U.S. Department of Education Staff

Redetermination

Prepared September 2018

Background

The National Committee on Foreign Medical Education and Accreditation (NCFMEA) first determined at their March 1997 meeting that Ireland's standards and processes for accrediting medical schools that offer programs leading to the Medical Doctorate degree (M.D.), or equivalent degree, were comparable to those used in the United States. The NCFMEA reaffirmed Ireland's determination of comparability in September 2009. The NCFMEA also reviewed and accepted status reports on Ireland's accrediting activities in April 2013. In April 2013 the NCFMEA determined that the country's system for accrediting medical schools continued to be comparable to that used in the United States.

The Committee requested that Ireland submit an application for redetermination of comparability in 2016. At that time, the Committee determined that it needs additional information in order to make its decision regarding the comparability of the standards used by the Medical Council of Ireland to accredit medical schools in Ireland. This analysis is a review of the additional information and documentation submitted for the fall 2018 meeting of the NCFMEA.

Summary of Findings

Additional information is requested for the following questions. These issues are summarized below and discussed in detail under the Staff Analysis section.

-- The NCFMEA may wish to further inquire about whether the country plans to develop additional requirements for preparation of graduates, such as a national curriculum or medical school exit examinations. []

-- The NCFMEA may wish to further inquire how site visit teams evaluate how medical schools use international students' test scores or other admission criteria in the admissions process. []

-- The NCFMEA may wish to further inquire whether the WFME standards or the Medical Council requires assessment of a University's publication of information regarding its missions and objectives as part of the review process, or whether the country plans to begin requiring this. []

-- The NCFMEA may wish to further inquire about whether the country's action plan or other plans will result in regular reviews of institutions relative to this guideline. []

-- The NCFMEA may wish to further inquire about whether the Medical Council could review student complaints as part of the accreditation process. []

-- The NCFMEA may wish to further inquire if there is a plan for the country to begin assessing how medical schools handle student complaints as part of its accreditation review process. []

-- The NCFMEA may wish to further inquire whether there are plans to include review of an officially audited financial statement or other information regarding a medical school's finances as part of its accreditation processes. []

-- The NCFMEA may wish to further question the country regarding if it has considered developing additional standards to specifically evaluate the humane care of animals when animals are used in teaching and research or if it has plans to encourage biomedical research at accredited medical schools. []

-- The NCFMEA may wish to further inquire whether the country's standards include requirements regarding instructional staff at remote sites and clinical locations. []

-- The NCFMEA may wish to further inquire about the country's use of student complaints as part of the re-evaluation and monitoring process. []

-- The NCFMEA may wish to have the country submit a report on the progress of defining significant change and its new significant change policy. []

-- The NCFMEA may wish to further inquire about whether the country has standards in place or plans to adopt standards to address this guideline. []

-- The NCFMEA may wish to further inquire if there are plans to adopt requirements regarding the position of chief academic official of a medical school. []

-- The NCFMEA may wish to further inquire about whether the country plans to implement standards relative to this guideline. []

-- The NCFMEA may wish to further inquire whether the country plans to implement requirements for the selection process for the Chief Academic Official of a medical school. []

Staff Analysis

Ouststanding Issues

The NCFMEA may wish to request additional clarification regarding plans, if any, to establish national curriculum or national medical school exit examinations.[Mission and Objectives, Question 5]

Country Narrative

Since attending the NCFMEA meeting in September 2016, the Medical Council of Ireland adopted the WFME Global Standards (2015 revision) in October 2016 [See attachment i - extract from Council minutes]. The Medical Council commenced a new, four-year cycle of undergraduate accreditation visits in 2017 [See attachment ii - schedule of regional accreditation visits 2017-2020] and medical schools will now be required to meet the revised WFME standards [See attachment iii - letter to medical schools informing them of revised standards]. The Irish Medical Schools Council has verbally welcomed this revision and confirmed that medical schools should not have any difficulty meeting them.

WFME standard 1.3 deals with educational outcomes and requires medical schools to “define the intended educational outcomes that students should exhibit upon graduation in relation to
- their achievements at a basic level regarding knowledge, skills, and attitudes. (B 1.3.1)
- appropriate foundation for future career in any branch of medicine. (B 1.3.2)
- their future roles in the health sector. (B 1.3.3)
- their subsequent postgraduate training. (B 1.3.4)
- their commitment to and skills in life-long learning. (B 1.3.5)
- the health needs of the community, the needs of the health care delivery system and other aspects of social accountability. (B 1.3.6)”

Standard 2.5 (Clinical sciences and skills) requires a medical school, amongst other things to: “in the curriculum identify and incorporate the contributions of the clinical sciences to ensure that students - acquire sufficient knowledge and clinical and professional skills to assume appropriate responsibility after graduation. (B 2.5.1).

The annotation to this standard lists the specialty areas covered by clinical sciences and also states: “Clinical sciences would also include a final module preparing for pre-registration- training/internship.”

Page 11 of the sample submission attached [attachment iv] to this application defines the sample medical school’s means of monitoring educational outcomes and student preparedness:

“Preparedness for Clinical Practice component of Year 5, semester 2 provides a welcome bridge between the highly structured undergraduate basic medical education and the dynamic, emotionally challenging and unpredictable clinical practice environment, where the needs of the patient must come before all other considerations, and where multi-professional team work is essential in the best interests of patient care.”

Page 36 of the sample submission provided outlines the medical school’s clinical sciences and skills module.

Each medical school has an exit examination at the end of their degree programme. The national standard by which medical schools are held accountable is the WFME curriculum standards as described above. All graduates must be prepared for the next step in their training, i.e. completion of intern training. There is a national intern training programme. All graduates apply for intern training through the Health Service Executive’s national intern matching scheme. Graduates generally successfully complete intern training and receive a Certificate of Experience. Failure to do so is very rare and normally due to the individual personal circumstances of the intern, e.g. ill health, rather than competence issues. There are also guidelines for the remediation of interns during their intern training year, which have recently been updated [see attachment v].

The Medical Council was the driving force behind the development of a national Medical Intern Board responsible for the national governance of the intern year [see attachment xlv Terms of Reference]. The purpose of the Board is to introduce improvements in the quality of intern training. The Medical Council has developed a set of competencies (Entrustable Professional Activities). There are plans to pilot these competencies, to make the curriculum and assessment more competency-based and ensure consistent training for all interns.

Analyst Remarks to Narrative

The country adopted the 2015 WFME Global Standards (exhibit 1) in October of 2016. The country does not have national medical school examinations or a national curriculum. Instead, the implementation of a national standard for medical school curriculum through the application of WFME standard 2.5 is addressed. The country notes that each medical school has an exit examination at the end of their degree program. The country provides evidence that it requires medical schools to define intended educational outcomes, as per the WFME standard 1.3, and that the national standard for curriculum by which medical schools are held accountable is the WFME curriculum standards, particularly 2.5. The country notes that they have implemented a national Medical Intern Board responsible for national governance of the intern year. The Medical Council has developed a set of competencies and there are plans to pilot these competencies to make the curriculum and assessments more competency-based and ensure consistent training for all interns.

Country Response

The WFME Standards 2 Educational Program and 3 Assessment of Students cover curriculum and exams. While all Assessors read all of the material submitted in advance of the accreditation visit (see Exhibit 2 appendix iv already submitted and in particular page 16 which details curriculum, etc), the Assessor Team would normally decide amongst themselves before the accreditation visit which of the Team members is best-qualified to focus on each standard – it is normally a medically-qualified assessor who covers these two standards in particular, although other Team members may suggest questions they have in mind, having read the documentation. The Medical Council relies on the expertise of the Assessor Team in this regard, in assessing how the medical school meets these standards.

Particular questions appropriate to the audience during the various meetings throughout the accreditation visit are identified at the pre-meeting of the Assessor Team. The presentation by the Management Team usually provides information which may answer some of the questions, but there is ample opportunity to probe further during the meeting. Academic Staff are also questioned and students are asked questions such as, do they feel the exam system is appropriate, fair, matches the curriculum? Interns who graduated from the medical school are asked if the curriculum prepared them adequately for clinical practice. One small example of a curricular recommendation made on foot of feedback received from a graduate of a medical school can be found on page 7 (recommendation 5) and page 17 (second-last paragraph) of the sample report provided as Exhibit 28 appendix xxxiii.

Curricula must be developed in consultation with key stakeholders, such as the Health Service Executive – the ultimate recipient of graduates. Medical schools go to great lengths to ensure curricula are appropriate to clinical practice.

Analyst Remarks to Response

In response to the draft staff analysis, the country notes that normally a medically-qualified assessor is assigned to review standards 2 Educational Program and 3 Assessment of Students. Academic staff and interns who graduated from the medical school are asked if the curriculum prepares students adequately for clinical practice. The country provided one example of a curricular recommendation made based on feedback from a graduate of a medical school (exhibit 28). The country also notes that curricula are developed in consultation with key stakeholders, such as the Health Service Executive. However, it isn't clear whether there are minimum requirements for preparation of students related to curricula or exams. However, the NCFMEA may wish to further inquire whether the country has plans, if any to implement/develop additional requirements for preparation of graduates, such as a national curriculum or medical school exit examinations.

Staff Conclusion: Additional Information requested

The NCFMEA may still wish to request a completed pre-site visit questionnaire for review of this guideline.[Clinical Experience, Question 1]

Country Narrative

For factual update, please note that the Medical Council recently adopted the revised WFME (2015) Global Standards [attachment xxvii].

Standard 2.5 (Clinical sciences and skills) requires a medical school to: “in the curriculum identify and incorporate the contributions

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

This is annotated with the following note:
"The clinical sciences would - depending on local needs, interests and traditions - include anaesthetics, dermatology, diagnostic radiology, emergency medicine, general practice/family medicine, geriatrics, gynaecology & obstetrics, internal medicine (with subspecialities), laboratory medicine, medical technology, neurology, neurosurgery, oncology & radiotherapy, ophthalmology, orthopaedic surgery, oto-rhino-laryngology, paediatrics, palliative care, physiotherapy, rehabilitation medicine, psychiatry, surgery (with subspecialities) and venereology (sexually transmitted diseases). Clinical sciences would also include a final module preparing for pre-registration- training/internship."

Sample medical school submission is attached [attachment iv]. Page 36 outlines how clinical skills and sciences are incorporated into the curriculum.

Analyst Remarks to Narrative

The country provides a completed sample medical school questionnaire (exhibit 2) which utilizes the 2015 WFME's(exhibit 1) standards. The completed sample medical school questionnaire provided addresses this question by providing documentation of a thorough description of the clinical science components of the medical program submitted as part of the accreditation process. The sample medical school questionnaire provides documentation of the review of these areas of clinical experience as part of the accreditation processes.

The NCFMEA may still wish to request a completed pre-site visit questionnaire for review of this guideline.[Clinical Experience, Question 2]

Country Narrative

For factual update, WFME (2015) Global Standards were recently adopted by the Medical Council.[attachment xxvii].

Standard 1.3 (Educational Outcomes) requires a medical school to, amongst other things, "define the intended educational outcomes that students should exhibit upon graduation in relation to - their achievements at a basic level regarding knowledge, skills, and attitudes. (B 1.3.1) - appropriate foundation for future career in any branch of medicine. (B 1.3.2) - their future roles in the health sector. (B 1.3.3) - their subsequent postgraduate training. (B 1.3.4) - their commitment to and skills in life-long learning. (B 1.3.5) - the health needs of the community, the needs of the health care delivery system and other aspects of social accountability. (B 1.3.6)…"

Standard 2.8 (Linkage with medical practice and the health sector) also requires a medical school to "ensure operational linkage between the educational programme and the subsequent stages of education or practice after graduation. (B 2.8.1)".

Sample medical school submission is attached [attachment iv]. Please see page 11 addressing this standard by defining the medical school's intended educational outcomes.

Analyst Remarks to Narrative

The country provided a completed sample medical school questionnaire (exhibit 2) to document review in this area during the accreditation process. The country uses the 2015 WFME (exhibit 1) standards to assess medical schools in this area, in particular standards 2.8 and 1.4. The questionnaire provides documentation of information in this area submitted by a medical school as part of the accreditation process.

The NCFMEA may still wish to request a completed pre-site visit questionnaire for review. [Clinical Experience, Question 3]

Country Narrative

For factual update, please note that WFME (2015) Global Standards were recently adopted by the Medical Council. [attachment xxvii]. Standard 6 (and particularly 6.2) remains relevant to this answer.

Sample medical school submission is attached [attachment iv]. Please see page 129 which specifically addresses this standard.

Analyst Remarks to Narrative

2015 WFME (exhibit 1) standard 6, particularly standard 6.2 Clinical training resources, continues to meet the requirements of the first question. The standard outlines the educational resources and training requirements for medical schools which are reviewed during the accreditation process. 2015 WFME standard 2.5 continues to adequately address the second question. This standard requires students to acquire sufficient clinical knowledge and skills to assume appropriate clinical responsibility from medical school training, which includes early patient contact and participation in patient care. The country has submitted a completed sample medical school questionnaire (exhibit 2) to demonstrate its collection of information as part of the accreditation process.

Analyst Remarks to Response

The NCFMEA may still wish to request a completed pre-site visit questionnaire for review of this guideline.[Supporting Disciplines]

Country Narrative

For factual update, please note that WFME (2015) Global Standards were recently adopted by the Medical Council [attachment xxvii].

Standard 2 (and particularly 2.5 Clinical Sciences and Skills) remain relevant to this answer.

