

<b>Name:</b> Ireland	<b>Meeting Date:</b> 09/19/2016	<b>Response Submit Date:</b> 08/25/2016	<b>Status:</b> Final Review	<b>Type:</b> Redetermination
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## U.S. Department of Education

### Redetermination of Comparability

Prepared September 2016

#### 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. This analysis is the review of the country's 2016 comparability application.

#### 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 request additional clarification regarding plans, if any, to establish national curriculum or national medical school exit examinations.  
[Mission and Objectives, Question 5]
- 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]
- The NCFMEA may still wish to request governance arrangements between the medical school and the parent university as evidence. [Governance, Question 2]
- 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]
- 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]
- 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]
- The NCFMEA may still wish to request the country's plans, if any, to develop standards to address this guideline. [Program Length, Question 1]
- 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]
- 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]
- The NCFMEA may still wish to request a completed pre-site visit questionnaire for review of this guideline.  
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[Clinical Experience, Question 1]
- The NCFMEA may still wish to request a completed pre-site visit questionnaire for review of this guideline.  
[Clinical Experience, Question 2]
- The NCFMEA may still wish to request a completed pre-site visit questionnaire for review. [Clinical Experience, Question 3]

- The NCFMEA may still wish to request a completed pre-site visit questionnaire for review of this guideline. [Supporting Disciplines]
- The NCFMEA may still wish to request a completed pre-site visit questionnaire for review of this guideline. [Ethics, Question 1]
- The NCFMEA may still wish to request a completed pre-site visit questionnaire for review of this guideline. [Communication Skills, Question 1]
- The NCFMEA may still wish to request a completed pre-site visit questionnaire for review of this guideline. [Design, Implementation, and Evaluation, Question 1]
- 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]
- The NCFMEA may wish to request a completed pre-site visit questionnaire for review of this guideline. [Design, Implementation, and Evaluation, Question 3]
- 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]
- The NCFMEA may still wish to request a completed pre-site visit questionnaire for review of this guideline. [Admissions, Recruiting, and Publications, Question 2]
- 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]
- 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]
- The NCFMEA may still wish to request a completed pre-site visit questionnaire for review of this guideline. [ Student Achievement, Question 1]
- The NCFMEA may still wish to request a completed pre-site visit questionnaire for review of this guideline. [Student Achievement, Question 3]
- 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]
- The NCFMEA may still wish to request a completed pre-site visit questionnaire for review [Student Achievement, Question 5]
- The NCFMEA may still wish to request a completed pre-site visit questionnaire for review of this guideline. [Student Services, Question 1]
- 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]
- The NCFMEA may still wish to request a completed pre-site visit questionnaire for review of this guideline. [Student Complaints, Question 2]
- 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]
- The NCFMEA may still wish to request a completed pre-site visit questionnaire for review of this guideline. [Facilities, Question 1]
- The NCFMEA may still wish to request a completed pre-site visit questionnaire for review of this guideline. [Facilities, Question 2]
- 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]

-- 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]

-- 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]

-- 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]

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

[Onsite Review, Question 1]

-- Staff Determination:

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

[Onsite Review, Question 2]

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

[Onsite Review, Question 3]

-- 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]

-- 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]

-- Staff Determination:

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]

-- 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]

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

[Re-evaluation and Monitoring, Question 2]

-- 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]

-- 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]

-- The NCFMEA may still wish to request a completed pre-site visit questionnaire and an annual return for review.

[Accrediting/Approval Decisions, Question 1]

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

-- 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]

-- Staff Determination:

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]

## **Staff Analysis**

### **Approval of Medical Schools, Question 1**

#### **Country Narrative**

The Medical Council is the entity with this authority and responsibility.

The Medical Council protects the interests of the public when dealing with registered medical practitioners. This includes the responsibility to ensure the quality of medical education and training at all levels. The Council was established by the Medical Practitioners Act 1978 (Appendix 1) and commenced operation in April 1979. The Medical Practitioners' Act 1978 was replaced in 2007 by the Medical Practitioners Act 2007 (Appendix 2), which strengthens Council's powers. The Medical Council, under Article 7 (2) (c) of the Medical Practitioners Act 2007 has the power to approve programmes of education and further education necessary for the purposes of registration and continued registration of medical practitioners. This includes undergraduate and postgraduate programmes. The whole of Part 10 of the 2007 Act is devoted to setting, monitoring and maintaining standards in medical education and training.

