology & Public Health:

1. That the Department improve its publication record.
2. That the Department further strengthen its internal management processes.
3. That the Department should complete its senior staff complement by the appointment of an additional staff member at Senior Lecturer level, or above ~~[through the reallocation of part time pay towards permanent staffing]. I am not sure if it is the role of the PRG to say here such funds can be sourced!~~
- 5.4. That the Department work towards consolidating its relationship with the Southern Health Board through the creation of a jointly appointed post.

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Overall Analysis and Findings - Department of General Practice

The SWOT analysis completed by the Department did not appear to involve all of the staff working together as a group. Rather it was completed by the Head of the Department in consultation with the staff.

The main strengths of this Department relate to the staff, both a loyal and dedicated core staff and a group of skilled and experienced clinical teachers supported by an enthusiastic Chair. Staff have a strong sense of shared values both educationally and around being patient- and student-centred. There has been a reasonable success, considering the small staff complement, in acquiring research funding and developing a significant cohort of teachers who can contribute to three out of five years in the programme.

A major weakness has been the small size of the Department and the heavy clinical commitment of its faculty members and part-time teachers in primary care. This has led to a perceived difficulty in completing the publication of research and in developing teaching commitments. There is a definite need for an increase in staffing. A further major difficulty has been the development of the strategy proposed in 1999. There has been difficulty in engaging with and receiving feedback from the University. More generally there is a sense of isolation and a feeling by general practitioners that values and contributions are not always shared by other areas of medicine. This has led to difficulties in consolidating links with natural academic partners within and beyond the University. The Medical School needs to

work with the Department in developing a strategy that will assure the Department that it is integral to the mission of the School.

Opportunities are seen in the potential collaboration with other Departments in teaching (in areas such as communication and ethics) and research and the development of a Primary Health Care strategy. The historically strong vocational training scheme should be a potential support.

A threat, however, would be the relocation of the Department of Epidemiology and Public Health at an earlier stage than the relocation of the Department of General Practice, thus limiting the current benefits of shared premises and resources. The PRG considered that this proposal should be reviewed.

Recommendations for Action from Department of General Practice

The PRG endorsed the following recommendations made in the Self-Assessment Report of the Department of General Practice.

1. There is a need for the School to more clearly understand and articulate what it wants and expects from a Department of General Practice.
2. There is a need to regularise the funding of the Department and to consolidate and enhance its staff complement.
3. The Head of Department needs more support and guidance on strategy and objectives and, possibly, assistance in delivering on these.
4. There seems, particularly from the benchmarking exercise, to be a pressing need to engage more effectively with the Health Boards (particularly the Southern Health Board) to solicit support in the development of the Department. This will require some clarification with the Health Boards regarding the potential of the Department as a resource for them.
5. The Department might benefit from closer integration with the postgraduate specialist training programme in General Practice but this will not solve its current staffing and resourcing crisis and is not a substitute for acting on these issues.

Overall Analysis and Findings - Department of Medicine

The SWOT analysis carried out by the Department was based on two series of analyses which appeared to have limited participation by the part-time clinical staff. The information was used to inform the "Projection" section of the Self Assessment Report.

The strengths of the Department are the many successes in research initiatives and the impressive number of postgraduate students, along with the good relationship with other Departments in the Faculties of Medicine, Science and Food Science & Technology in UCC. The Department has placed particular emphasis on its strong access to basic science Departments in UCC. There is a strong tradition of clinical teaching in Cork with well-trained clinical teachers.

One issue that was clearly signalled by the Department is the lack of recognition by the University of part-time clinical teachers for the work that is done. This should take the form of full access to University facilities such as Library and recreational facilities, and in the title of the staff. The weaknesses of the Department (although not confined solely to the Department of Medicine), which were outlined honestly in the Self-Assessment Report, are the poor facilities for students, the inadequate library space, the poor co-ordination in the organisation of teaching by the Department and the lack of cohesion of the teaching hospitals. The inadequate structure in teaching includes the absence of monitoring of students in hospitals, the lack of time-tabling support for consultant teachers and the teaching infrastructure. There is poor cohesion with different groups in the Department, particularly in respect of the disciplines of Radiology and Ophthalmology. These separate disciplines need representation within the Medical School structures. The PRG noted that the Head of the Department did not have information on the terms and pay of the part-time clinical teachers. The view of the Department is that anyone appointed to a teaching hospital should have teaching responsibilities and indeed the PRG understands that this is part of the consultant common contract.

The opportunities that were outlined in the Self-Assessment Report stem from the large number of successful grants obtained from the EU Commission, the Health Research Board, Enterprise Ireland and Science Foundation Ireland. There is a real opportunity in the potential for liaison and interaction with local biotechnology and campus industries.

The threats identified in the Self Assessment Report lie in the peripherality of Cork in comparison with resources available in Dublin, and the bureaucratic emphasis on process and structures in the Faculty of Medicine which has created difficulties. The Department is at risk from the imminent retirement of key staff with no formula evident at present for their replacement. The secondment of the Professor of Medicine & Human Physiology without adequate replacement is also a threat to the activities of the Department. Time consuming bureaucratic struggles with the Health Boards and UCC affect the ability of the Department to concentrate on core activities.

Benchmarking exercise: The Department quoted Medical Council Reports which do give analysis and comparisons.

The Department felt that there should be more recognition given by the University to the successes of staff- in the Department under the leadership of the present incumbent in the Chair of Medicine. The PRG noted the lack of a departmental staff committee and that because of the increasing numbers of patients in Accident & Emergency units and the increasing numbers of students that there are fewer opportunities for students to admit patients.

The PRG agreed that the Department had very creative ideas on the future of medical education.

Recommendations for Action from Department of Medicine

The PRG endorsed the following recommendations made in the Self-Assessment Report of the Department of Medicine:

1. That the Department will continue to promote excellence in clinical training by retaining existing policies that have proven successful.