Sample medical school submission is attached [attachment iv]. Please see page 36 which specifically addresses this standard

Analyst Remarks to Narrative

The country provided a completed sample medical school questionnaire (exhibit 2) based on the 2015 WFME standards (exhibit 1) to address this question. Standard 2, in particular 2.5, Clinical sciences and skills, continues to meet the requirements of this question. The medical school questionnaire (exhibit 2) submitted provides documentation demonstrating the submission of information in this area for evaluation of this question by the Medical Council.

The NCFMEA may still wish to request a completed pre-site visit questionnaire for review of this guideline. [Ethics, Question 1]

Country Narrative

For factual update, please note that WFME (2015) Global Standards were recently adopted by the Medical Council.[attachment xxvii].

Standard 2 (and particularly 2.4 Behavioural and Social Sciences, Medical Ethics and Jurisprudence) remains relevant to this answer.

Sample medical school submission is attached [attachment iv]. Please see page 28 which specifically addresses this standard.

Analyst Remarks to Narrative

The 2015 WFME standards (exhibit 1) continue to meet the requirements of this section. The standard requires medical schools to identify and incorporate contributions of the behavioral and social sciences and medical ethics and jurisprudence to enable effective communication, clinical decision making and ethical practices. The country also notes that the benchmark for medical ethics and professionalism in Ireland is set by the Medical Council and the 8th Edition of the Ethical Guide. The provided medical school questionnaire (exhibit 2) provides documentation supplied by a medical school for review of this standard during the accreditation process.

The NCFMEA may still wish to request a completed pre-site visit questionnaire for review of this guideline. [Communication Skills, Question 1]

Country Narrative

For factual update, please note that WFME (2015) Global Standards were recently adopted by the Medical Council. [attachment xxvii].

Standard 2 (and particularly 2.4 Behavioural and Social Sciences, Medical Ethics and Jurisprudence) remains relevant to this answer.

Sample medical school submission is attached [attachment iv]. Please see page 28 which specifically addresses this standard

Analyst Remarks to Narrative

The country provided a completed sample medical school questionnaire (exhibit 2) to demonstrate evaluation of this question based on the country's adoption of the 2015 WFME standards (exhibit 1). Standard 2 continues to meet the requirements of question 1. The sample medical school questionnaire provides documentation submitted for review of this standard during accreditation processes.

The NCFMEA may still wish to request a completed pre-site visit questionnaire for review of this guideline. [Design, Implementation, and Evaluation, Question 1]

Country Narrative

For factual update, please note that WFME (2015) Global Standards were recently adopted by the Medical Council.[attachment xxvii].

Standard 1 (and particularly 1.2 Institutional Autonomy and Academic Freedom) are now relevant to this answer…

“The medical school must have institutional autonomy to • formulate and implement policies for which its faculty/academic staff and administration are responsible, especially regarding - design of the curriculum. (B 1.2.1) - use of the allocated resources necessary for implementation of the curriculum. (B 1.2.2)”

The Quality development standards also state “The medical school should ensure academic freedom for its staff and students • in addressing the actual curriculum. (Q 1.2.1) • in exploring the use of new research results to illustrate specific subjects without expanding the curriculum. (Q 1.2.2)

This is annotated with the following note:
“Institutional autonomy would include appropriate independence from government and other counterparts (regional and local authorities, religious communities, private co- operations, the professions, unions and other interest groups) to be able to make decisions about key areas such as design of curriculum (cf. 2.1 and 2.6), assessments (cf. 3.1), students admission (cf. 4.1 and 4.2), staff recruitment/selection (cf. 5.1) and employment conditions (cf.5.2), research (cf. 6.4) and resource allocation (cf. 8.3). Academic freedom would include appropriate freedom of expression, freedom of inquiry and publication for staff and students.”

Also, standards 7 and 9 remain relevant to this answer.

Sample medical school submission (UCC) is attached [see Attachment vi]. Please see page 8 which specifically addresses this standard.

Analyst Remarks to Narrative

The country has provided a completed sample medical school questionnaire (exhibit 8) and the 2015 WFME standards (exhibit 1), which includes a relevant section on the role of medical school faculty in the curriculum design process, particularly under standards 1, 7 and 9. The 2015 WFME standards include the requirement for a curriculum committee to exist at each medical school that includes representation from staff and students. The curriculum committee plans, implements and assesses the curriculum. The completed sample medical school questionnaire (exhibit 8) provides documentation of a response to these questions for assessment of this guideline by the Medical Council.

The NCFMEA may still wish to request a completed pre-site visit questionnaire and clarification on plans to implement the 2015 version of the WFME standards that address this guideline. [Design, Implementation, and Evaluation, Question 2]

Country Narrative

The Medical Council recently adopted the WFME 2015 (revised) Global Standards. [attachment xxvii].

Standard 7.1 (mechanisms for programme monitoring and evaluation) requires a medical school to “have a programme of routine curriculum monitoring of processes and outcomes. (B 7.1.1) • establish and apply a mechanism for programme evaluation that - addresses the curriculum and its main components. (B 7.1.2) - addresses student progress. (B 7.1.3) - identifies and addresses

concerns. (B 7.1.4) • ensure that relevant results of evaluation influence the curriculum. (B 7.1.5)."

This is annotated with the following:
"Programme monitoring would imply the routine collection of data about key aspects of the curriculum for the purpose of ensuring that the educational process is on track and for identifying any areas in need of intervention. The collection of data is often part of the administrative procedures in connection with admission of students, assessment and graduation.
• Programme evaluation is the process of systematic gathering of information to judge the effectiveness and adequacy of the institution and its programme. It would imply the use of reliable and valid methods of data collection and analysis for the purpose of demonstrating the qualities of the educational programme or core aspects of the programme in relation to the mission and the curriculum, including the intended educational outcomes. Involvement of external reviewers from other institutions and experts in medical education would further broaden the base of experience for quality improvement of medical education at the institution.
• Main components of the curriculum would include the curriculum model (cf. B 2.1.1), curriculum structure, composition and duration (cf. 2.6) and the use of core and optional parts (cf. Q 2.6.3).
• Identified concerns would include insufficient fulfilment of intended educational outcomes. It would use measures of and information about educational outcomes, including identified weaknesses and problems, as feedback for interventions and plans for corrective action, programme development and curricular improvements; this requires safe and supporting environment for feedback by teachers and students."

Standard 9 (Continuous renewal) also requires a medical school "as a dynamic and socially accountable institution [to]
• initiate procedures for reviewing and updating the process, structure, content, outcomes/competencies, assessment and learning environment of the programme. (B 9.0.1)
• rectify documented deficiencies. (B 9.0.2)
• allocate resources for continuous renewal. (B 9.0.3)"

Sample medical school submission is attached [attachment iv]. Please see page 153 (standard 7.1) and page 201 (standard 9) which specifically address this standard.

Analyst Remarks to Narrative

The country provides clarification that it has adopted and implemented the 2015 WFME standards (exhibit 1). The country provides evidence that the 2015 WFME standards adequately address this guideline, in particular standard 7.1 Mechanisms for program monitoring and evaluation, standard 9 Continuous renewal and standard 2.1 and 2.6. These requirements specify that each medical school must have its own system for evaluating the effectiveness of its curriculum and making changes to the curriculum as a result of its evaluation. The adopted 2015 WFME standards include that a medical school must have a program of routine curriculum monitoring of processes and outcomes, and must establish and apply a mechanism for program evaluation that addresses the curriculum and its main components. Program evaluation must also address student progress and identify and address concerns. Each medical school must ensure that relevant results of evaluation processes influence the curriculum. The country has provided a sample medical school questionnaire (exhibit 2) to document a response to questions about how a medical school meets these standards as part of the accreditation process.

The NCFMEA may wish to request a completed pre-site visit questionnaire for review of this guideline. [Design, Implementation, and Evaluation, Question 3]

Country Narrative

For factual update, please note that WFME (2015) Global Standards were recently adopted by the Medical Council. [attachment xxvii].

Standard 2 (and particularly 2.7 Programme Management) requires a medical school to "have a curriculum committee, which under the governance of the academic leadership (the dean) has the responsibility and authority for planning and implementing the curriculum to secure its intended educational outcomes. (B 2.7.1) • in its curriculum committee ensure representation of staff and students. (B 2.7.2). This is annotated with the following note: "The authority of the curriculum committee would include authority over specific departmental and subject interests, and the control of the curriculum within existing rules and regulations as defined by the governance structure of the institution and governmental authorities. The curriculum committee would allocate the granted resources for planning and implementing methods of teaching and learning, assessment of students and course evaluation."

Standard 7 (Programme Evaluation) and specifically 7.1 (Mechanisms for programme monitoring and evaluation) requires a medical school to "have a programme of routine curriculum monitoring of processes and outcomes. (B 7.1.1); establish and apply a mechanism for programme evaluation that - addresses the curriculum and its main components. (B 7.1.2) - addresses student progress. (B 7.1.3) - identifies and addresses concerns. (B 7.1.4); ensure that relevant results of evaluation influence the

curriculum. (B 7.1.5).” This is annotated with the following: “Programme monitoring would imply the routine collection of data about key aspects of the curriculum for the purpose of ensuring that the educational process is on track and for identifying any areas in need of intervention. The collection of data is often part of the administrative procedures in connection with admission of students, assessment and graduation. Programme evaluation is the process of systematic gathering of information to judge the effectiveness and adequacy of the institution and its programme. It would imply the use of reliable and valid methods of data collection and analysis for the purpose of demonstrating the qualities of the educational programme or core aspects of the programme in relation to the mission and the curriculum, including the intended educational outcomes. Involvement of external reviewers from other institutions and experts in medical education would further broaden the base of experience for quality improvement of medical education at the institution.”

Sample medical school submission is attached [attachment iv]. Please see page 59 (standard 7.2) which outlines compliance and details the Programme Board’s responsibilities and page 153 which outlines compliance with standard 7.1, both of which specifically address this standard.

Analyst Remarks to Narrative

The 2015 WFME (exhibit 1) standards 2 (Programme management) and 7 (Programme evaluation) adequately address this question by setting standards for the design, implementation and evaluation of a medical school's curriculum. The country provided a completed sample medical school questionnaire (exhibit 2) to demonstrate a medical school's submission of information for use as part of the accreditation process.

The NCFMEA may still wish to request clarification on the threshold score utilized in the admission of students to address this guideline.[Admissions, Recruiting, and Publications, Question 1]

Country Narrative

The HPAT does not operate by pass mark/threshold score. A specified number are taken from the top scores, which is determined by the number of places available. The combined Leaving Cert/HPAT score determines acceptance. There is no minimum HPAT score acceptable but students tend to have to score in the upper quartile in order to be competitive, due to high demand. The system is administered by HPAT-Ireland and described in nomograms in the attached document “Selection Criteria For Undergraduate Entry To Medicine For EU Applicants 2017” [Attachment xxxii]

A medical school’s University Admissions Office, rather than the School of Medicine, tends to deal directly with the national Central Applications Office in this regard.

We are aware that, for some Irish medical schools, MCAT thresholds are devised by Atlantic Bridge – an agency which recruits medical students from North America – and the medical school intake is from a pool of applicants who meet the agency criteria.

See two sample submissions attached [attachment iv pages 90-97; and attachment vi pages 72-77], both of which address this standard.

Analyst Remarks to Narrative

The country notes that the 2015 WFME (exhibit 1) standards do include a requirement that a medical school must have a policy and implement a practice for transfer of students from other national or international programs and institutions. (B 4.1.3) Each medical school has its own policy in regard to admission of non-EU students.

Of the two sample medical school questionnaire's provided, one specifically addresses North American students and how the MCAT score is utilized during the admissions process, including review of the number of times the test was taken, although a threshold is not provided. The other refers to Non-EU students as a whole and notes that they may be required to take a test of cognitive ability, such as the MCAT, but information is not provided about how this test score is used by the school in this sample. It is not clear how or if data in this area is used by the Medical Council in evaluation of the school's admission practices.

Country Response

The WFME Standard 4.1 Admission Policy and Selection would cover this area (see Exhibit 2 appendix iv previously submitted and in particular from page 90 which details admissions policy, etc). As mentioned in another reply, the Assessor Team would normally decide amongst themselves before the accreditation visit which of the Team members will focus on this standard, although other Team members may suggest questions they have in mind, having read the documentation.

The Medical Council does not give specific instructions or guidance to the Assessor Team on the interpretation of the data and relies on the Assessor Team’s collective expertise to identify areas of concern. In the case of HPAT and MCAT scores and threshold analysis, due to very high demand for places in Irish medical schools, the Medical Council is aware that only high-scoring

applicants are offered placements and, as such, this area is not normally probed any further than reviewing the information about selection processes provided in the medical school's pre-accreditation submission.

Analyst Remarks to Response

In response to the draft staff analysis, the country notes that the site visit team identifies team members to focus on this standard. The country notes that entry to Irish medical schools is competitive and states that only high scoring applicants are offered placements. The country does not normally assess this area further than the information provided on the pre-assessment forms. It isn't clear that the assessment team evaluates how medical schools use international students' test scores or other admission criteria in the admissions process.

Staff Conclusion: Additional Information requested

The NCFMEA may still wish to request additional clarification regarding the specific WFME standard that addresses this guideline and/or plans, if any, to adopt a standard that specifically relates to this guideline. [Governance, Question 1]

Country Narrative

On reviewing the WFME revised standards, no such requirement is included.