All medical schools therefore require Council approval, whether they are in universities established under the Universities Act 1997 amended 2015 (Appendix 3), or medical schools that are not attached to a university. All six existing medical schools in Ireland are approved by the Medical Council (MC), in consultation with the Minister for Education and Skills. For other areas of Council work including accreditation activities the Council reports to the Minister for Health.

#### **Analyst Remarks to Narrative**

The country identifies its Medical Council (Council) as the entity with the authority and responsibility for approving medical schools in Ireland. All medical schools require Council approval in consultation with the Minister for Education and Skills. The country provided the original Medical Practitioners Act of 1978 establishing the Council and the revised act of 2007(exhibits 1 and 2) strengthening its authority, which includes the approval of programs of education necessary for the purposes of registration and continued registration of medical practitioners as well as the setting, monitoring and maintaining of standards in medical education and training. The Medical Practitioners Act (Act) does not refer to or discuss medical schools specifically, however, the Act of 1978 does stipulate that " the medical council which shall provide for the registration and control of persons engaged in the practice of medicine and to provide for other matters relating to the practice of medicine" and "programs of basic medical education and training. Also, the Council reports to the Minister for Health for accreditation activities.

#### **Staff Conclusion:**

Comprehensive Response Provided

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### **Approval of Medical Schools, Question 2**

#### **Country Narrative**

The Medical Council is the responsible entity. It has the authority to approve, approve subject to conditions attached to the approval of, amend or remove conditions attached to the approval of, or withdraw the approval of a medical education programme or the body which may deliver such a programme (ie a medical school) at any time. This activity takes place in consultation with the Minister for Education and Skills. However, for undergraduate accreditation activity, Ministerial consent to Medical Council decisions is not necessary.

The Higher Education Authority (HEA) which reports to the Department of Education and Skills is the funding body but the Medical Council is the regulatory and quality improvement body. The HEA is the statutory planning and policy development body for higher education and research in Ireland. The HEA has wide advisory powers throughout the whole of the third-level education sector. In addition, it is the funding authority for the universities, institutes of technology and a number of designated higher education institutions.

#### **Analyst Remarks to Narrative**

In response to Question 1, the country provided exhibits 1 and 2 , the Medical Practitioners Act of 1978 (amended 2007), which recognizes the Medical Council in consultation with the Minister for Education and Skills as the approving authority for a medical education program or the body which may deliver such a program (i.e., a medical school). Additionally, the country provided information on the Higher Education Authority (HEA), which is a funding and oversight source for the Medical Council.

#### **Staff Conclusion:**

### **Approval of Medical Schools, Question 3**

#### **Country Narrative**

Yes; as described, the Medical Council is that entity. The Medical Council has the necessary authority and its powers are contained in national legislation (see Appendix 2). If the Medical Council had sufficient cause to close a medical school it would do so through the removal of approval of the programme and the delivering body. These actions would de facto close a medical school. As stated earlier, these actions would take place in consultation with the Minister for Education and Skills, under Section 88 (2)(a) of the Medical Practitioners Act 2007 however, the decision would rest with the Medical Council

#### **Analyst Remarks to Narrative**

The Medical Council is the governmental entity with the authority to close a medical school. Section 88(2)(2)(a)(i) and (ii) of the Medical Practitioners Act 2007 acknowledges that the Medical Council has the authority to approve, approve with conditions, amend or remove conditions attached to the approval, or withdraw the approval of programs of basic medical education and training, and the bodies which may deliver those programs; and refuse to approve a body as a body which may deliver those programs. The aforementioned actions are taken in consult with the Minister for Education and Science; however, the decision would come from the Medical Council. These actions are also subject to appeal per section 90 of the Act. The Medical Practitioners Act (Act) does not refer to or discuss medical schools specifically, however, the Act of 1978 does stipulate that " the Medical Council which shall provide for the registration and control of persons engaged in the practice of medicine and to provide for other matters relating to the practice of medicine" and "programmes of basic medical education and training."