2. That the mode of reward, incentives and structure of the budget for the part-time consultant teachers be reformed.
3. That action be taken to correct the departmental staffing deficit that arises because of the imminent retirement and secondment of senior staff of the Department.
4. That the deficiency in facilities for students at the teaching hospitals, in particular those at CUH be addressed.
5. That the space shortage and overcrowding of the Medical Library at CUH be addressed.
6. That the Medical School works towards the integration of the academic mission across all the affiliated teaching hospitals by
 - a) investment in and greater use of telemedicine with joint case conferencing and sharing in the visitor professorship programme through telecommunications across Munster.
 - b) making senior appointments in Limerick and the Cork voluntary hospital system.
7. That senior academic appointments should be made in critical areas that transcend individual Departments. Recommendations were made that there should be appointments in the following areas. Largely through the reallocation of part-time pay towards permanent
 - Medical Education
 - Immunology/microbiology
 - Neuroscience
 - Cancer medicine
 - Geriatrics/community care.
8. Appointment of a curriculum committee within the Medical School that has power to effect change and reform. This is distinct from the current committee, which is largely advisory.

Overall Analysis and Findings - Department of Obstetrics & Gynaecology

The SWOT analysis carried out by the Department involved about one third of the clinical teachers and all of the main teaching hospitals were represented. The output of the analysis was used to formulate specific "Recommendations and Goals" in the Self-Assessment Report.

The post of the Chair of Obstetrics & Gynaecology has been filled within the last few years. There is remarkable enthusiasm about the future potential of the Department on the part of both the Chair and staff. Although historically stronger in teaching than in research, there appears to be plans for major developments with bench science colleagues within UCC and other collaborators. There was impressive evidence of participation in the Department by clinical colleagues in the region, with plans for both teaching and research and great infra-structural potential for the new Maternity Hospital facility at CUH. However, links with community services are underdeveloped. The commitment to teaching is welcomed, given the difficulties reported to date by students, both past and present, regarding teaching lecture schedules. A particular feature of this Department is the successful negotiation to put in place a senior lectureship at the same time as the Chair, on the 50/50 basis agreed with the Southern Health Board in respect of clinical commitments of both appointments. In addition, the Department has received Faculty approval to make a joint academic appointment of a senior lectureship (30/70) with the Mid-western Health Board. These developments have been facilitated by generous in kind support by other clinicians in the region prepared to support teaching by forgoing the part-time teaching payments. This is a model for other Faculty appointments with mutual service and academic benefits.

Recommendations for Action from Department of Obstetrics & Gynaecology

The PRG endorsed the following recommendations made in the Self-Assessment Report of the Department of Obstetrics & Gynaecology:

1. To develop and disseminate a strategic plan for the Department (Timeline 2003).
2. To increase the number of full-time academic appointments in the Department, particularly in Limerick (Timeline 2003/04).
3. To specifically invest in clinical teaching in Limerick Regional Maternity Hospital (Timeline 2003/04).
4. To comprehensively review the teaching programme in the Department including:
 - a) All lectures and tutorials
 - b) Assessment methods

- c) Develop a clearly defined curriculum (Timeline 2003).
5. To generate of a business plan for the provision of laboratory research space as part of the construction of Cork University Maternity Hospital (Timeline first six months of 2003).
 6. To develop a departmental web site (Timeline 2003).
 7. To commence a clinical and laboratory based research programme (Timeline 2003/04).
 8. To have all lecture, tutorial notes and printed teaching resources available to students on the college intranet (Timeline 2003).
 9. To ensure that consultant appointments subsequent to the development of Cork University Hospital Maternity Unit are made on a strategic basis to cover all the sub-speciality interest areas in Obstetrics & Gynaecology (Timeline 2003/06).
 10. To ensure IT facilities for students (including postgraduate) are available in the Erinville and St. Finbarr's Hospitals and Limerick Regional Maternity Hospital (Timeline 2003).

Overall Analysis and Findings - Department of Paediatrics & Child Health

The SWOT analysis carried out by the Department was good.

The Department of Paediatrics & Child Health has great strengths in teaching, with the development of innovative approaches and the appointment of full-time teaching co-ordinators. This has enabled them to pioneer cross-faculty teaching and resuscitation courses which have become a national asset. There have also been a few small research groups of high impact.

However, in general research has been limited because of the very low numbers of postgraduate students and/or dedicated research assistants. Within teaching a weakness has been the lack of clinical opportunity, meaning that students in some years get insufficient clinical exposure despite the possibilities of making more use of Regional hospitals. This is related to difficulties in paying for accommodation and staff at these hospitals. The current disparate location of the child health facilities also causes communication difficulties.

However, the long term strategy to develop a Children's Hospital in Cork does provide opportunities, as do the possibilities of further cooperation with other Departments in the Medical School and Faculty.

A threat in terms of developing a good paediatric curriculum is the lack of a good structure for community paediatrics.

Recommendations for Action from Department of Paediatrics & Child Health

The PRG endorsed the following recommendations made in the Self-Assessment Report of the Department of Paediatrics & Child Health:

Micro Issues: Departmental Level

1. The improvement of departmental communication especially through more regular meetings.
2. That further full-time clinical lecturer appointments for bedside teaching be made.
3. That a full-time secretary be appointed to the expanding NRP program (part-time at present).

~~5-4~~ Improvement of postgraduate opportunities for postgraduate doctors interested in Paediatrics & Child Health through the immediate development of a Masters programme and the long-term goal of a doctorate programme. The Masters programme will be suitable for graduates of the BA (Early Childhood Studies), and will be a source of postgraduate tutors for the primary degree.

~~6-5~~ That the Department exploit its working relationship with the University Departments of Education, Applied Psychology and Applied Social Studies for collaborative research especially in the area of Health Services.

~~7-6~~ That a course textbook for the BA (Early Childhood Studies) be developed.