The Medical Council approves bodies under section 88(2)(a)((i)(II) of the Medical Practitioners Act 2007 [Exhibit 2]:

"(2) The Council shall, in relation to basic medical education— (a) subject to section 87 (2), after it has consulted with the Minister for Education and Science, and in accordance with the relevant criteria specified in rules made under section 11 — (i) approve, approve subject to conditions attached to the approval of, amend or remove conditions attached to the approval of, or withdraw the approval of— (I) programmes of basic medical education and training, and (II) the bodies which may deliver those programmes, (ii) refuse to approve a body as a body which may deliver those programmes,…"

Establishment of a new medical school is rare in such a small community. There are no fully private Medical schools in Ireland. A proposed medical school cannot apply for establishment unless the Government establishes the need for additional programmes. The most recently-approved was the Graduate Entry Programme at University of Limerick, over 10 years ago. In the case of UL, the Government decided to expand medical education and a bidding system was set up. UL and RCSI were the successful bidders, RCSI established its additional Direct Entry Programme and UL established the Graduate Entry Programme. The programmes then had to undergo a Medical Council accreditation process in order to be approved.

Only medical schools accredited by the Medical Council can legally award medical degrees.

Analyst Remarks to Narrative

The country's narrative provides evidence that there is a process in place for medical schools to be legally authorized. The Medical Council approves new medical programs, in consultation with the Minister for Education and Science. These programs must go through a Medical Council accreditation process to be approved. Medical schools accredited by the Medical Council can legally award medical degrees. The country notes that the adopted 2015 WFME standards do not include a requirement in this area. The Medical Practitioners Act of 2007 provides the statutory basis for meeting this guideline.

Analyst Remarks to Response

The NCFMEA may still wish to request a completed pre-site visit questionnaire for review of this guideline. [Admissions, Recruiting, and Publications, Question 2]

Country Narrative

For factual update, please note that WFME (2015) Global Standards were recently adopted by the Medical Council. [attachment xxvii].

Standard 4 (and particularly 4.2 Student intake) requires a medical school to "define the size of student intake and relate it to its capacity at all stages of the programme."

Sample medical school submission is attached [attachment iv]. Please see page 98 which specifically addresses this standard and outlines a four-year student intake projection.

Analyst Remarks to Narrative

The country provided a completed sample medical school questionnaire (exhibit 2) in order to demonstrate a medical school's submission of information for review of this guideline by the Medical Council. The country noted in its 2016 narrative that entry to graduate medical school programs requires a minimum of a Second Class, First Division (2.1) in the primary degree and that applicants must meet a threshold score on the Graduate Australian Medical School Admission Test (GAMSAT) or Medical College Admission Test (MCAT). The adopted 2015 WFME (exhibit 1) standard 4.1 Admission Policy and Selection meets the requirements of this guideline. The country provided a completed sample medical school questionnaire (exhibit 2) to demonstrate a medical school's information submitted for review of this guideline.

Analyst Remarks to Response

The NCFMEA may still wish to request the country's plans, if any, to develop requirements for this guideline and/or provide additional information on the adoption of the 2015 version of the WFME standards that address this guideline. [Admissions, Recruiting, and Publications, Question 4]

Country Narrative

The Medical Council recently adopted the WFME (2015) Global Standards. [attachment xxvii].

For factual update, Standard 6.1 (Physical facilities) requires a medical school to "have sufficient physical facilities for staff and students to ensure that the curriculum can be delivered adequately. (B 6.1.1)…" and Standard 6.2 (Clinical training resources) requires a medical school to "ensure necessary resources for giving the students adequate clinical experience, including sufficient - number and categories of patients. (B 6.2.1) - clinical training facilities. (B 6.2.2) - supervision of their clinical practice. (B 6.2.3)."

Standard 4.1 (Admission Policy and selection) requires a medical school to (amongst other things) "formulate and implement an admission policy based on principles of objectivity, including a clear statement on the process of selection of students. (B 4.1.1)".

Standard 4.2 (Student intake) requires a medical school to "define the size of student intake and relate it to its capacity at all stages of the programme. (B 4.2.1)."

Sample medical school submission is attached [attachment iv]. Please see pages 90-97 outlining the schools admissions policy; and pages 122-128 detailing compliance with standard 6.1, both of which specifically address this standard.

Analyst Remarks to Narrative

The country notes that it has adopted the 2015 WFME (exhibit 1) standards. Standard 4.2 Student intake meets the requirements of this guideline. The country provided a completed sample medical school questionnaire (exhibit 2) to demonstrate a medical school's submission of documentation for review by the Medical Council. The questionnaire provides detailed information about the maximum entering class size for the school for the next several years.

Analyst Remarks to Response

The NCFMEA may still wish the country to provide additional information on the adoption of the 2015 version of the WFME standards that address this guideline and the relevance of the press release. [Admissions, Recruiting, and Publications, Question 5]

Country Narrative

In Ireland, the number of medical school places are fixed by government on the basis of perceived national need. Generally, there is high demand for places on medical degree programmes in Ireland. Places for EU applicants are allocated via a centralised points system. Places for non-EU applicants are very limited.

However, the Medical Council is aware that overseas medical schools operate in more competitive environments and need to promote their medical programme, in order to recruit sufficient student numbers. Therefore, the accreditation process for overseas medical schools tends to include scrutiny of recruitment campaigns, in the context of sustainability in a more competitive environment.

See sample medical school submission (PU-RCSI) [attachment xxxvii] under Standard 4.1 admission policy and intake – page 72 outlines the application process in practice for this medical school. See also sample medical school brochures attached [attachment ix]

With regard to the Press Release [Exhibit 8] this is in fact a Code of Standards for Advertising and Marketing Communications which are applicable in Ireland. This document is issued by the Advertising Standards Authority of Ireland.

Analyst Remarks to Narrative

The country notes that the Medical Council does not have an explicit role in assessing a medical school's publications. The country attests that Ireland's Code of Standards for Advertising and Marketing Communications applies to press releases issued by the school, and the Advertising Standards Authority of Ireland oversees the standards for advertising in the country.

The UCC Brochure (exhibit 11) provided does not supply information about admissions requirements, criteria for academic progress in the medical program, or requirements for the award of the M.D. (or equivalent degree). It does not publish the primary language of instruction, or alternative languages of instruction. It does not list costs associated with the program or its standards and procedures for evaluation, advancement, and graduation of its students. The standards for student conduct and procedures for disciplinary action are not listed, nor is there information about student conduct and procedures for disciplinary action. The document appears to be a brochure, not a catalog or equivalent document.

The country addresses the creation of marketing materials for medical schools in Ireland, noting that the spaces in Irish medical schools are highly competitive, making marketing campaigns from Irish medical schools uncommon.

The NCFMEA may still wish the country to provide an example of a review of a catalog or equivalent document for a medical school that may demonstrate adherence to this guideline.

Country Response

The exhibit provided was indeed a brochure, not a catalogue. The medical school does not have a single catalogue which includes all elements listed in the above analysis, but all information is available through the University's website, for example, https://www.ucc.ie/en/ck791/ provides information for the graduate entry programme, with links to all the detailed curricular information, etc. The disciplinary policies are also on the University's website. All courses are through English and there are no alternatives offered.

Analyst Remarks to Response

In response to the draft staff analysis, the country asserts that the requested published information regarding a medical school's mission and objectives is available on a school's website, and provides a link to one medical school as an example. It is not clear whether the Medical Council assesses a school's publication of this information as part of the review process or whether the WFME standards address this area.

Staff Conclusion: Additional Information requested

The NCFMEA may still wish to request a completed pre-site visit questionnaire for review of this guideline. [Student Achievement, Question 1]

Country Narrative

WFME (2015) Standard 3.1 (Assessment Methods) requires a medical school to: "define, state and publish the principles, methods and practices used for assessment of its students, including the criteria for setting pass marks, grade boundaries and number of allowed retakes. (B 3.1.1); ensure that assessments cover knowledge, skills and attitudes. (B 3.1.2); use a wide range of assessment methods and formats according to their "assessment utility". (B 3.1.3); ensure that methods and results of assessments avoid conflicts of interest. (B 3.1.4); ensure that assessments are open to scrutiny by external expertise. (B 3.1.5); use a system of appeal of assessment results. (B 3.1.6)."

The quality improvement standards states that a medical school should "evaluate and document the reliability and validity of assessment methods. (Q 3.1.1); incorporate new assessment methods where appropriate. (Q 3.1.2); encourage the use of external examiners. (Q 3.1.3)."

Sample medical school submission is attached [attachment iv]. Please see pages 64-84 detailing the school's assessment methods, which specifically addresses this standard.

Analyst Remarks to Narrative

The country provides a completed Medical School questionnaire (exhibit 2) and information about the 2015 WFME (exhibit 1) standards in this area. Medical schools in this country are free to establish their own methods for evaluating student achievement, and the Medical Council uses the WFME standard to determine that the requirements set by the medical school are adequate.

Analyst Remarks to Response

The NCFMEA may still wish to request a completed pre-site visit questionnaire for review of this guideline. [Student Achievement, Question 3]

Country Narrative

For factual update, WFME (2015) Global Standards were recently adopted by the Medical Council of Ireland.[attachment xxvii].

Standard 3 (Assessment of Students) and Standard 7 (Programme Evaluation) are still applicable.

Sample medical school submission is attached [attachment iv]. Please see pages 64-86 detailing the school's assessment methods; and pages 153-174 detailing the mechanisms for programme evaluation, teacher and student feedback, student performance, stakeholder involvement in programme evaluation, both of which specifically address this standard.

Analyst Remarks to Narrative

2015 WFME standard 3, Assessment of trainees, and 7, Evaluation of training process (exhibit 1) meets the requirements of this question. The country provided a completed medical school questionnaire for review of the assessment of this guideline. The sample medical school questionnaire (exhibit 2) demonstrates the response of a medical school that addresses how students are monitored, promoted, and graduated throughout the course of the program using regular formative and summative assessments.

Analyst Remarks to Response

The NCFMEA may still wish to request a completed pre-site visit questionnaire and completed action plan derived from the report on the external review of the accreditation process. [Student Achievement, Question 4]

Country Narrative

Sample medical school submission is attached [attachment iv]. Please see page 166 (standard 7.3 Student Performance), detailing the forms of assessment carried out throughout the programme, which specifically addresses this standard.

Extract from action plan derived from report on the external review of the accreditation process is attached [attachment xxvi]. The extract only includes all recommendations made with regard to the Medical Council of Ireland's accreditation process for undergraduate medical education and training. [Please note that the review included postgraduate programme accreditation processes also and many of the recommendations are specific to that process and not the undergraduate process, which is at a far more advanced stage of development.]

Analyst Remarks to Narrative

In response to the NCFMEA's requests, the country provided a completed sample medical school questionnaire (exhibit 2) and an Action and Implementation plan (exhibit 12). The completed sample medical school questionnaire demonstrates a medical school's response to the WMFE standards for standard 7.3, Performance of students and graduates, which discusses various modalities of student assessment implemented by this school. The Action and Implementation plan includes three action items related to review of standards which are relevant to this question. The Action and Implementation plan notes that the review of standards project commenced in July of 2018. The review is expected to complete at the end of 2019, with standards to be implemented in 2022. However, the country did not provide information regarding plans to develop national norms of accomplishment to demonstrate the extent to which an educational program's objectives are being met, nor documentation of the use of outcomes data on student performance collected by a school to document and report on the achievement of the school's educational program objectives.

Country Response

Medical schools report internally on progression rates and grade distribution and also report some of this data to the Medical Council via the "annual returns" (annual monitoring) process.

In terms of plans to develop national norms of accomplishment in the future to demonstrate the extent to which an educational program's objectives are being met, while no specific expectations have been set by the Medical Council to date, medical school data, including pass and attrition rates, is reviewed on an annual basis (see previously-submitted Exhibit 25 appendix xxviii, specifically page 13, paragraph 3.3) and if concerns were identified by the Education, Training and Professional Development Committee, the medical school would be required to provide an explanation, including measures for improvement being taken to address the situation. More generally, please note that, at any time, if the Medical Council had a specific concern about a medical school's performance and/or compliance with the WFME standards, it would be open to the Medical Council to conduct a monitoring visit in between accreditation visits.

Analyst Remarks to Response

In response to the draft staff analysis, the country notes that some data is provided to the Medical Council regarding grade distribution and progression rates via annual returns, and asserts that medical schools report internally on this information. The country states that any data provided by the medical school is reviewed on an annual basis, and that any concerns could cause the Medical Council to initiate an additional monitoring visit. The country points to exhibit 25, which is a report created by the Medical Council which describes quantitative data received from the medical schools from 2014-2017. The Medical Council notes that questions on the annual returns from this year included questions regarding student demographics, pass rates and levels of degrees awarded, attrition rates, etc. However, the annual returns blank and sample completed forms provided by the country (exhibits 23 and 38) do not reflect questions about student demographics, pass rates and level of degrees awarded, attrition rates, etc. The country has not provided documentation of regular review of an institution relative to this guideline.

Staff Conclusion: Additional Information requested

The NCFMEA may still wish to request a completed pre-site visit questionnaire for review [Student Achievement, Question 5]

Country Narrative

For factual update, the Medical Council has recently adopted the 2015 WFME revised Standards. [attachment xxvii].

Standard 7.2 (Teacher and student feedback) requires a medical school to: “systematically seek, analyse and respond to teacher and student feedback. (B 7.2.1)” and the quality development Standard states that medical schools should also “use feedback results for programme development. (Q 7.2.1). This is also annotated with the following note: “Feedback would include students’ reports and other information about the processes and products of the educational programmes. It would also include information about malpractice or inappropriate conduct by teachers or students with or without legal consequences.”

Standard 4.4 (Student representation) also requires a medical school to “formulate and implement a policy on student representation and appropriate participation in - mission statement. (B 4.4.1) - design of the programme. (B 4.4.2) - management of the programme. (B 4.4.3) - evaluation of the programme. (B 4.4.4) - other matters relevant to students. (B 4.4.5).” This is accompanied by the following annotation: “Student representation would include student self governance and representation on the curriculum committee, other educational committees, scientific and other relevant bodies as well as social activities and local health care projects (cf. B 2.7.2).”