#### **Staff Conclusion:**

Comprehensive Response Provided

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### **Accreditation of Medical Schools**

#### **Country Narrative**

The Medical Council is that entity. Under Section 88 (2) (e) and (f) of the Medical Practitioners Act 2007, the Medical Council conducts in depth on-site inspections of medical schools and teaching hospitals in order to confirm compliance with the minimum allowable standards for its operation, and to encourage best practice. Council has conducted an extensive programme of these visits over each Council 5-year term, using the good practice procedures set out by the World Federation for Medical Education (WFME). As described above, the Medical Council consults with the Minister for Education and Skills.

In keeping with best practice, the Medical Council has recently commissioned an external review of its accreditation processes (request for quotations is attached as Appendix 4) This review has been completed and at the date of submission, is being considered by the Medical Council Executive and timelines for implementation are being established. The need to apply standards consistently is an underlying principle of regulation, and the Medical Council is committed to ensuring that this principle is supported in practice.

The Medical Council has adopted the 2007 European Specifications of the WFME Standards (Appendix 5). These Standards were revised by the WFME in 2012. The Medical Council took a decision to complete its schedule of undergraduate accreditations against the same 2007 Standards. It is intended to adopt the revised Standards in advance of the next schedule.

In addition, the state body Quality and Qualifications Ireland (QQI), established in 2012, is responsible for reviewing the effectiveness of quality assurance in further and higher education providers in Ireland. It conducts quality control and quality improvement inspections of universities in Ireland but does not accredit medical schools, which is the role of the Medical Council.

#### **Analyst Remarks to Narrative**

The medical Council is the entity that conducts in-depth evaluations of each medical school in consultation with the Minister for education and skills, in order to assess the medical school's educational quality. This authority is documented in Section 88 of the Medical Practitioners Act of 1978 (as amended in 2007), exhibits 1 and 2. The Medical Council acknowledges in (Exhibit 4) that at the undergraduate level the World Federation of Medical Education (WFME) Standards and Procedures for accreditation are utilized in the review; and standards adapted from the Australian Medical Council are used at the postgraduate level review. The Medical Council attests to conducting in-depth on-site inspections of medical schools and teaching hospitals for compliance and best practices. The 2007 European Specifications of the WFME (revised in 2012) good practices were provided to demonstrate the review at the undergraduate level. However, the Australian Medical Council standards are not included in this section for review.

The Medical Council also provided documentation of an external review quote for the review of its accreditation practices conducted recently to ensure consistent application of standards, which is an underlying principle of regulation for the Medical Council. Data/documentation from this review was unavailable at the time of submission.

Finally, the Medical Council notes that the State body, the Quality and Qualifications Ireland (QQI), conducts quality control and quality improvement inspections of universities in Ireland but does not accredit medical schools, which is their role.

Additional Information Requested:

The NCFMEA may wish to request a copy of the standards for the Australian Medical Council. In addition, the narrative states that the data for an external review of accreditation practices was not available at the time of the submission of the draft. The NCFMEA may also wish to inquire on the status of this submission.

**Staff Conclusion:**

Additional information Requested

**Country Response**

As stated in our initial submission, our Postgraduate Standards are based on the Australian Medical Council standards. Not relevant to undergraduate accreditation but enclosed as requested. [Attachment A]

Report on the External Review of Medical Council current procedures for accreditation of medical education and training enclosed in confidence. [Attachment B]. Action plan in response to report being devised.

**Analyst Remarks to Response**

In response to the draft staff analysis, the country provided the Australian Medical Council standards (exhibit 1), which is utilized in the evaluation of postgraduate programs, for review.

As requested, the country also provided a confidential copy of the report to the Medical Council on the external review of its current procedures for accreditation of medical education and training (exhibit 2), which reviewed the country's best practices.

Department Staff accepts the agency's narrative and supporting documentation, and no additional information is requested at this time.