~~8-7~~ That the Department and Faculty ensure a fair distribution of budgets for the contribution of the Department to the BA Degree.

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~~9-8.~~ That undergraduates be involved in assessment procedures, particularly in the Child Health Research Project in order to enhance their skills of critical appraisal.

Macro Level: Faculty and Health Board level

~~10-9.~~ The development of a Comprehensive Children's Unit in Cork incorporating a Paediatric Research Centre.

~~11-10.~~ Development of a research centre for Community Paediatrics embracing learning disability, neurology and paediatric epidemiology.

~~12-11.~~ That an Evidence Based Child Health Unit be set up in Ireland.

~~13-12.~~ That clinical academic appointments be made with adequate protected time from service commitments.

13. The improvement of the system for appointing and integrating part-time clinical lecturers (Consultant Paediatricians and Neonatologists) into the Department.

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Overall Analysis and Findings - Department of Pathology

The SWOT analysis carried out by the Department was quite succinct but did form the basis for "Recommendations and Future Actions" in the Self-Assessment Report.

The PRG recognised that teaching is the major strength of the Department. This is consistently of an excellent standard, and is well-co-ordinated as it is based entirely at CUH. The Department is consistently highly rated by students in their assessments. The staff showed a positive attitude in terms of their eagerness to pursue further training in research and teaching, and to encourage more members of staff to become research active. If acted upon, the appointment of a senior lecturer with a 50:50 contract will further strengthen the Department.

The only area of teaching that was criticised by the students is that of Microbiology. However, the PRG understand that this may be addressed through the imminent filling of the Chair of Medical Microbiology. Another weakness is the low level of research activity of staff, although it was recognised that the group focusing on the mapping and identification of

human disease genes is very active. The recent appointment of a non-clinical research lecturer should considerably strengthen this aspect of the Department's activities.

The main threat to the Department is the increasing clinical burden being placed on staff (including the numbers of samples to be analysed, and what is demanded in terms of numbers and types of investigations on each specimen).

The view of the PRG is that the Department should be outward looking with respect to vertical and horizontal aspects of the integration of its teaching.

The Department was keen to forge links with other areas of biosciences in UCC and the PRG would welcome the Department's indication of an interest in links with other Departments in the University in the field of bionanotechnology.

Recommendations for Action from Department of Pathology

The PRG endorsed the following recommendations made in the Self-Assessment Report of the Department of Pathology:

1. To urgently address the problem of the imbalance between the low level of permanent full-time staff and large numbers of part-time staff.
2. Strengthen research in the Department by encouraging all the staff to become involved. It is also important for the Department to attract postgraduate students.
3. Although the Department has a high standard of teaching it is important to encourage further development in this area and to constantly review the curriculum particularly in the area of practical work.
4. To encourage the staff to pursue further training in teaching.
5. To improve communications between the staff by having more regular meetings particularly for the staff who have a significant commitment to UCC.
6. To raise the profile of the Department both in the Medical School and in the hospital.
7. Appointment of a Professor of Medical Microbiology.

Overall Analysis and Findings - Department of Pharmacology & Therapeutics

The SWOT analysis carried out by the Department was quite comprehensive and informed the section on 'Recommendations for Improvement' in the Self-Assessment Report. As with other SWOT analyses, the extent of participation of staff in the different staff categories in the process was not made clear, although the PRG noted that the list of participating staff was given in the Self-Assessment Report.

Overall this is a very efficient and well-run Department. The Department has considerable strengths in teaching of both Medical and Science students. This was indicated in the documentation submitted and reflected by students' comments. The Department clearly has strengths in postgraduate research and in appropriate laboratory facilities to complement the teaching programmes.

The major weakness identified by the Department is the lack of full-time Pharmacology staff and in particular, of a clinical pharmacologist. This will affect the ability of the Department to deliver the Pharmacology programme. This opinion was endorsed by the PRG. [The Health Board has agreed funding towards this post and UCC agreed to contribute to the appointment of a post in Therapeutics.](#)

There are considerable opportunities presented by web-based teaching and well-designed models of e-learning, some of which may also be taken by the anticipated School of Pharmacy.

Threats include poor electronic communication with the main UCC campus and also the need to serve both basic and clinical pharmacology with a limited staff base. The isolation from the basic science Departments affects the ability of the staff of the Department to interact with technologies required for laboratory-based research. The high teaching load of the Department is also a threat. The staff shortage is exacerbated by the failure of the University to replace seconded staff. The very high teaching load supports the Department's request for additional clinical staff.

Recommendations for Action from Department of Pharmacology & Therapeutics

The PRG endorsed the following recommendations made in the Self-Assessment Report of the Department of Pharmacology & Therapeutics:

Teaching

1. Redistribute (equalize) teaching load between full-time staff, while ensuring (a) that, as far as practicable, teaching is in blocks rather than scattered, and (b) that total teaching commitment of full-time staff does not increase.
2. Recover 0.5 FTE in Clinical Pharmacology (lost in appointment of Dean); augment with another 0.5 FTE in Clinical Pharmacology, if at all possible.
3. **Medical, Dental & Nursing Pharmacology:**
 - a) Review course content and structure; reduce lecture load; reduce frequency of term exams.
 - b) Introduce formal problem-based learning, if possible in tandem with increased tutorials, delivered by full-time/part-time clinical staff. Co-ordinate with Pathology, Medicine, Biochemistry, Therapeutics.
 - c) Make course material available to students electronically (web-based). Move to standardize lecture delivery (Powerpoint).
 - d) Provide feedback on term exams: post key with expected answers and then hold discussion session one week later (full-time Clinical Pharmacology staff).
4. **Science:**
 - a) Continue to push for restructuring of BSc in Science Faculty, to facilitate joint Degrees with Pharmacology/Toxicology or at least access to advanced courses currently offered, for students specializing in other biomedical sciences.
 - b) Reduce content of some courses.
 - c) Encourage student communication by e-mail.
 - d) On BSc (Chemistry of Pharmaceutical Compounds) programme, co-ordinate order of drug coverage with Chemistry modules.