Sample medical school submission is attached [attachment iv]. Please see page 162 (standard 7.2 Teacher and Student Feedback); and page 108, detailing compliance with standard 4.4 Student Representation (which is done through the DREEM survey), both of which specifically address this standard.

Analyst Remarks to Narrative

The country has provided a completed sample medical school questionnaire (exhibit 2) to provide supporting documentation of implementation of this standard. The country provided the 2015 WFME standards (exhibit 1). Standard 7.2, Teacher and student feedback, and standard 4.4, Student representation, meet the requirements of this guideline. The sample medical school questionnaire provided demonstrates review of this guideline during the accreditation process.

Analyst Remarks to Response

The NCFMEA may still wish to request a completed pre-site visit questionnaire for review of this guideline. [Student Services, Question 1]

Country Narrative

For factual update, the Medical Council has recently adopted the 2015 WFME revised Standards. The relevant standard is now 4.3 (Student Counselling and Support).

Sample medical school submission is attached [attachment iv]. Please see page 101 detailing student supports available to them via a number of means, for example, the mentorship programme, Student Affairs Committee and a number of student services are detailed, which specifically addresses this standard.

Analyst Remarks to Narrative

The country has provided a completed sample medical school questionnaire (exhibit 2) to demonstrate its review of a medical school relative to this guideline. 2015 WFME standard (exhibit 1) 4.3 meets the requirements of this guideline, as it requires medical schools to provide student services such as counseling.

Analyst Remarks to Response

The NCFMEA may still wish to request a completed pre-site visit questionnaire for review of this guideline and clarity on the country's statutes governing complaints within the Universities Act of 1997 amended in 2012.[Student Complaints, Question 1]

Country Narrative

For factual update, the Medical Council has recently adopted the 2015 WFME revised Standards. [attachment xxvii].

Regarding statutes governing complaints within the Universities Act of 1997, although mechanisms are in place for complaints made by a medical student, it falls outside the Medical Council's remit and falls to the University itself. The Medical Council Accreditation Team probes for information from the students, it may not be included within reports or the WFME questionnaire, because the Council has no remit/standard to map this evidence to.

Sample medical school submission is attached [attachment iv]. Please see page 101 (standard 4.3) in the attachment outlining the student supports available to them throughout the programme.

See sample complaints forms and procedures [attachment x, xi, xii].

Analyst Remarks to Narrative

The country provided a completed sample medical school questionnaire(exhibit 2) to demonstrate review of this guideline during accreditation processes. The part of the questionnaire noted in the narrative reflects questions about student support provided by the medical school. The country notes that the 2015 WMFE standards (exhibit 1) applied by the country do not address this guideline specifically. The country asserts that assessing student complaint policies does not fall within the Medical Council's remit. The country notes that schools are required to have mechanisms in place for handling student complaints, as per the Universities Act of 1997, amended in 2012. Although clarification was requested at the previous NCFMEA meeting regarding the Universities Act of 1997, amended in 2012, information about the provisions of this act that specifically address student complaints was not provided.

Country Response

As mentioned in a previous reply, complaints from students of a medical school are managed centrally by the university. The Medical Council's remit with regard to handling student complaints is somewhat limited by its own legislation.
The purpose of making reference to the Universities Act 1997 was intended to assist the NCFMEA in identifying the legislative provisions for complaints to be managed by Universities.
Section 26 of the Universities Act 1997 makes provision for dispute resolution in universities, in particular as follows:
"26.—(1) A governing authority shall establish procedures for the resolution of disputes which arise in the university, other than disputes to be dealt with through normal industrial relations structures operating in the university or appeals conducted in accordance with section 27 (2)(e).
(2) Procedures established under subsection (1) shall—
(a) be specified in a statute,
(b) be established following consultation with trade unions and staff associations representing employees of the university and with the students union or other student representative body, and
(c) provide for consideration of issues in dispute by an independent person or persons, as appropriate, one of whom, in the case of a constituent university, shall be a nominee of the Chancellor of the National University of Ireland."
Section 31 of that Act makes provision for universities to have charters which can, amongst other things, make provisions for appeal of decisions:
"31.—(1) A university may have a charter, not in conflict with this Act, setting out all or any of the following:
(d) the rights of its employees and students and their responsibility towards the university and the responsibility of the university towards them;
(e) the arrangements for review of, or appeals against, decisions of the governing authority or the academic council which affect employees or students;"

The Department of Education and Skills website also provides information about where a student can make a complaint, which can be accessed using this website address: https://www.education.ie/en/Learners/Information/Complaints-concerning-Third-Level-Institutions/

Analyst Remarks to Response

In response to the draft staff analysis, the country notes that assessing the handling of students complaints is not within its remit and

that universities are required to handle student complaints by law. The country provides text extracted from Section 26 of the Universities Act of 1997 to demonstrate legal requirements for handling of student complaints by universities, and provides a link to the Department of Education and Skills website, where students can send complaints not handled to their satisfaction by the institution's processes to an ombudsman. It isn't clear how student complaints could be reviewed by the Medical Council through this system.

Staff Conclusion: Additional Information requested

The NCFMEA may still wish to request a completed pre-site visit questionnaire for review of this guideline. [Student Complaints, Question 2]

Country Narrative

For factual update, the Medical Council has recently adopted the 2015 WFME revised Standards. [attachment xxvii].

Standard 7.1 (mechanisms for programme monitoring and evaluation) includes a requirement for medical schools to address any identified concerns, which would include insufficient fulfilment of intended educational outcomes. The medical school would use measures of and information about educational outcomes, including identified weaknesses and problems, as feedback for interventions and plans for corrective action, programme development and curricular improvements; this requires a safe and supporting environment for feedback by teachers and students.

Sample medical school submission is attached [attachment iv]. Please see page 153 detailing the mechanisms for programme monitoring and evaluation, which specifically addresses this standard.

Analyst Remarks to Narrative

The country provided a completed sample medical school questionnaire (exhibit 2) to address this question. The country references 2015 WFME standard (exhibit 1) 7.1 Mechanisms for program monitoring and evaluation to address this question. This standard provides documentation of review of program evaluation, and as part of that, student evaluations of the program, but does not provide documentation of review of information about the complaints processes available to students.

Country Response

Information about the avenues available to students to complain is not specifically requested in the WFME questionnaire. As mentioned in another reply, the Council has no remit to receive complaints from students or manage a complaints process regarding medical schools (see MC reply to question Student Complaints, Question 1). Complaints are managed centrally by the university and the Medical Council does not seek data on complaints about the medical school. This is why the matter is not usually covered specifically in reports.
By way of example of a university's complaints system, the NUI Galway complaints procedure is available online at: http://www.nuigalway.ie/vp/sshr/Student_Complaints_Procedure_Pages_and_Files/student_complaints_procedure.html

Sometimes medical schools will provide documentation on their complaints process (please see appendices x, xi and xii previously provided, which gives an example of a Student Complaints system).

The Assessor Team will usually ask the students they meet what they would do if they wished to make a complaint, would they know how to go about doing so, etc., to validate that such a process is available to them and they are notified of it. Students tend to know what to do or at least have confidence that they could easily find out if the need arose. As such, documentation of review of information about the complaints processes available to students cannot be provided, as this matter does not strictly come under the remit of the Medical Council. It is a verbal, rather than documented, exercise, but is usually raised during the accreditation visit, as described.

Analyst Remarks to Response

In response to the draft staff analysis, the country notes that a complaints process is available to students by law, but that it is not within the remit of the Medical Council to assess this process. While the site visit team usually makes verbal inquiries of students about whether they know how to make a complaint, if needed, they do not officially assess in this area.

Staff Conclusion: Additional Information requested

The NCFMEA may still wish to request governance arrangements between the medical school and the parent university as evidence. [Governance, Question 2]

Country Narrative

Under WFME Standard 8.1, a medical school is required to “define its governance structures and functions including their relationships within the university. (B 8.1.1)” and, under the quality improvement standard, should “in its governance structures, set out the committee structure, and reflect representation from - principal stakeholders. (Q 8.1.1) - other stakeholders. (Q 8.1.2)” and “ensure transparency of the work of governance and its decisions. (Q 8.1.3)”

Page 175 of one sample submission provided (NUIG) [attachment iv] outlines the governance structure within the school of medicine, the college of medicine, nursing and health sciences and the university of the medical school in the sample. Page 129 of another sample submission provided (UCC) [attachment vi] outlines governance structures, including an organisational organogram of the structure.

Analyst Remarks to Narrative

The country provided two completed sample medical school questionnaires (exhibits 2 and 8) to provide documentation of its review of a medical school relative to this guideline. The country uses 2015 WFME standard (exhibit 1) 8.1, Governance, as the standard to review the arrangements between a medical school and the university. The standard states that the medical school must define its governance structures and functions including their relationship within the University. This standard meets the requirements of this guideline. The two sample medical school questionnaires provided demonstrate review of this guideline.

Analyst Remarks to Response

NCFMEA may still wish to request a completed pre-site visit questionnaire and additional information on plans to implement the 2015 version of the WFME standards that address this guideline. [Finances, Question 1]

Country Narrative

The Medical Council has recently adopted the 2015 WFME revised Standards. [attachment xxvii].

Standard 8.3 (educational budget and resource allocation) requires a medical school to “have a clear line of responsibility and authority for resourcing the curriculum, including a dedicated educational budget. (B 8.3.1); allocate the resources necessary for the implementation of the curriculum and distribute the educational resources in relation to educational needs. (B 8.3.2).”

Under Standard 8.4 (administration and management), a medical school must, amongst other things, ensure good management and resource deployment. This includes “the economic and organisational implications i.e. the actual allocation and use of resources within the medical school”.

Sample medical school submission is attached [attachment iv]. Please see page 190 (standard 8.3 educational budget and resource allocation); and page 193 detailing the structure of the medical school’s staff and the allocation of resources, which specifically addresses standard 8.3 and 8.4.

Medical schools in Ireland receive State funding from the Department of Education and Skills and the Higher Education Authority.

Lastly, in terms of plans to adopt these requirements in the future, the Medical Council has a mechanism for reviewing its standards. If the NCFMEA is of the view that the above provisions could be improved upon, the relevant standard(s) can be reviewed.

Analyst Remarks to Narrative

The country notes that it has adopted the 2015 WFME standards (exhibit 1). The country provides a completed sample medical school questionnaire (exhibit 2) to demonstrate documentation relevant to this guideline. The country notes that WFME standards 8.3 and 8.4 address medical school finances and administration. The narrative points to a section in exhibit 2 which provides information about the administrative structure in a medical school for review. The documentation does not demonstrate review of an officially audited financial statement or other information regarding the medical school’s finances as part of its accreditation processes.

Country Response

The extent to which financial matters are covered in the WFME standards do not suggest that a financial audit is required as part of the accreditation visit. This would require a different, additional skillset to that of the existing Assessor Panel. The Medical Council has described the lengths to which budgetary provisions are explored as part of the accreditation visit (WFME standard 8.3). Medical schools are accountable to their parent universities for financial management and auditing.

If the NCFMEA is of the view that the existing assessment oversight by the Medical Council is not sufficient, the relevant standard could be reviewed.

Analyst Remarks to Response

In response to the draft staff analysis, the country notes that the WFME standards do not require a financial audit as part of an accreditation visit, and notes that the skillset to conduct one are not present on the site visit teams. The country notes that medical schools are accountable to their parent universities for financial management and auditing. The country notes that the WFME standards addressed do require that a medical school have a dedicated educational budget and that resources are distributed according to educational needs. However, there is no documentation to indicate that the Medical Council reviews any financial information for a medical school as part of its accreditation processes.

Staff Conclusion: Additional Information requested

The NCFMEA may still wish to request a completed pre-site visit questionnaire for review of this guideline. [Facilities, Question 1]

Country Narrative

For factual update, the Medical Council has recently adopted the 2015 WFME revised Standards, although Standard 6 remains the relevant standard here.

Sample medical school submission is attached [attachment iv]. Please see page 122 detailing the educational resources and facilities necessary to deliver the training programme, which specifically addresses this standard.

Analyst Remarks to Narrative

The 2015 WFME standard (exhibit 1) 6 continues to meet the requirements of this question. The country provided a completed sample medical school questionnaire (exhibit 2) to demonstrate review of this standard as part of accreditation processes. The questionnaire documents detailed submission of information by the medical school in response to standard 6 that includes information about physical facilities and equipment and clinical teaching facilities appropriate for the size and scope of the school.

Analyst Remarks to Response

The NCFMEA may still wish to request a completed pre-site visit questionnaire for review of this guideline. [Facilities, Question 2]

Country Narrative

For factual update, the Medical Council has recently adopted the 2015 WFME revised Standards, although Standard 6 remains the relevant standard here.

Sample medical school submission is attached [attachment iv]. Please see page 122 detailing the facilities available, which specifically addresses this standard.

Analyst Remarks to Narrative

The country provided a completed sample medical school questionnaire (exhibit 2) to demonstrate assessment in this area. The 2015 WFME standard (exhibit 1) 6 requires sufficient physical facilities for staff and students to ensure that curriculum can be delivered adequately, and a learning environment which is safe for staff, students patients and their relatives. The completed sample medical school questionnaire requests details about how the school meets standard 6, specifically requesting information about lecture theatres, tutorial rooms, laboratories, library and IT facilities, social; and recreational amenities. The sample medical school questionnaire provided does not specifically discuss biomedical research or provision of facilities for the humane care of animals when used in teaching and research.

Country Response

Irish medical schools have a strong track record in research and all universities ensure research ethics is governed via a committee structure. Research and scholarship is assessed under WFME standard 6.4 Medical Research and Scholarship.

Biomedical Sciences (WFME Standard 2.3 Basic Biomedical Sciences) are referred to in page 24 of the sample WFME questionnaire previously provided (Exhibit 2 appendix iv), wherein it states that students are offered research opportunities through Special Study Modules (described on page 18 of that document). Page 141 of the same document states that “Research policy is developed and monitored at NUI Galway by a College Research Committee (chaired by Dr. Dara Cannon, PhD) which aims to promote and facilitate research, whether basic, translational, clinical or epidemiologic, and to provide appropriate support for the maintenance and development of research programmes.” The Assessor Team would have taken this into account when considering how the medical school ensures ethical research practices are being applied.

The Assessor Team would not have gone into the level of detail as described in NCFMEA Standards, i.e. biomedical research or provision of facilities for the humane care of animals when used in teaching and research, however, if an Assessor Team have any concerns with the documentation and/or information gathered from their meetings with management/academic staff/students and/or a review of the facilities, it would be highlighted in the report and remedial measures recommended.

Analyst Remarks to Response

In response to the draft staff analysis, the country notes that the Medical Council does not specifically assess the encouragement of biomedical research or the provision of facilities for the humane care of animals when used in teaching and research.

Staff Conclusion: Additional Information requested

The NCFMEA may still wish to request additional information on plans to implement the 2015 version of the WFME standards that address this guideline. [Faculty, Question 1]

Country Narrative

The Medical Council recently adopted the 2015 revised WFME Global Standards. [attachment xxvii].

Standard 5 outlines criteria with regard to Academic Staff/Faculty.

Standard 6 outlines criteria with regard to educational resources.

Standard 6.2 (Clinical Training and Resources) requires a medical school to "ensure necessary resources for giving the students adequate clinical experience, including sufficient - number and categories of patients. (B 6.2.1) - clinical training facilities. (B 6.2.2) - supervision of their clinical practice. (B 6.2.3)". This is accompanied by the annotation "Clinical training facilities would include hospitals (adequate mix of primary, secondary and tertiary), sufficient patient wards and diagnostic departments, laboratories, ambulatory services (including primary care), clinics, primary health care settings, health care centres and other community health care settings as well as skills laboratories, allowing clinical training to be organised using an appropriate mix of clinical settings and rotations throughout all main disciplines. Evaluate would include evaluation of appropriateness and quality for medical training programmes in terms of settings, equipment and number and categories of patients, as well as health practices, supervision and administration."

Sample medical school submission is attached [attachment iv]. Please see pages 112-121 (staff recruitment policy) and pages 129-133 (clinical training resources), which specifically addresses this standard.

Analyst Remarks to Narrative

The country attests to the adoption of the 2015 WFME Global Standards (exhibit 1). While the country does not provide documentation of a national standard prescribing qualifications or size of faculty, the country notes that WFME standard 5.1 requires that each medical school must formulate and implement a staff recruitment and selection policy that addresses areas such as the number, qualifications and responsibilities of staff members. The country does not provide documentation of national requirements regarding the relationship between the instructional staff at remote sites and clinical locations and the medical school. The completed sample medical school questionnaire (exhibit 2) provided describes the use of joint clinical and University appointed lecturers to support clinical teaching.

Country Response

An example of arrangements with clinical staff can be found in the previously-submitted Exhibit 2 appendix iv on page 114, which is in response to WFME Standard 5.1 Recruitment Policy. Here the medical school describes contractual arrangements being split between the medical school (academic commitments) and the Health Service Executive (HSE) (clinical practice).

The national arrangement that links clinical training sites with medical schools is through a governance arrangement within the HSE's "Hospital Groups". There are seven Hospital Groups in Ireland and six of them have an "academic partner" (i.e. a medical school). For example, NUI Galway is the academic partner for the Saolta University Health Care Group. This means that all clinical training sites within that group are formally partnered with NUI Galway.

The Medical Council is not in a position to provide documentation outlining these national governance arrangements. However, further information outlining the hospital group arrangement can be found on the HSE's website.
https://www.hse.ie/eng/services/list/3/acutehospitals/hospitalgroups.html

Analyst Remarks to Response

In response to the draft staff analysis, the country describes a national governance arrangement which provides a formal

partnership between clinical training sites and medical schools. The country points out that the Sample Medical School Questionnaire (exhibit 2 attachment iv) describes that staff in the clinical disciplines at one school are on a 50% academic and 50% Health Service Executive (HSE) clinical contract. While the country describes formal partnerships between medical schools and clinical sites arranged through national governance, it isn't clear what the requirements are in this area, if any, or if these relationships are reviewed as part of accreditation reviews.

Staff Conclusion: Additional Information requested

The NCFMEA may still wish to request a completed pre-site visit questionnaire and additional information on plans to implement the 2015 version of the WFME standards that address this guideline. [Faculty, Question 2]

Country Narrative

For factual update, the Medical Council has recently adopted the 2015 WFME revised Standards. [attachment xxvii].

Standard 3.1 (Assessment Methods) requires a medical school, amongst other things, to “ensure that methods and results of assessments avoid conflicts of interest. (B 3.1.4)”. This is the only explicit reference in the Standards to Conflicts of Interest. However, the Standards do refer to good management practice (8.4), which would imply the inclusion of management of conflicts of interest.

Sample medical school submission is attached [attachment iv]. Please see page 83 which specifically addresses how the sample medical school quality controls its assessments. See also sample conflict of interest policies (UCC) attached [attachment xiv

Analyst Remarks to Narrative

The country has adopted the 2015 WFME standards (exhibit 1). The country has provided two completed sample medical school questionnaires (exhibits 2 and 8) in order to evidence documentation provided as part of a medical school review. The country notes that the adopted 2015 WFME standards require that a medical school "ensure that methods and results of assessments avoid conflicts of interest. (B 3.1.4)". The 2015 WFME standards also refer to good management practice (8.4), which the country notes would imply the inclusion of management of conflicts of interest. The country provides a sample conflict of interest policy from one university (exhibit 16).

Analyst Remarks to Response

NCFMEA may still wish to request a completed pre-site visit questionnaire and additional information on plans to implement the 2015 version of the WFME standards that address this guideline. [Library]

Country Narrative

For factual update, the Medical Council has recently adopted the 2015 WFME revised Standards and Standard 6 deals with Educational Resources.

Standard 6.1 (Physical facilities) requires a medical school to “have sufficient physical facilities for staff and students to ensure that the curriculum can be delivered adequately. (B 6.1.1). This is accompanied by the Annotation: “Physical facilities would include lecture halls, class, group and tutorial rooms, teaching and research laboratories, clinical skills laboratories, offices, LIBRARIES, information technology facilities and student amenities such as adequate study space, lounges, transportation facilities, catering, student housing, on-call accommodation, personal storage lockers, sports and recreational facilities.”

Standard 6.3 (Information Technology) requires a medical school to “formulate and implement a policy which addresses effective and ethical use and evaluation of appropriate information and communication technology. (B 6.3.1); ensure access to web-based or other electronic media. (B 6.3.2.). This is accompanied by the annotation: “Effective and ethical use of information and communication technology would include use of computers, cell/mobile telephones, internal and external networks and other means as well as coordination with LIBRARY SERVICES. The policy would include common access to all educational items through a learning management system. Information and communication technology would be useful for preparing students for evidence-based medicine and life-long learning through continuing professional development (CPD).”

Sample medical school submission is attached [attachment iv]. Please see page 122 (standard 6.1) and page 134 (standard 6.3), which specifically addresses this standard.

The Medical Council has a mechanism for reviewing its standards. If the NCFMEA is of the view that the above provisions could be improved upon, the relevant standard(s) can be reviewed.

Analyst Remarks to Narrative

The country provides information about how the 2015 WFME standards that it has adopted meet the requirements of this question, in particular 6.1 and 6.3. The country provides a completed sample medical school questionnaire (exhibit 2) to demonstrate review of this element as part of accreditation processes. The completed sample medical school questionnaire includes a medical school's description of its physical and electronic library resources available to medical students.

Analyst Remarks to Response

The NCFMEA may still wish to request a completed pre-site visit questionnaire and additional information on plans to implement the 2015 version of the WFME standards that address this guideline. [Clinical Teaching Facilities, Question 1]

Country Narrative

For factual update, the Medical Council has recently adopted the 2015 WFME revised Standards. [attachment xxvii].

Standard 6.2 (Clinical Training Resources) puts the onus on medical schools with regard to the quality of clinical training sites.

Standard 8.1 (Governance) requires a medical school to “define its governance structures and functions including their relationships within the university. (B 8.1.1).”

Standard 8.5 (Interaction with health sector) quality development standard advises a medical school to “formalise its collaboration, including engagement of staff and students, with partners in the health sector. (Q 8.5.1)” and this is accompanied by the annotation: “To formalise collaboration would mean entering into formal agreements, stating content and forms of collaboration, and/or establishing joint contact and coordination committees as well as joint projects.”

Sample medical school submission is attached [attachment iv]. Please see page 131-133 detailing developments of the teaching facilities on the clinical sites to enhance the student experience; and page 175 detailing the governance structure (standard 8.1); and page 196 detailing the school’s interaction with the health sector, all of which specifically address this standard.

Analyst Remarks to Narrative

The country notes that it has adopted the 2015 WFME standards (exhibit 1), including 8.3, which meets the requirements of this question by requiring that each medical school formalize its collaboration, including engagement with staff and students, with partners in the health sector. In an annotation, the WFME standards clarify that formalizing collaboration means entering into formal agreements, stating content and forms of collaboration, and/or establishing joint contact and coordination committees as well as joint projects. The country has provided a completed sample medical school questionnaire (exhibit 2) as evidence of its review of a medical school relative to this guideline

Analyst Remarks to Response

The NCFMEA may still wish to request a completed pre-site visit questionnaire for review of this guideline. [Onsite Review, Question 1]

Country Narrative

Sample medical school submission is attached [attachment iv].

Analyst Remarks to Narrative

The country has submitted a completed medical school questionnaire (exhibit 2) in response to this question. The questionnaire documents submission of information provided prior to an onsite review that includes information about the admissions process, curriculum, qualifications of the faculty, the achievement of students and graduates, the facilities available to medical students and the academic support resources available to students. The submitted completed questionnaire provides adequate documentation of how the country meets the requirements of this question.

Analyst Remarks to Response

The NCFMEA may still wish to request a completed pre-site visit questionnaire for review of this guideline.[Onsite Review, Question 2]

Country Narrative

Sample medical school submission is attached [attachment iv]. Please see page 122 (standard 6 Educational Resources) which specifically addresses this standard.

Analyst Remarks to Narrative

The country has provided a completed medical school questionnaire (exhibit 2) to document review of this guideline. The medical school questionnaire includes information about clinical teaching sites associated with the medical school and the quality assurance and evaluation processes applied to them by the medical school.

Analyst Remarks to Response

The NCFMEA may still wish to request a completed pre-site visit questionnaire for review of this guideline.[Onsite Review, Question 3]

Country Narrative

Sample medical school submission is attached [attachment iv]. Please see page 122 (standard 6 Educational Resources) which specifically addresses this standard.

Analyst Remarks to Narrative

The country provided a completed medical school questionnaire (exhibit 2) in response to this question. The medical school questionnaire provides documentation of the information provided by a school about the clinical clerkship sites associated with its program. However, the questionnaire does not demonstrate that the country conducts an on-site visit to all core clinical clerkship sites.

Country Response

The Medical Council conducts on-site visits to the core clinical training sites where clinical training is provided to medical students. Please see sample report of an accreditation visit, previously submitted Exhibit 28 appendix xxxiii, specifically section F, pages 23-26, which outlines the Assessor Team's visits to the four core clinical training sites associated with the sample medical school.

Analyst Remarks to Response

In response to the draft staff analysis, the country provided documentation of its on-site visits to the four core clinical training sites associated with a sample medical school as evidence of its review of clinical sites.

Staff Conclusion: Comprehensive response provided

The NCFMEA may still wish to request a completed pre-site visit questionnaire and clarification on plans to adopt requirements regarding medical school administration as evidence.[Administrative Personnel and Authority, Question 1]

Country Narrative

WFME Standard 5.1 (Recruitment and selection policy) requires a medical school to "formulate and implement a staff recruitment and selection policy which - outlines the type, responsibilities and balance of the academic staff/faculty of the basic biomedical sciences, the behavioural and social sciences and the clinical sciences required to deliver the curriculum adequately, including the balance between medical and non-medical academic staff, the balance between full-time and part-time academic staff, and the balance between academic and non-academic staff. (B 5.1.1)".

WFME standard 8.4 (Administration and Management) requires a medical school to "have an administrative and professional staff that is appropriate to - support implementation of its educational programme and related activities. (B 8.4.1) - ensure good management and resource deployment. (B 8.4.2)". The quality improvement standards also states that medical schools should "formulate and implement an internal programme for quality assurance of the management including regular review. (Q 8.4.1)". Sample submission evidencing compliance with this standard is attached [attachment iv].

Page 112 of one attached sample questionnaire [attachment iv] refers to the university's recruitment policy. It states:
"In general, staff numbers in individual disciplines are determined by the teaching load of the disciplines, which is based on traditional University student Full-Time Equivalents (FTEs). This is weighted also according to the ECTS allocation of modules and programme-years. In general, the recruitment of additional and new staff is co-ordinated between the discipline, School Heads, and the College Dean, and is subject to appraisal, initially by the School Executive Board and the University Academic Planning and Resources Committee (APRC), at which the School is represented."