Research

5. Increase protected research time (by reducing teaching & travel between activities).
6. Facilitate sabbatical research visits outside UCC (for example, through block teaching; there is a need to provide sufficient flexibility to allow cover of individual members of academic staff).
7. Prioritise publication.
8. Define and agree division of responsibilities for shared laboratories with Medicine.

Physical (dis)location of Department

9. That Departmental functions are brought together physically (teaching, basic research, administration) to improve staff efficiency. This should be on the main campus, to stimulate interaction with the BioSciences Institute, the Analytical Biochemistry & Chemistry Centre, and other Biomedical and Life Science Departments.

Faculty/University

10. Prioritise long-standing, severe deficits in
 - a) teaching space at CUH
 - b) central IT provision for teaching
 - c) library resourcing.

Overall Analysis and Findings - Department of Psychiatry

The SWOT analysis carried out by the Department was very good and thoughtful and was one of the most thorough and informative of all those prepared by the Departments.

The Department of Psychiatry is very small and is suffering from the long-standing vacant Chair, though it has been well led by the current Head of Department. The PRG was pleased to note that the Chair of Psychiatry has been recently advertised. The chronic understaffing of the Department has inevitably led to problems in research activity. Integration of teaching is difficult because of the need to bring in outside teachers. The staff indicated they would

welcome integration and amalgamation of the Department, preferably with General Medicine, in order to be part of a stronger academic infrastructure, provided there would be no loss of identity for the discipline. The PRG supported this proposal and felt there would be no risk of this loss of identity happening. There are perceived difficulties as to how Psychiatry is seen-viewed by the other medical Departments. The Head of Department made a series of good practical points in the Self-Assessment Report all of which are endorsed by the PRG. The Department also identified a need for a teaching co-ordinator/tutor (a similar need was also identified by a number of other Departments). The Department is benefiting from the tremendous goodwill of consultant colleagues in the discipline, some of whom are remunerated and some who are not. As with other Departments, the Department of Psychiatry has the same problem of intranet and e-mail access to UCC.

Clearly filling the vacant the Chair of Psychiatry provides an excellent opportunity for advancing this discipline.

Recommendations for Action from Department of Psychiatry

The PRG endorsed the following recommendations made in the Self-Assessment Report of the Department of Psychiatry:

1. Improve the cohesion of the Department through regular Departmental meetings.
2. Develop a written Departmental strategy with regular reviews of same.
3. Develop more wide-ranging and effective means of obtaining feedback; e.g. obtaining feedback from students immediately after completing clerkship. Feedback from teachers to students needs to be formalised. (This will require additional secretarial assistance – one possibility in this regard is a part-time secretary appointed by the SHB to support the Postgraduate Training Program and the Clinical Tutor’s activities. Although not funded by UCC, this secretary is willing to assist with UCC “business”. However, this secretary is based off-site, at the Kinsale Road Roundabout, some distance from the Departmental base in CUH.)
4. Explore the possibility of access to the UCC Intranet in order to develop Intranet-based teaching (e.g. the use of Blackboard, on-line tutorials). The difficulty of linking SHB-

based PCs to UCC remains an obstacle in this regard, and has been explored again recently.)

5. Encourage actively the use of audiovisual equipment in all centres for teaching of students.
6. Explore further the possibility of Health Board funded initiatives such as research registrar appointments.
7. Explore the possibility of obtaining video-linking technology.
8. Explore the possibility of research collaboration with other agencies e.g. the National Suicide Research Foundation.
9. Explore the possibility of setting up a postgraduate degree – for example, linking the MRCPsych course to UCC, setting up an MSc in Psychotherapy.
10. Encouraging greater student interest by awarding prizes to medical students for the best dissertation.
11. Ensure that the appointment of the Chair is not further delayed.
12. Increase students contact with consultant teachers by spreading the load.
13. Appoint a Special Lecturer who would have responsibility for ensuring that students get maximum benefit from their clerkship. Ideally, a Special Lecturer in each clinical base should be appointed but one lecturer could potentially divide his/her time between the three main bases. largely from reallocation of part time pay?
14. Increase student contact with subspecialties especially Child & Adolescent, and Liaison Psychiatry.
15. Freeing up of some time for statutory academics so that they can to co-ordinate and develop research initiatives.
16. Appoint a dedicated administrator/secretary to free academic staff from inappropriate tasks.

Overall Analysis and Findings - Department of Surgery

The SWOT analysis carried out by the Department was good and was completed off site.

The strengths of the Department lie in its impressive research output and also its very obvious commitment to student welfare.

The Department expressed a concern about the lack of co-ordination of the teaching process for students and the fact there is no linkage, at present, between the teaching hospitals as to specific curricula. ~~It appears that some of the part-time clinical staff are willing to give up their stipends to provide funds for a co-ordinator of the teaching.~~ The Department would welcome a mechanism to relieve them of the duties of co-ordination and organisation of student teaching to enable them to perform more effectively in direct clinical teaching. It appears that some of the part-time clinical staff are willing to give up their stipends to provide funds for a co-ordinator of the teaching. This would need to be met by recognition from the University in terms of access to facilities including recreational and library, and recognised title of part-time staff. The Department would thus welcome the appointment of a senior medical educator (a similar post has been identified by a number of other Departments). A concern was expressed that the lack of organisation and co-ordination might ultimately affect the teaching quality if not addressed. Possible suggestions to deal with these issues include the vertical integration of the teaching of Surgery and Anatomy along with the integration of teaching of Physiology and Immunology, for example.

The Department is very actively considering IT based teaching, postgraduate e-training and the development of interactive lecture programmes on the UCC web site. The Department also has very clear plans to implement international schemes based on Royal College Surgeons of Ireland and Harvard University models. The Head of Department had no knowledge of the terms and pay of the part-time clinical teachers (a similar situation to a number of other Departments). Concern was evident at the lack of coherence across teaching in the different hospitals, and it was felt that development of e-learning procedures would ensure improvement. A threat is the lack of internet connection and no contact with UCC e-mail facilities, etc. as this poses a serious communication problem between the staff of the Department and the University.

Overall the Department is highly self-critical but has a number of suggestions to address the issues and problems encountered.

Recommendations for Action from Department of Surgery

The PRG endorsed the following recommendations made in the Self-Assessment Report of the Department of Surgery:

1. The recruitment of a co-ordinator for Undergraduate Teaching [from reallocation of part-time pay].
2. To engender more formal links between other Departments, Universities and specialities.

Plans for improving the quality of the learning experience for students:

3. With the employment of an education co-ordinator there would be a process in place whereby the teaching would be audited by this co-ordinator. The newly set up Undergraduate Surgical Education Committee will also have student representation.
4. That the new Undergraduate Surgical Education Committee will ensure that the staff who are involved have an increased commitment to the goals of the Department and the University.
5. The Department has already commenced an e-learning programme, which will be interactive and available on the UCC Surgery Website for 4th, 5th and 6th clinical years.
6. While effective delivery of the educational process is obviously of paramount importance, the infrastructure required to deliver it also plays a major role. There is a glaring lack of student facilities on most of the teaching hospital sites, and in particular, Cork University Hospital. Investment is urgently required to create a student friendly environment as part of the educational process.

RECOMMENDATIONS FOR IMPROVEMENT FROM THE PRG

1. We fully support the University's initiatives to bring to the Government's attention the lack of funding for medical education in Ireland. We recognise the historical commitment to regional medical Schools in Ireland which has strengthened the international research competitiveness of the universities to which they were attached, served to promote the health and social needs of the population in their catchment areas and now provides an opportunity for competitive international growth in the future. It is recognised by the PRG that the required costs of the necessary improvement in staff:student ratios and student facilities cannot be borne by the University alone and will need very significant financial support from the Department of Health and Health Boards and the recognition of an education responsibility by the Department of Health, in addition to that of the Department of Education and the HEA.
2. We support the devolution of budget within the Faculty of Medicine to the School of Medicine in a transparent way. This process will require clarification of the relative role of Faculty and the School.
3. There are too many Departments presently and we recommend rationalisation in terms of structure and location to achieve greater effectiveness in teaching, research and administration. The PRG considers mergers to be essential because the Departments as they stand will find it difficult to sustain and/or achieve excellence as academic units, particularly for research purposes.

~~3.4.~~ That reform of the MB BCh BAO curriculum be undertaken immediately, based on the principles as described above in the section referring to the Degree Programme.

~~4.5.~~ We recommend that the curriculum and its proposed changes be organised and managed centrally by a properly constituted medical teaching organisation within the Medical School. This should encourage and support curriculum review. We understand that there may be a need for new staff to deliver the revised curriculum.

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6. We recommend that the Medical School be given the authority to deliver the curriculum review and implement the changes.

7. The Health Board and University administrative functions should be separated out, both centrally and in the clinical settings where teaching programmes are delivered.

~~6-8.~~ That a systematic course in clinical skills training should run right throughout the clinical years.

~~7-9.~~ That development of clinical skills training at the commencement of intern year be initiated without delay as an interim measure until recommendation 8 has been implemented.

~~8-10.~~ We recommend that the University take responsibility for the timely filling of senior positions created by retirement or secondment.

~~9-11.~~ Each clinical medical Department should have a very minimum of two senior academic staff with 50:50 appointments

~~10-12.~~ We recognise the contribution of part-time clinical teaching staff who merit specific academic recognition and access to University facilities (see below); however, we do recognise the possibilities that savings from the re-organisation of the part-time teaching budget and transfer of administrative functions to the School and from amalgamation of Departments can create in terms of delivering more permanent staff.

13. That part-time clinical teachers should have honorary teaching titles, full access to University facilities such as library, recreational facilities, etc.

~~11-14.~~ We recommend that there be much better co-operation and integration between the University and the Health Boards. We recognise that this has already begun to happen and it needs to be moved forward at all levels.

~~12-15.~~ We recommend a positive engagement with Hospital/Health Board Managements to identify responsibility and mechanisms for provision of facilities.

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~~13-16.~~ The time is optimal for the development of a concerted research strategy, which will allow clinical Departments to interact with other entities within and without the University. This should be backed up by a five-year action plan.

~~14-17.~~ The change in demographic profile of students provides the opportunity for innovative curriculum development in line with international needs and priorities in differing health care systems.

~~15.~~ ~~That part-time clinical teachers should have honorary teaching titles, full access to University facilities such as library, recreational facilities, etc.~~

~~17-19.~~ That the disciplines of radiology and ophthalmology be represented with the Medical School structures.

~~18-20.~~ That the lack of access to UCC e-mail and to the UCC intranet systems for Departments based in CUH be addressed as a matter of urgency.

~~19-21.~~ That development of a course in increasing the communication skills of the students be included to a significant level in the MB programme.

~~20-22.~~ That a mentoring system for students be put in place.

~~21-23.~~ That assessment methodologies in all years of the MB programme should be reviewed with the objective of developing assessments appropriate to the learning outcomes desired.

~~22-24.~~ That UCC should be involved in discussions and decisions as to what is needed for student accommodation in the South Infirmary/Victoria Hospital

~~25.~~ That greater use of teaching hospitals in Mallow, Limerick and Tralee be made.

Conclusion

As is evident in the report on the analysis and findings of the PRG on each Department's Self-Assessment Report, the PRG endorsed many of the recommendations that were made by the Departments ~~– Many of these as they~~ are in line with the recommendations of the PRG. The

PRG highly commended the staff of all the Departments concerned for their enthusiastic and wholehearted participation in the review and wish the Departments and the University every success in striving to implement the recommendations.