Pg 87 of the second sample questionnaire [attachment vi] describes the process and rationale around recruitment. Staffing of individual departments is linked to teaching and administrative activity and is subject to approval by the Head of School, Head of College of Medicine and Health and the President of the University. The Higher education sector remains subject to the Employment Control Framework [attachment xxxi] and significant budgetary constraints.

Lastly, in terms of plans to adopt these requirements in the future, the Medical Council has a mechanism for reviewing its standards. If the NCFMEA is of the view that the above provisions could be improved upon, the relevant standard(s) can be reviewed.

Analyst Remarks to Narrative

The country submits information about the adopted 2015 WFME standards 5.1 and 8.4 to address this question. Standard 5.1 requires that a medical school formulate and implement a staff recruitment and selection policy that addresses the balance between academic and non-academic staff. Standard 8.4 requires that a medical school have an appropriate administrative and professional staff. The country submitted a completed medical school questionnaire (exhibit 2) to document submission of information for review in this area. The country submitted the Employment Control Framework (exhibit 17) as evidence that the Higher education sector in the country remains subject to significant budgetary constraints.

Analyst Remarks to Response

The NCFMEA may still wish to request a completed pre-site visit questionnaire and additional information on plans to implement the 2015 version of the WFME standards that address this guideline.[Onsite Review, Question 4]

Country Narrative

For factual update, the Medical Council has recently adopted the 2015 WFME revised Standards. [attachment xxvii].

Standard 6.2 (Clinical Training Resources) puts the onus on medical schools with regard to the quality of clinical training sites.

Standard 8.1 (Governance) requires a medical school to “define its governance structures and functions… (B 8.1.1)”

Standard 8.5 (interaction with health sector) quality development standard advises a medical school to “formalise its collaboration, including engagement of staff and students, with partners in the health sector (Q 8.5.1)” and this is accompanied by the annotation: “To formalise collaboration would mean entering into formal agreements, stating content and forms of collaboration, and/or establishing joint contact and coordination committees as well as joint projects.”

Sample medical school submission is attached [attachment iv]. Please see page 129 (standard 6.2), page 175 (standard 8.1) and page 196 (standard 8.5), detailing the relationship with the hospital group and the Western Academic Health Network (WAHN) which is a collaborative structure between the hospitals and the medical school, which specifically addresses this standard.

Analyst Remarks to Narrative

The country attests that it has adopted the 2015 WFME standards (exhibit 1). The country identifies standards 6.2, 8.1 and 8.5 as relevant to this guideline. The country provides a completed sample medical school questionnaire (exhibit 2) to demonstrate documentation provided by a medical school in support of this guideline. In support of standard 6.2, the questionnaire requests information about the clinical resources available to students at the medical school, including the patient mix to which students will be exposed. In support of standard 8.1, the questionnaire requests information about the governance structures relating to the existing program. In support of standard 8.5, the questionnaire requests information about how the medical school formalizes its collaboration with partners in the health sector. The questionnaire demonstrates a medical school's response, which includes a description of the collaborative structures between clinical facilities in the region and the medical schools. Although information is requested about this collaboration, documentation of a review by the Medical Council of the affiliation agreements themselves has not been provided.

Country Response

See also latest reply to Faculty, question 1, wherein the national system of academic partnering of medical schools with Health Service Executive Hospital Groups is described. The Medical Council is not in a position to provide documentation demonstrating review of formal affiliation agreements in this regard. The system is well known nationally and proof of the arrangement is not sought as part of the accreditation.

Analyst Remarks to Response

In response to the draft staff analysis, the country attests that the formal affiliations between hospital groups and medical schools are established nationally. The Medical Council does not review these national agreements for that reason.

Staff Conclusion: Comprehensive response provided

NCFMEA may still wish to request a completed pre-site visit questionnaire, additional information on plans to implement the 2015 version of the WFME standards, and evidence of a written standard that specifically addresses this guideline. [Onsite Review, Question 5]

Country Narrative

The Medical Council decided in 2013 that all Irish-based medical schools which deliver programmes of basic medical education abroad and award Irish medical degrees must also be subject to the same accreditation process as Irish-based programmes. See policy paper on accreditation of overseas medical schools [attachment xvi].

Sample medical school submission is attached [see Attachment xxxviii. Please see page 16 of this attachment outlining the curriculum design in the Irish context, which specifically addresses this standard.

Lastly, in terms of plans to adopt these requirements in the future, the Medical Council has a mechanism for reviewing its standards. If the NCFMEA is of the view that the above provisions could be improved upon, the relevant standard(s) can be reviewed.

Analyst Remarks to Narrative

The country attests that a policy has been in place since 2013 to subject medical schools outside Ireland to the same accreditation processes as Irish-based medical programs. The country has provided a copy of its policy on overseas accreditation (exhibit 18) and a completed sample medical school submission (exhibit 10) to demonstrate implementation of this guideline. While the country has addressed overseas Irish medical programs, it is not clear if the same policy would apply to a clinical site which is located outside of the country but associated with an Irish-based medical school. The NCFMEA may wish to request clarification about whether a policy exists which meets the requirements of this guideline for clinical training experiences that occur in the United States or a comparable third country.

Country Response

None of the medical schools based within the State (Republic of Ireland) provide clinical training outside the State, therefore, this is not applicable to medical schools in Ireland. The Medical Council visits all core clinical training sites as part of its domestic and foreign accreditation visits. Please see sample report of a foreign accreditation visit (previously-submitted Exhibit 13 appendix O, 2016 submission) wherein clinical training sites were visited as outlined in pages 12-14.

Analyst Remarks to Response

In response to the draft staff analysis, the country attests that all core clinical training sites are visited as part of its domestic and foreign accreditation visits. Descriptions of core clinical training sites visits can be found in exhibit 28, Sample Report of Accreditation.

Staff Conclusion: Comprehensive response provided

NCFMEA may still wish to request a completed pre-site visit questionnaire and additional information on plans to implement the 2015 version of the WFME standards that address this guideline, along with the completed action plan from the external accreditation report. [Qualifications of Evaluators, Decision-makers, Policy-makers]

Country Narrative

The Medical Council recently adopted the WFME (2015) Global Standards for basic medical education and training. [attachment xxvii].

The WFME publishes “Programme For Recognition of Accrediting Agencies for Medical Education Recognition criteria for agencies accrediting medical schools” (attached) and this issue is addressed in paragraph D.(Qualification and Training of Individuals Associated with the Accrediting Agency), which states that the accrediting agency must “have and implement policies regarding the qualifications, credentials and experience of…the individuals who participate in the on-site reviews of medical schools” and create reports detailing the school’s compliance with the standards and “must have a training process for new members of the accrediting agency; individuals who participate in on-site reviews; individuals who create reports.”

The Medical Council requires the Assessor Team on an accreditation visit to a medical school to write the report.

The Medical Council does have a policy in the form of an Assessor Competency Framework and an Evaluation Process when

recruiting new Assessors; and also provides training for its assessors. A new, improved Assessor Training Programme is currently being developed following a recent recruitment drive for new assessors. The Medical Council staff will also receive this training.

With regard to policy-making, the Education Training and Professional Development Committee (ETPDC) comprises Council and non-Council members with an interest in medical education and training, many of whom are experienced educators/trainers/assessors with expertise in this area. The Terms of Reference of the ETPDC and the Medical Council's Application Form for membership to Medical Council Committees, Sub-Committees, Working Groups and Panels are attached.

Attached please find:
1. WFME Programme For Recognition of Accrediting Agencies for Medical Education Recognition criteria for agencies accrediting medical schools August 2012 [attachment xvii];
2. Assessor Competency Framework [attachment xviii];
3. Guidance for Assessors on Conflict of Interest [Exhibit 20];
4. Assessor Competency Framework Evaluation Process [attachment xix];
5. SOP on the composition of Assessor Teams [attachment xx];
6. Extract from Council Minutes September 13, 2017 [attachment xxi];
7. Guide for Assessors [attachment xxii];
8. Sample Agenda for pre-meeting with Assessors [attachment xxiii];
9. Tender document for Assessor Training [attachment xxiv];
10. Terms of Reference of ETPDC [Exhibit 11]

Analyst Remarks to Narrative

The country notes that it has adopted the 2015 WFME standards (exhibit 1). The country attests that this question's requirements are addressed in the WFME's Recognition criteria for agencies accrediting medical schools, 2012 (exhibit 19), which includes requirements regarding the qualification and training of individuals associated with the accrediting agency. Specifically, the country notes that this publication includes the requirements that the accrediting agency must "have and implement policies regarding the qualifications, credentials and experience of the individuals who participate in the on-site reviews of medical schools" and create reports detailing the school's compliance with the standards and "must have a training process for new members of the accrediting agency; individuals who participate in on-site reviews; individuals who create reports." The NCFMEA may wish to ask for documentation of the country's creation and implementation of policies regarding the qualifications, credentials and experience of the individuals who participate in the on-site reviews of medical schools and create accreditation reports.

The country provided an extract from council minutes (exhibit 20). This extract describes that a committee recommended a policy for the minimum composition of an Assessor team for either accreditations or inspections, and that larger visits that require split teams should insure that each team includes a Medical Assessor, Council Assessor and External Assessors, and that for Specialist programs, at least one member of each team should have expertise in the relevant specialty.

The Guidance for Assessor on Interaction with Students (exhibit 21) provides an outline of the composition of the assessment team. The external assessors are described as individuals with "expertise in medical education, and/or training, and/or quality assurance, or representatives of the public interest." The document includes training material for assessors.

The RFT Assessor Training Programme (exhibit 22) documents the medical council's request for tenders to develop and implement a training program for assessors. The Assessor Competency Framework Evaluation Process (exhibit 31) describes the selection of a panel for evaluation of applications from potential assessors and the process to be used to conduct evaluations of these applications. The Composition of Assessors Team - Standard Operating Procedures (exhibit 32) describes standard operating procedures for administrative aspects of assessment. A sample agenda for a meeting of an accreditation team (exhibit 33) is also provided.

The country does not include the requirements for the qualification and training of the individuals who participate in on-site evaluations of medical schools, the individuals who establish the accreditation/approval standards for medical schools, and the individuals who decide whether a specific medical school should be accredited/ approved in the narrative to review. The information provided documents the roles that compose an assessment team, but the information provided about the minimum qualifications, credentials and experience required of the individuals to fill those roles is not demonstrated.

Country Response

Please see the documentation provided previously outlining the form to be completed by prospective assessors (Exhibit 19 appendix xvii) and submitted with their CV; and the process for evaluation of applicants' competencies (Exhibit 31 appendix xix). In addition, please see attached Assessor Competency Framework (new appendix xlvii); and a new Assessor Training Framework (new appendix xlviii) which will be applicable as of Q4 2018.

Analyst Remarks to Response

In response to the draft staff analysis, the country has submitted an Assessor Competency Framework (exhibit 19) and a Training Framework for Medical Council Assessors (exhibit 2), which it asserts will be applicable as of Quarter 4 of 2018. The Assessor Competency Framework describes a process for forming a panel to evaluate potential site visitors. The country provided new documents Assessor Competency Framework (exhibit 1) and Assessor Training Framework (exhibit 2) which include application procedures for new site visitors and describe the required competencies and duties of site visitors. The processes and standards described by these forms to be put into place as of Q4 2018 meet the requirements of this guideline.

Staff Conclusion: Comprehensive response provided

The NCFMEA may still wish to request a completed pre-site visit questionnaire and an annual return for review. [Re-evaluation and Monitoring, Question 1]

Country Narrative

Sample Annual Return is attached [attachment xxv]

Sample medical school submission is attached. [attachment iv]

Also, the Medical Council has recently developed a new Action and Implementation Plan template [see attachment xliv] following an accreditation visit, seeking a status report on all recommendations made in the report. This must be completed within three months of Ministerial approval of the accreditation report and the medical school will then be invited to present this to the Medical Council. It is not possible to provide evidence of a completed report at this time, as this is a new addition to the process.

Analyst Remarks to Narrative

The country has provided a completed sample medical school questionnaire (exhibit 2) and a completed sample annual returns (exhibit 23) to document the monitoring process. The country has provided a blank Action and Implimentation Plan (exhibit 37) to demonstrate part of the monitoring process.

Analyst Remarks to Response

The NCFMEA may still wish to request a completed pre-site visit questionnaire for review of this guideline.[Re-evaluation and Monitoring, Question 2]

Country Narrative

Sample medical school submission is attached [attachment iv].
Sample annual returns also attached [attachment xxv], please see page 23 (Part VI Strengthening Student Support and Preparedness).

Analyst Remarks to Narrative

The country provided a completed sample medical school questionnaire (exhibit 2) and sample annual returns (exhibit 23) to demonstrate documentation relevant to this guideline. However, the narrative does not provide evidence that the review of handling of student complaints is addressed by this documentation.

Country Response

As mentioned in another reply, the Medical Council does not have the statutory remit to offer and manage a complaints process for students. Complaints are managed centrally at the university and students also have recourse to the Ombudsman if they are not satisfied with the university's own process. There are currently no plans to develop policies regarding the review or handling of student complaints as the Medical Council does not have the statutory powers to do so.

Analyst Remarks to Response

In response to the draft staff analysis, the country reiterates that it does not have the statutory remit to offer a complaint process for students. The country notes that complaints are managed centrally at the university and that students have recourse to an ombudsman. There are no plans to develop policies to review or handle student complaints.

Staff Conclusion: Additional Information requested

The NCFMEA may still wish to request evidence of substantive change requests and the review of such requests along with additional information on plans to implement the 2015 version of the WFME standards that address this

guideline. [Substantive Change]

Country Narrative

On reviewing the 2015 WFME Global Standards, there is nothing contained in these standards which can add to the previous response. However, Part 10 Rules under section 88 of the Medical Practitioners Act 2007 states that any substantive change to the programme must be pre-approved by Council, see Rule 1(5) in the attached Part 10 Rules, extracted below:

5. Approval of a programme will be for no longer than five years. Any significant alterations to the design and delivery of the programme, as approved, will require the prior approval of the Medical Council.