Appendix 1

Timetable for conduct of Peer Review Group Visit

Clinical Medical Departments:

**Epidemiology & Public Health
General Practice
Medicine
Obstetrics & Gynaecology
Paediatrics and Child Health
Pathology
Pharmacology & Therapeutics
Psychiatry
Surgery**

Medical School,

MB BCh, BAO Degrees

The venue for all meetings was Room 411, BioSciences Institute, unless specifically indicated otherwise.

Tuesday 4th March 2003

- 12.30 – 13.45 Informal lunch for members of the Peer Review Group, hosted by Dr. N. Ryan, Director, Quality Promotion Unit
Venue: Staff Dining Room, UCC
- 14.00 – 16.00 Meeting of members of the Peer Review Group
Briefing by Director of Quality Promotion Unit, Dr. N. Ryan.
Group agreed final work schedule and assignment of tasks for the following 2.5 days.
Views were exchanged and areas to be clarified or explored were identified.
Venue: Room 411, 4th floor, BioSciences Institute, UCC
- 16.00 – 16.30 Professor Eamonn Quigley, Head, Medical School
- 16.30 – 18.00 Meeting with Head of the Medical School and the Heads of the 9 Clinical Medical Departments:
- 16.30 30 minute overview presentation by Professor Quigley on the Medical School
- 17.00 Open forum discussion
- 18.00 – 18.30 Private meeting of PRG to discuss and agree tasks for following 2 days

19.30 Dinner for members of the Peer Review Group, Heads of Medical School and Clinical Departments.
Venue: Jacob's on the Mall

Wednesday 5th March 2003

08.30 – 13.00 Consideration of Self-Assessment Report and other inputs along with Department staff, including administrative / technical / support staff, as appropriate. PRG divided into 2 groups.

08.30 – 13.00 **Group 1:** Professor Ger Fitzgerald (Chair)
Professor Cecily Kelleher
Professor Carl Whitehouse
Venue: Room 411, 4th Floor, BioSciences Institute, UCC

08.30 Staff of Department of Epidemiology & Public Health

09.00 Professor Ivan Perry, Head, Department of Epidemiology & Public Health

09.20 Staff of Department of General Practice

09.50 Professor Colin Bradley, Head, Department of General Practice

10.10 Staff of Department of Obstetrics & Gynaecology

10.40 Tea/coffee

11.10 Professor John Higgins, Head, Department of Obstetrics & Gynaecology

11.30 Staff of Department of Paediatrics & Child Health

12.00 Professor Peter Kearney, Head, Department of Paediatrics & Child Health

08.30 – 13.00 **Group 2:** Professor Paul Giller (Chair)
Professor David Levison
Professor Kevin Park
Professor Donald Weir
Venue: Tutorial Room 4a, 4th Floor, CUH

08.30 Staff of Department of Medicine

09.00 Professor Barry Ferriss, Acting Head, Department of Medicine

09.20 Staff of Department of Surgery

- 09.50 Professor Paul Redmond, Head, Department of Surgery
- 10.10 Staff of Department of Pathology
- 10.40 Tea/coffee
- 11.00 Professor Nollaig Parfrey, Head, Department of Pathology
- 11.20 Staff of Department of Pharmacology & Therapeutics
- 11.50 Dr. Ashley Allshire, Head, Department of Pharmacology & Therapeutics
- 12.10 Staff of Department of Psychiatry
- 12.40 Dr. Aisling Campbell, Head, Department of Psychiatry
- 13.00 – 14.00 PRG re-convened in UCC
Working private lunch for members of Peer Review Group
Venue: Room 411, 4th Floor, BioSciences Institute, UCC
- 14.00 – 17.00 Consideration of MB Degree
Venue: Room 411, BioSciences Institute, UCC
- 14.00 Professor John Fraher, Head, Department of Anatomy
- 14.10 Professor Tommie McCarthy, Head, Department of Biochemistry
- 14.20 Professor Edward Johns, Head, Department of Physiology
- 14.30 Professor Des Clarke, Head, Department of Philosophy
- 14.40 General meeting with heads of all clinical medical Departments +
Heads of Anatomy, Biochemistry, Philosophy and Physiology
- 16.00 PRG Divides into 2 Groups as before
- Group 1 Venue: Room 311, BioSciences Institute
Meeting with student representatives from each year of the MB Degree programme
- Group 2 Venue: Room 411, BioSciences Institute
Meeting with representatives of postgraduate research students of Departments, class representatives of BA in Early Childhood Studies and class representatives of Science Students taking Pharmacology modules
- 17.00 – 18.30 Meeting with representatives of recent graduates, and employers

Venue: Staff Common Room, North Wing, UCC

19.00 Meeting of Peer Review Group to identify remaining aspects to be clarified and to finalise tasks for the following day
Venue: Suite 1, Business Centre, Kingsley Hotel, Cork

19.30 Working private dinner for members for the Peer Review Group

Thursday 6th March 2003

08.30 – 10.15 Tour of CUH facilities, including the Medical Library and a meeting with Ms. Margot Conrick, Head of Information Services, UCC Library, and Ms. Rosarii Buttimer, Subject Librarian
The tour will include the Medical Library (20 mins approx)
Lecture Theatre (s)
Tutorial Rooms
Departmental Offices & Teaching space, including Psychiatry
Student facilities
Clinical Sciences Building including
Laboratories
Meet Laboratory technical staff
Meet postdoctoral fellows
Meet administration support staff

PRG escorted by Professor E. Quigley

10.15 – 11.30 PRG divides into 2 groups as on the previous day.