Also, the annual return form [attachment xlvi] which must be completed by each medical school every year, for each programme they run, requires medical schools to inform the Medical Council of any significant changes to their programme.

Furthermore, the Education, Training and Professional Development Committee of the Council recently considered a discussion document on significant changes to medical education and training programmes/curricula [attachment xxxix] and the Executive will draft a Policy document, based on the Australian model, to be adopted for undergraduate and postgraduate medical education and training programmes [see Minute of ETPDC meeting May 2018 – attachment xl].

To the Medical Council of Ireland's knowledge, there have been no requests for a substantive change to a medical education and training programme in recent history. As such, the Medical Council of Ireland is not in a position to provide evidence of such a change or how it is managed currently.

Analyst Remarks to Narrative

The country notes that the Medical Practitioner's Act of 2007 (extract, exhibit 35) requires that any significant alterations to the design and delivery of the program, as approved, will require the prior approval of the Medical Council. The country notes that the annual returns required from each medical school includes a requirement that the medical school document any significant alterations to the program and has provided a sample annual returns form (exhibit 38). The sample annual returns form includes a space for the medical school to document any significant changes based on the framework of the WFME Global Standards for Quality Improvement, European Specification 2007 Standards 1-9. The country provided a memorandum from the Education, Training and Professional Development Committee (exhibit 34). The memorandum reviews the current standard for report on significant changes for Irish undergraduate programs and considers whether to adopt the Australian model for report of significant changes in graduate entry programs, as well as whether the Irish undergraduate system is sufficient.

The country attests that there have been no reports of significant change in recent history and so the Medical Council has no documentation to provide in this area.

Country Response

The Medical Council 5-year term expired on 31st May this year and a new Council term commenced on 1st June this year. As such, the new Council has, to date, met on one occasion and has not yet decided on an appropriate Committee structure to support its work. It is likely that an Education and Training Committee will be formed and meet for the first time before year end. It is hoped, once the new Committee is up and running, to bring a draft policy document to that Committee for review. In these circumstances, it is likely that a new policy will not be in place until next year. The policy to be drafted by the Executive will be based on the Australian model for considering requests for significant change (as described in previously-submitted Exhibit 34 appendix xxxix). The final policy is expected to make provisions for the Council to decide if a change being requested is significant (requiring Council approval) and, if so, whether the change can be approved for introduction within the current accreditation of the programme or is it of such significance that it would require reaccreditation of the whole programme. As such, "significant change" would need to be defined.

Analyst Remarks to Response

In response to the draft staff analysis, the country notes that any new policy for defining and addressing significant changes would not go into place for at least a year. A policy is expected to be drafted based on the Australian model, and will allow the Medical Council to determine if a change is significant. A definition of substantive change would need to be created. The NCFMEA may wish to have the country submit a report on the progress of defining significant change and its new significant change policy.

Staff Conclusion: Additional Information requested

The NCFMEA may still wish to request a completed pre-site visit questionnaire and completed action plan derived from the report on the external review of the accreditation process for the review. [Conflicts of Interest, Inconsistent Application of Standards, Question 2]

Country Narrative

Sample medical school submission is attached [attachment iv].

See attached Action and Implementation Plan [attachment xxvi].

The NCFMEA may also find the Guide for Assessors helpful in this regard (see Attachment xxii).

Analyst Remarks to Narrative

The country has provided a completed Action and Implimentation plan (exhibit 21) and a completed sample medical school questionnaire (exhibit 2). The Action and Implimentation plan identifies several areas relevant to this guideline, such as the creation of a compliance form which creates a record of the evidence used to assess each standard and links the evidence used to make a judgment to the relevant standard. The NCFMEA may wish to request a copy of the compliance form created in response to some of the elements of the action plan relevant to this guideline.

Country Response

Please see previously-submitted Exhibit 24 appendix xliii which is a template compliance form used by the Assessor Team during an accreditation visit. Assessors make hand-written notes of their findings throughout the visit, against the WFME standards. They then draw on these notes during the report-writing day, when they provide input to the report of the accreditation visit. Assessors find the template helpful.

Analyst Remarks to Response

In response to the draft staff analysis, the country has submitted a compliance form (exhibit 24) which provides space for site visitors to document evidence that supports each of the country's standards.

Staff Conclusion: Comprehensive response provided

The NCFMEA may still wish to request a completed pre-site visit questionnaire and an annual return for review. [Accrediting/Approval Decisions, Question 1]

Country Narrative

A compliance form is provided to each Assessor on an accreditation visit and compliance with each standard must be assessed as part of the process and report-writing. Compliance Form is attached [attachment xliii].

Sample medical school submission is attached [attachment iv]. Please see page 64 (assessment of students), which specifically addresses this standard.

Sample completed Annual Return is attached [attachment xxv].

Analyst Remarks to Narrative

The country provided a completed sample medical school questionnaire (exhibit 2). The questionnaire demonstrates a medical school's response to 2015 WFME standard 3.1, Assessment of students. The country also provided a completed sample annual return (exhibit 23), which demonstrates a medical school's annual returns, and a blank compliance form (exhibit 24), which demonstrates the country has a template for review based on the 2015 WFME standards. The template is not evidence of implementation of the form.

Country Response

The new format of Medical Council reports of accreditation visits is in keeping with the format of the compliance forms (see previously-submitted sample report, Exhibit 28 appendix xxxiii). The Executive does not retrieve completed forms from the Assessor Team – these are for their personal use during the report-writing day (as described in previous reply to Conflicts of Interest, Inconsistent Application of Standards, Question 2). As such, the report is evidence of the assessment under the relevant standard, pages 12-13.

Analyst Remarks to Response

In response to the draft staff analysis, the country provided a completed sample report of accreditation (exhibit 28), which demonstrates site visitors' description of evidence to support each standard.

Staff Conclusion: Comprehensive response provided

The NCFMEA may still wish to request a completed pre-site visit questionnaire for review of this guideline.

[Accrediting/Approval Decisions, Question 2]

Country Narrative

Sample medical school submission is attached [attachment iv]. Please see page 153 detailing the mechanisms for programme evaluation and student performance and page 123 of sample submission (UCC) [attachment vi] details how the medical school monitors the performance of their students, both of which specifically address this standard.

Analyst Remarks to Narrative

The country provided two completed sample medical school questionnaires to document submission of information in support of this guideline. The country provides the first questionnaire (exhibit 2) to demonstrate application of 2015 WFME standard 7.1, which requires the presence of a mechanism for program evaluation that addresses student progress. The country provides the second questionnaire (exhibit 8) to demonstrate the application of 2015 WFME standard 7.3, which requires that the medical school conduct an analysis of student performance along several vectors.

Analyst Remarks to Response

The NCFMEA may still wish to request clarity on the existing standards or the plans to adopt requirements for this guideline.[Accrediting/Approval Decisions, Question 3]

Country Narrative

For factual update, the Medical Council has recently adopted the 2015 WFME revised Standards[attachment xxvii].

The relevant standard is 7.3 (Performance of students and graduates), which requires a medical school to “analyse performance of cohorts of students and graduates in relation to - mission and intended educational outcomes. (B 7.3.1) - curriculum. (B 7.3.2) - provision of resources. (B 7.3.3)”. The quality development standard also advises medical schools to “analyse performance of cohorts of students and graduates in relation to student - background and conditions. (Q 7.3.1) - entrance qualifications. (Q 7.3.2); use the analysis of student performance to provide feedback to the committees responsible for - student selection. (Q 7.3.3) - curriculum planning. (Q 7.3.4) - student counselling. (Q 7.3.5)”. This is annotated as follows:

“Measures and analysis of performance of cohorts of students would include information about actual study duration, examination scores, pass and failure rates, success and dropout rates and reasons, student reports about conditions in their courses, as well as time spent by them on areas of special interest, including optional components. It would also include interviews of students frequently repeating courses, and exit interviews with students who leave the programme. Measures of performance of cohorts of graduates would include information on results at national license examinations, career choice and postgraduate performance, and would, while avoiding the risk of programme uniformity, provide a basis for curriculum improvement.”

Sample medical school submission is attached [attachment iv]. Please see page 166 detailing the measurement of student performance, which specifically addresses this standard.

Sample Annual Returns Statistical Analysis Report is attached.[attachment xxviii]

Extract of Minute of ETPDC meeting is attached, where statistical data was analysed and subsequent action requested. [attachment xxix]

Analyst Remarks to Narrative

The country notes that it has adopted the 2015 WFME standards (exhibit 1). The country provides a completed sample medical school questionnaire (exhibit 2). The country notes that WFME standard 7.3 is relevant to this guideline, as it requires that a medical school analyze the performance of its graduates in relation to several areas. An extract from the minutes of the Education, Training and Professional Development Committee (exhibit 36) describes a review by the committee of both quantitative and qualitative annual returns, along with an intention to begin asking schools to provide annual returns for every year of program delivery, as currently information is missing from schools accredited in the current year. The country provides a descriptive report of received undergraduate annual returns (exhibit 25). This report provides information about the numbers of students enrolled from year to year during the past 5 years in each Irish medical school. It then presents information about gender, EU and non-EU status, age of students (over or under 23), and disability status for individuals in these programs. The report includes information about pass rates and attrition rates for each school.

Information is not provided about how this data is used in determining accreditation status for the programs. The NCFMEA may wish to request information about whether there are standards or plans to create standards to determine how the reported quantitative data will affect accreditation status, including how failure to submit data or how indicators in the data will affect

accreditation status.

Country Response

The Medical Council does not currently plan on developing specific standards to determine how data will affect accreditation status. Data is currently reviewed by the Assessor Team (or Education, Training and Professional Development Committee if submitted as part of the annual returns monitoring process). The Medical Council relies on their expertise to identify any data of concern and address the matter appropriately.

If the NCFMEA is of the view that the above provisions could be improved upon, the Medical Council can revisit current arrangements.

Analyst Remarks to Response

In response to the draft staff analysis, the country reports that there are no current plans to develop specific standards regarding using data to affect accreditation of medical programs. The country notes that the site visitor team reviews data, and the Education, Training and Professional Development Committee reviews any data submitted as part of the annual returns monitoring process. The Medical Council relies on the expertise of these two groups to identify any data of concern and address the matter appropriately. The Medical Council has noted that standard 7.3 of the WFME standards requires the analysis of student performance. The country has not demonstrated regular collection of data about medical school graduates by the Medical Council or review of that data as part of accreditation decisions.

Staff Conclusion: Additional Information requested

The NCFMEA may still wish to request a completed pre-site visit questionnaire and clarification on plans to adopt requirements regarding the position of chief academic official of a medical school. [Chief Academic Official, Question 1]

Country Narrative

WFME (2015) Standard 8.2 (Academic Leadership) requires a medical school to "describe the responsibilities of its academic leadership for definition and management of the medical educational programme. (B 8.2.1)". The quality improvement standard requires a medical school to "periodically evaluate its academic leadership in relation to achievement of its mission and intended educational outcomes. (Q 8.2.1)".

WFME (2015) Standard 5.1 (Recruitment and Selection Policy) is also of relevance to this question:
"The medical school must
• formulate and implement a staff recruitment and selection policy which
- outline the type, responsibilities and balance of the academic staff/faculty of the basic biomedical sciences, the behavioural and social sciences and the clinical sciences required to deliver the curriculum adequately, including the balance between medical and non-medical academic staff, the balance between full-time and part-time academic staff, and the balance between academic and non-academic staff. (B 5.1.1)
- address criteria for scientific, educational and clinical merit, including the balance between teaching, research and service functions. (B 5.1.2)
- specify and monitor the responsibilities of its academic staff/faculty of the basic biomedical sciences, the behavioural and social sciences and the clinical sciences. (B 5.1.3)"

Page 179 of the sample questionnaire provided (NUIG) [attachment iv] details the structure of academic leadership within the sample school of medicine and on page 114, states:

"For senior clinical academic posts a clear template has been developed, and its use is now policy. Staff are selected based on educational and academic achievement, including teaching and educational skills, clinical achievement (in the case of medical practitioners), and scientific achievement, including research, publications and grants achieved. The School has adopted a policy of employing its senior clinical academic teachers on a split clinical/academic contract. Essentially, the professors and senior lecturers in the clinical disciplines are on a 50% academic and 50% HSE clinical contract, in which the University's 50% is time protected for teaching and research." See sample template attached [attachment xxxvi].

Lastly, in terms of plans to adopt these requirements in the future, the Medical Council has a mechanism for reviewing its standards. If the NCFMEA is of the view that the above provisions could be improved upon, the relevant standard(s) can be reviewed.

Analyst Remarks to Narrative

The country has adopted the 2015 WFME standards and identifies standards 8.2 and 5.1 as relevant to this guideline. The country has provided a completed sample medical school questionnaire (exhibit 2) which demonstrates one medical school's response to these standards. The country has provided a Competency framework (exhibit 26) for an accredited medical school, but has not identified in the narrative how it meets the requirements of this guideline.

Country Response

Ireland is comparatively a very small community. The Chief Academic Official tends to be someone well-known, of a high calibre, who has been working in the education/healthcare system for some time and is appointed following university recruitment processes. As such, the Medical Council has not deemed it necessary to seek the detail outlined in this standard in the past.

If the NCFMEA is of the view that the Medical Council should specify the qualifications required of the Chief Academic Official of a medical school, this can be addressed.