Group 1: Tour of Mercy Hospital – 30 minutes.
PRG escorted by Dr. Michael Bennett

Visit to Distillery House and facilities of Departments of Epidemiology & Public Health and General Practice – 30 minutes.
PRG escorted by Professor Ivan Perry

Group 2: Tour of South Infirmary/Victoria.
PRG escorted by Mr. John Kelly

11.45 - 12.00 PRG reconvenes in Room 411, BioSciences Institute, UCC
Coffee/Tea

12.00 – 12.30 Professor Michael Murphy, Dean, Faculty of Medicine

12.30 – 13.00 Professor Aidan Moran, Registrar/Vice-President for Academic Affairs

13.00 – 13.30 Professor Kevin Collins, Vice-President for Research Policy & Support

- 13.30 – 15.00 Discussion on Medical School attended by administrative staff of the Medical School and the Chairs of School Committees
Including a working sandwich lunch for all attendees.
- 15.00 – 17.30 Preparation of first draft of final report.
- 17.30 – 18.00 Exit presentation was made to all staff of the Departments and Medical School by the Chair of the Peer Review Group. This presentation was not for discussion by staff at this time.
Venue: Room 1.13, BioSciences Institute
- 19.00 Working private dinner for members of the Peer Review Group to complete drafting of report and finalisation of arrangements for speedy completion and submission of final report.
Venue: Suite 1, Business Centre, Kingsley Hotel

Friday 7th March 2003

Externs depart

Appendix 2

Attendee list for meetings scheduled during Peer Review Group Visit

Tuesday 4th March Meeting with Heads 16.30

Professor Eamonn Quigley, Head of the Medical School
Professor Ivan Perry, Department of Epidemiology & Public Health
Professor Colin Bradley, Department of General Practice
Professor Barry Ferriss, Acting Head, Department of Medicine
Professor Nollaig Parfrey, Department of Pathology
Professor Peter Kearney, Department of Paediatrics & Child Health
Dr. Ashley Allshire, Department of Pharmacology & Therapeutics
Dr. Aisling Campbell, Department of Psychiatry
Professor Paul Redmond, Department of Surgery
Professor John Higgins, Department of Obstetrics & Gynaecology

Apologies: Professor Fergus Shanahan, Department of Medicine

Tuesday 4th March Dinner 19.30

Peer Review Group
Dr. Norma Ryan, Director, Quality Promotion Unit
Ms. Aoife Ni Neill, Quality Promotion Unit
Ms. Helen Buckley, Quality Promotion Unit
Professor Eamonn Quigley, Head, Medical School
Dr. Aisling Campbell, Department of Psychiatry
Professor Edward Johns, Department of Physiology
Dr. Colin Thunhurst, Department of Epidemiology & Public Health
Dr. Pat Cogan, Department of Paediatrics & Child Health
Professor Ivan Perry, Department of Epidemiology & Public Health
Dr. Ashley Allshire, Department of Pharmacology & Therapeutics
Professor Colin Bradley, Department of General Practice
Professor Peter Kearney, Department of Paediatrics & Child Health
Dr. Mary Hayes, Department of Pathology
Professor Nollaig Parfrey, Department of Pathology
Professor Paul Redmond, Department of Surgery
Professor John Higgins, Department of Obstetrics & Gynaecology

Apologies

*Professor John Fraher, Department of Anatomy
Professor Tommie McCarthy, Department of Biochemistry
Professor Barry Ferriss, Acting Head, Department of Medicine
Professor Fergus Shanahan, Department of Medicine
Professor Des Clarke, Department of Philosophy
Professor Ger Fitzgerald*

Wednesday 5th March Group 1:

08.30 – 09.00 Staff of Department of Epidemiology & Public Health

Dr. Colin Thunhurst, Senior Research Fellow
Dr. Birgit Greiner, Senior Lecturer
Ms. Rita Hinchion, Research Co-ordinator
Ms. Peggy Collins, PhD student & Research Fellow
Ms. Karen Mulcahy, Executive Assistant
Ms. Emer Bairead, Post-Doctoral Research Scientist

09.20 – 09.50 Staff of Department of General Practice

Dr. Joe Moran, GP & Part-time Lecturer
Dr. Martina Kelly, GP & Part-time Lecturer
Ms. Mary Ryan, Senior Executive Assistant

10.10 – 10.40 Staff of Department of Obstetrics & Gynaecology

Dr. Tim O'Connor, Consultant/Lecturer
Dr. Sam Tomas, Temporary Consultant/Statutory Lecturer
Ms. Mary Morrisson, Senior Executive Assistant
Ms. Eileen Barry, Senior Executive Assistant

11.30 – 12.00 Staff of Department of Paediatrics & Child Health

Dr. Pat Cogan, Full-Time College Lecturer
Dr. Anne Gaffney, Full-Time College Lecturer
Dr. Aileen Malone, Full-Time College Lecturer
Ms. Eileen Finnegan, Full-Time Senior Executive Assistant
Ms. Bernadette Fitzgerald, Part-Time Senior Executive Assistant
Dr. Seamus Hussey, Clinical Tutor/Registrar (Erinville Hospital)
Dr. Geraldine Boylan, Honorary Lecturer / Research Contract
Dr. Orla Coyle, Part-time Assistant lecturer, Limerick Regional Hospital

Apology: Dr. Tony Ryan

Wednesday 5th March Group 2:

08.30 – 09.00 Staff of Department of Medicine

Ms. Jackie Kelly, representative of Laboratory Staff
Ms. Mary Daly, representative of Nursing Staff
Dr. Michael Bennett, University Mercy Hospital
Dr. Billy Stack, Bons Secours Hospital
Professor Philip Cleary, Ophthalmology, CUH
Dr. John Buckley, Radiology, CUH
Dr. Denis O'Mahony, Geriatric Medicine, CUH
Dr. Siun O'Flynn, Clinical Tutor, CUH

Apology: Ms. Rita Lynch, Administrative Assistant

Research Staff

Dr. Frances Drummond
Dr. Liam Fanning
Dr. Aileen Houston
Dr. Ken Nally

09.20 – 09.50 Staff of Department of Surgery

Mr. Michael O’Riordan, Part-time Lecturer, Mercy University Hospital
Mr. John Kelly, Part-time Lecturer, South Infirmary/Victoria Hospital.
Dr. Jiang Huai Wang, College Lecturer, Research.
Ms. Mary Ahern, Executive Assistant.