Analyst Remarks to Response

In response to the draft staff analysis, the country notes that chief academic officials of medical schools are generally well known and experienced in the field, and that they are selected based on the University's recruitment process. The Medical Council does not specifically address the requirements for this position in its assessment process, but states that it is willing to address this area if needed.

Staff Conclusion: Additional Information requested

The NCFMEA may still wish to request a completed pre-site visit questionnaire, a completed action plan derived from the report on the external review of the accreditation process, and additional information on plans to implement the 2015 version of the WFME standards that address this guideline. [Accrediting/Approval Decisions, Question 4]

Country Narrative

WFME (2015) Global Standards were recently adopted by Council. [attachment xxvii].

Standard 7.3 (Performance of students and graduates) requires a medical school to “analyse performance of cohorts of students and graduates in relation to - mission and intended educational outcomes. (B 7.3.1) - curriculum. (B 7.3.2) - provision of resources. (B 7.3.3).” The quality development standard also requires medical schools to “use the analysis of student performance to provide feedback to the committees responsible for - student selection. (Q 7.3.3) - curriculum planning. (Q 7.3.4) - student counselling. (Q 7.3.5)

Sample medical school submission is attached [attachment iv]. Please see page 166, detailing the medical school’s means of measuring student performance, which specifically addresses this standard.

Extract from Action and Implementation Plan following an external review of Medical Council accreditation processes and procedures is attached [attachment xxvi]. [Not all recommendations are relevant to basic medical education and training.]

Analyst Remarks to Narrative

The country notes that it adopted the 2015 WFME standards (exhibit 1), and that standard 7.3 is relevant to this guideline, as it requires a school to analyze the performance of its students and graduates. The country provides a completed sample medical school questionnaire (exhibit 2) and identifies a section in the narrative in which the country describes analyzing student performance on yearly exams as well as formative means of assessing student progress. The country does not specify whether any specific outcome standard or benchmark is applied to determine whether to accredit a school. The NCFMEA may wish to request clarification on whether there are plans to adopt a standard that addresses this guideline.

Country Response

The Medical Council does not currently plan on developing specific standards to determine how outcomes data will affect accreditation status. All data provided by the medical school is currently reviewed by the Assessor Team or Education, Training and Professional Development Committee if submitted as part of the annual returns monitoring process. The Medical Council relies on their expertise to identify any data of concern and address the matter appropriately.

If the NCFMEA is of the view that the above provisions could be improved upon, the Medical Council can revisit current arrangements.

Analyst Remarks to Response

In response to the draft staff analysis, the country notes that it does not currently have plans to develop specific standards for outcome data for medical schools. The country notes that if a medical school submits data as part of the annual returns monitoring process, it is reviewed by the site visit team or Education, Training and Professional Development Committee, and that the Medical Council relies on them to note any data of concern. The NCFMEA may wish to further inquire about whether the country plans to implement standards relative to this guideline regarding collection and review of outcomes data for medical schools.

Staff Conclusion: Additional Information requested

The NCFMEA may still wish to request the country's plans, if any, to develop criteria to address this guideline. [Chief Academic Official, Question 2]

Country Narrative

WFME (2015) Standard 5.1 (Recruitment and selection policy) requires a medical school to:
"formulate and implement a staff recruitment and selection policy which
- outlines the type, responsibilities and balance of the academic staff/faculty of the basic biomedical sciences, the behavioural and social sciences and the clinical sciences required to deliver the curriculum adequately, including the balance between medical and non-medical academic staff, the balance between full-time and part-time academic staff, and the balance between academic and non-academic staff. (B 5.1.1)
- address criteria for scientific, educational and clinical merit, including the balance between teaching, research and service functions. (B 5.1.2)
- specify and monitor the responsibilities of its academic staff/faculty of the basic biomedical sciences, the behavioural and social sciences and the clinical sciences. (B 5.1.3)"

See Attachment vii, sample CAO job description for UL CAO. This has been submitted to provide an example of recruitment process in practice.

Lastly, in terms of plans to adopt these requirements in the future, the Medical Council has a mechanism for reviewing its standards. If the NCFMEA is of the view that the above provisions could be improved upon, the relevant standard(s) can be reviewed.

Analyst Remarks to Narrative

The country notes that WFME standard 5.1 includes requirements for recruitment and selection policy for a medical school. The country provides a sample CAO Role Description from one accredited medical school (exhibit 27) to demonstrate one school's recruitment process for this position, which includes a description of the responsibilities of this position and the skills, competencies and/or knowledge required for it. However, the WFME standards listed do not specifically address requirements for the position of the chief academic official.

Country Response

WFME Standard 8 Governance and Administration requires a medical school to define governance structures and functions, including staff recruitment and selection policy. To date, the Medical Council has not deemed it necessary to seek the level of detail outlined in this standard.

If the NCFMEA is of the view that the Medical Council should specify the selection process for the role of Chief Academic Official of a medical school, this can be addressed.

Analyst Remarks to Response

In response to the draft staff analysis, the country notes that their standards require a medical school to define its governance structures and functions, including staff recruitment and selection policy. However, the Medical Council does not have specific requirements for the selection for the position of Chief Academic Official of a medical school.

Staff Conclusion: Additional Information requested

The NCFMEA may still wish to request the country's plans, if any, to develop standards to address this guideline. [Program Length, Question 1]

Country Narrative

As with other EU member States, the Medical Council of Ireland is bound by and complies with EU Directives in this regard, in order to meet the criteria for recognition of professional qualifications throughout the EU.

Article 24.2 of EU Directive 2005/36/EC [Exhibit 6] states:

“Basic medical training shall comprise a total of at least six years of study or 5 500 hours of theoretical and practical training provided by, or under the supervision of, a university.”

This wording was replaced by the following under EU Directive 2013/55/EU [Exhibit 7]:

‘Basic medical training shall comprise a total of at least five years of study, which may in addition be expressed with the equivalent ECTS credits, and shall consist of at least 5 500 hours of theoretical and practical training provided by, or under the supervision of, a university.”

5,500 hours of study, if delivered over 130 weeks of instruction, would require 42 hours per week.
130 weeks, if delivered over 5 years, would require 26 weeks per year.

Irish medical schools usually deliver a programme between October and May each year which meets the 5,500 hours requirement. 5,500 hours, based on an 8 hour day, 5 days per week would equate to 137.5 weeks. Allowing for public holidays, mid-term and end of term breaks, this is still well over the 130-week minimum requirement.

The examples provided demonstrate that, in practice, UCC (for example) run two programmes – direct entry and graduate entry – both of which exceed 130 weeks.

UCC College Undergraduate Calendar gives the duration of years 1 & 2 (40 weeks per year) [attachment viii] and page 56 of the questionnaire [attachment vi] outlines the duration (in weeks) of year 3-5. In total the DEM programme is 154 weeks, over a 5 year programme and the GEM programme is 146 weeks over a 4 year programme.

WFME Standard 2.6 (2015) (Programme structure, composition and duration) requires a medical school to “describe the content, extent and sequencing of courses and other curricular elements to ensure appropriate coordination between basic biomedical, behavioural and social and clinical subjects. (B 2.6.1)”. This is the extent to which the standards impose requirements on medical schools with regard to the duration of their programme of basic medical education.

In practice, the appropriateness of the duration is assessed by the Medical Council as part of the undergraduate accreditation process. A sample Medical School submission and subsequent Medical Council report have been provided [attachments vi and xxxiii]. Please see pages 55 and 11 specifically.

Analyst Remarks to Narrative

The country notes that as an EU member state, it is bound by and follows the EU requirement of 5500 hours of education and training for a medical school program. The country states that the appropriateness of the duration of the program is assessed during the undergraduate accreditation process. The country has provided a college calendar (exhibit 29), a completed sample medical school questionnaire (exhibit 8), and a sample report of accreditation (exhibit 28) to document review in this area.

The NCFMEA may still wish the country to provide additional information on plans to implement the 2015 version of the WFME standards that address this guideline.
[Curriculum, Question 3]

Country Narrative

Having recently adopted WFME 2015 revised Standards [attachment xxvii], Standard 6.4 (Medical research and scholarship) requires a medical school to:
“- use medical research and scholarship as a basis for the educational curriculum. (B 6.4.1)
- formulate and implement a policy that fosters the relationship between medical research and education. (B 6.4.2)
- describe the research facilities and priorities at the institution. (B 6.4.3)”. The Quality improvement Standards also states that medical schools should “ensure that interaction between medical research and education - influences current teaching. (Q 6.4.1) - encourages and prepares students to engage in medical research and development. (Q 6.4.2)”. The annotation states: “Medical research and scholarship encompasses scientific research in basic biomedical, clinical, behavioural and social sciences. Medical scholarship means the academic attainment of advanced medical knowledge and inquiry. The medical research basis of the curriculum would be ensured by research activities within the medical school itself or its affiliated institutions and/or by the scholarship and scientific competencies of the teaching staff. Influences on current teaching would facilitate learning of scientific methods and evidence-based medicine (cf. 2.2).”

Standard 2.2 (Scientific Method) also requires a medical school to “throughout the curriculum teach - the principles of scientific method, including analytical and critical thinking. (B 2.2.1) - medical research methods. (B 2.2.2) - evidence-based medicine. (B 2.2.3)” and the quality improvement standard advises the medical school to also “in the curriculum include elements of original or advanced research. (Q 2.2.1)”.

See sample medical school submission attached [attachment iv]. Page 138 of the sample submission provides details of the research facilities available to the medical school’s students. [There is a large and successful Undergraduate Research Programme in the school. This is an extracurricular, voluntary programme and students are eligible to apply from year 1 onwards.]

Analyst Remarks to Narrative

The country has recently adopted the 2015 WFME standards (exhibit 1). The country attests that standard 6.4 Medical research and scholarship meets the requirements of this question, which includes that a medical school must use medical research and scholarship as a basis for the educational curriculum. The country also cites standard 2.2 as evidence of the requirement for medical schools to include current concepts in the basic and clinical sciences in their curricula. The country provides a completed sample medical school questionnaire (exhibit 2) to document submission by a medical school of information about the research facilities and opportunities available to its students.

The NCFMEA may still wish the country to provide additional information on plans to implement the 2015 version of the WFME standards that address this guideline. [Curriculum, Question 7]

Country Narrative

Having recently adopted WFME (2015) revised Standards [attachment xxvii], Standard 2.1 (Framework of the programme) requires a medical school, amongst other things, to “use a curriculum and INSTRUCTIONAL/LEARNING METHODS that stimulate, prepare and support students to take responsibility for their learning process. (B 2.1.2)”. This is annotated with the following note: “Instructional/ learning methods would encompass lectures, small-group teaching, problem-based or case-based learning, peer assisted learning, practicals, LABORATORY EXERCISES, bed-side teaching, clinical demonstrations, CLINICAL SKILLS LABORATORY TRAINING, field exercises in the community and web-based instruction.”

Standard 2.3 (Basic BIOMEDICAL SCIENCES), a medical school is required to “in the curriculum identify and incorporate the contributions of the basic biomedical sciences to create understanding of - scientific knowledge fundamental to acquiring and applying clinical science. (B 2.3.1) - concepts and methods fundamental to acquiring and applying clinical science. (B 2.3.2)” This is annotated with the following note: “The basic biomedical sciences would - depending on local needs, interests and traditions - include anatomy, biochemistry, biophysics, cell biology, genetics, immunology, microbiology (including bacteriology, parasitology and virology), molecular biology, pathology, pharmacology and physiology.”

Standard 2.5 (Clinical sciences and skills) requires a medical school, amongst other things to: “in the curriculum identify and incorporate the contributions of the clinical sciences to ensure that students - acquire sufficient knowledge and clinical and professional skills to assume appropriate responsibility after graduation. (B 2.5.1). This is annotated with the following note: “The clinical sciences would - depending on local needs, interests and traditions - include anaesthetics, dermatology, diagnostic radiology, emergency medicine, general practice/family medicine, geriatrics, gynaecology & obstetrics, internal medicine (with subspecialities), LABORATORY MEDICINE, medical technology, neurology, neurosurgery, oncology & radiotherapy, ophthalmology, orthopaedic surgery, oto-rhino-laryngology, paediatrics, palliative care, physiotherapy, rehabilitation medicine, psychiatry, surgery (with subspecialities) and venereology (sexually transmitted diseases). Clinical sciences would also include a final module preparing for pre-registration- training/internship.

Students must also receive sufficient laboratory safety training (standard 6.1).

Sample medical school submission attached [attachment iv], which references how this standard is met in a number of ways:

Page 19 “adopts a ‘blended learning’ approach. The concepts introduced in lectures are reinforced by small group tutorials, which are specifically designed to encourage enquiry-based learning. Enquiry-based learning represents a shift away from passive methods (the transmission of knowledge to students) to more facilitative teaching methods. This incorporates formal lectures and directed self-learning in respect of didactic elements, and small group/individual investigation, analysis and reporting in respect of laboratory elements.”

Page 20 refers to standard 2.2 Scientific Methods and Evidence-Based Medicine

Page 26 references Standard 2.3

Page 41 references Standard 2.5

Page 70 breaks down the pass rate of exams and indicates that laboratory work is a component of each exam.

Page 76 states:
“Laboratory practical assessments are used mostly in Foundation Year (0MB3) and the First Medical Year (1MB3) and spot tests are used frequently to assess learning outcomes in integrated modules relating to gross anatomy.”

Page 139 “Summer research projects can be laboratory-based, library-based or clinical and the students are paired with a designated research supervisor”

Analyst Remarks to Narrative

The country has adopted the 2015 WFME standards. The country attests that standards 2.3 and 2.5 meet the requirements of this question, as they include basic biomedical sciences and clinical sciences. The country has provided a completed sample medical school questionnaire (exhibit 2) to demonstrate documentation by a medical school in this area.