10.10 – 10.40 Staff of Department of Pathology

Dr. John Hogan, Statutory Lecturer
Dr. Colette Hand, College Lecturer, Research.
Dr. Brendan Fitzgerald, Registrar
Dr. Mary Hayes, Consultant Histopathologist/Part-time Statutory Lecturer
Ms. Mary Crowley, Technician.
Ms. Helen McCarthy, Technician.
Ms. Carol McAuliffe, Administration.

11.20 – 11.50 Staff of Department of Pharmacology & Therapeutics

Dr. Orla Patricia Barry, Lecturer
Dr. Frank van Pelt, Lecturer
Dr. Patricia Fitzgerald, Part-time Clinical Lecturer
Ms. Margaret O’Shaughnessy, Administrative Assistant
Ms. Jude Budden, Executive Assistant
Mr. Peter O’Keeffe, Technician, Grade 1

12.10 – 12.40 Staff of Department of Psychiatry

Dr. Anne Duane, Consultant Psychiatrist
Dr. Lucinda Scott, Consultant Psychiatrist
Dr. Eamonn Moloney, College Lecturer, Clinical Director
Dr. Mary Dineen, College Lecturer, Part-time Consultant Psychiatrist

Wednesday 5th March Consideration of MB Degree 14.40 – 16.00

General meeting with heads of all Clinical Medical Departments + Heads of Departments of Anatomy, Biochemistry, Physiology and Philosophy

Professor Eamonn Quigley, Head of School
Professor John Fraher, Department of Anatomy
Professor Tommie McCarthy, Department of Biochemistry
Professor Ivan Perry, Department of Epidemiology & Public Health
Professor Colin Bradley, Department of General Practice
Professor John Higgins, Department of Obstetrics & Gynaecology
Professor Peter Kearney, Department of Paediatrics & Child Health

Professor Nollaig Parfrey, Department of Pathology
Dr. Ashley Allshire, Department of Pharmacology
Professor Des Clarke, Department of Philosophy
Professor Edward Johns & Dr. Fionnuala Ni Chiardha, Department of Physiology
Dr. Aisling Campbell, Department of Psychiatry
Professor Barry Ferris, Department of Medicine

Apologies

Professor Fergus Shanahan, Department of Medicine
Professor Paul Redmond, Department of Surgery

Wednesday 5th March Group 1 MB Degree programme 16.00 – 17.00

Venue: Room 311, BioSciences Institute

Student representatives from each year of the MB Degree programme

Year 1: Ben Thompson, Eimear Carey

Year 2: Susan Fossey, Ruth Delaney

Year 3: *No year 3 (structure change)*

Year 4: Ricky Marshall & Kevin Murphy

Year 5: Caroline Williams & Tracey Murphy

Year 6: Noelle O'Riordan & John Chandler

Wednesday 5th March Group 2 MB Degree programme 16.00 – 17.00

Venue: Room 411, BioSciences institute

Representatives of postgraduate research students of Departments

John Carey, Postgraduate, Department of Pharmacology

Myles Smith, Postgraduate, Department of Surgery

David Sommerfield, Postgraduate, Department of Food & Nutritional Sciences.

Jane McCarthy, Postgraduate, Department of Medicine.

Representatives of BA in Early Childhood Studies

1st Year: Geraldine Kehoe, Stella McVeigh, Kate Schofield

2nd Year Denis Ryan, Hilary Lyons

3rd Year Marianne Wall, Deirdre Grace

Class representatives of Science Students taking Pharmacology modules

PT3001 Introduction to Pharmacology	Eleanor Tuohy	- 3 rd yr Neuroscience
	Maureen Burke	- 3 rd yr Physiology
	Paul O'Callaghan	- 3 rd yr Biochemistry
	Sara Ottoson	- 3 rd yr Biochemistry
	Sandra Keyes	- 3 rd yr Biochemistry

Karen Daly – 4th Year Biochemistry

BSC (Chemistry of Pharmaceutical Compounds)

3rd Year Rep – Anon

4th Year Rep – Anon

Wednesday 5th March Reception in Staff Common Room 17.00 – 18.30

Representatives of recent graduates & employers

Dr. Paddy Ryan, Director of the GP Training Scheme
Dr. Ray Mulready, GP
Dr. Christine Walsh, GP
Dr. Mary Cahill, Consultant Haematologist, Mid Western Health Board.
Dr. Peter Kelly, Registrar in Cardiology, South Infirmary/Victoria Hospital
Dr. Michael Moore, Registrar in Medicine, Mercy Hospital.
Dr. Clodagh Keohane, Intern CUH
Dr. Paul Kelly, Intern CUH
Dr. Alan McCarthy, Intern CUH

Thursday 6th March Discussion on Medical School 13.30 – 15.00

Mr. Michael Hanna, Faculty Manager
Ms. Miriam Maume, Medical School Manager
Ms. Eilis Murphy, Executive Assistant
Professor John Hall, Clinical Skills Co-ordinator

Chairs of School Committees:

Professor John Higgins (Chair, Student Affairs Committee)
Professor Nollaig Parfrey (Chair, Curriculum Committee)
Professor Ivan Perry (Chair, MB BCh BAO Board of Studies)
Professor Eamonn Quigley (Chair, Medical School Board, Executive,
Hospital/Community Liaison, Intern Tutors, Class
Representatives Committees)

*Apologies: Professor Paul Redmond (Chair, Research Committee)
Dr. Tony Ryan, Chair (Chair, Postgraduate Studies and Continuing
Education Committee)*