**Staff Conclusion:**

Comprehensive response provided

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**Accreditation of Medical Schools, Question 2**

**Country Narrative**

As stated above, under Article 88 (2) (e) and (f) of the Medical Practitioners Act 2007, the Medical Council conducts in depth evaluations of medical schools and medical programmes in order to confirm compliance with the minimum allowable standards for their operation.

The Medical Council also acts as a quality enhancement authority by identifying and encouraging above average standards and good practice. Under the World Federation for Medical Education Global Standards for Quality Improvement in Medical Education: European Specifications 2007 (Appendix 5) (subsequently referred to as the WFME Standards), the Medical Council assesses the medical schools under both the basic standard and the quality development standard

The focus of our accreditation activity, driven by the WFME standards comprises the following areas:

- Mission and Objectives
- Educational Programme
- Assessment of Students
- Students
- Academic Staff/Faculty
- Educational Resources
- Programme Evaluation
- Governance and Administration
- Continuous Renewal

In summary, the basis of Council's accreditation activity at undergraduate level is regular engagement with medical schools to discuss and evaluate the medical schools ongoing compliance with the WFME standards. These engagements typically take place on-site in medical schools and clinical teaching sites, and involve extensive interaction between Medical Council accreditation teams, faculty and (separately) medical students.

The following is a broad description of the typical stages of Council's accreditation activities:

- The Medical Council ensures that a high standard of medical education and training is available in Ireland. Council's accreditation activities, for medical education and training at all levels, can be broken down into the following stages.
- The Medical School (or Postgraduate Training Body, or Clinical Site) is asked to provide a written submission to Council, providing confirmation and evidence that each of Council's standards is being met. Council also requests additional information such as the number of students at different stages of the programme.
- Council forms an accreditation team, which is typically made up of Council members, and experts in medical education and training from within, and outside of Ireland. The team receive a copy of the written submission, noting any areas of concern, or areas which may require further clarifications.
- The accreditation team visits the medical school and clinical sites such as teaching hospitals which contribute to programme delivery. During the visit, the team meets with representatives of the school to discuss the submission, and to confirm that our standards are being met. The team also meets with a large number of medical students whose views and feedback on the programme, and the medical school, are a crucial element of the accreditation process.
- At the end of an accreditation process for programmes and bodies, Council has a range of options open to it under the Act. Its decision is based on the extent to which the body and the programme complies with the rules, criteria, standards and guidelines specified by Council  
The options open to the Medical Council are:
  - ? Approval with one or more conditions attached
  - ? Amendment or removal of conditions previously attached
  - ? Withdrawal of approval
  - ? Refusal of approval (this option applies only to the body and not to the programme)
- If a programme or body is approved, the school and programme enter a monitoring phase, which is a series of regular engagements and communication to ensure that progress against earlier recommendations is being made. Through monitoring arrangements, Council is kept abreast of significant developments with schools and programmes which may require further assessment and evaluation.

Further information regarding the Medical Council's history of accreditation in this area and future strategic approach is attached as part of the submission (Appendices 24 and 25)

### **Analyst Remarks to Narrative**

The Medical Council in consultation with the Minister of Education and Skills is the sole entity responsible for the approval and accreditation of medical programs (i.e., medical schools) in Ireland per section 88 of the Medical Practitioners Act of 1978 (amended 2007), exhibits 1 and 2. The Medical Council (Council) conducts in-depth evaluations to confirm compliance of standards for the medical school and medical programs. The Council assesses the medical schools under WFME standards and acts as a quality enhancement authority for the medical schools. At the undergraduate level, accreditation activities include regular visits and evaluations of the medical schools including interactions with accreditation teams, faculty and students.

The standard accreditation review includes the following : the medical school submitting documentation of standards being met including student enrollment; the Council assembles an accreditation review team that reviews the medical schools submission noting areas of concern; the accreditation team visits the medical school and sites which contribute to program delivery for review and meet with representatives from the medical school; and a report is then given to the Council in which a decision is then made to either approve, amend, withdraw and/or refuse approval.

### **Staff Conclusion:**

Comprehensive Response Provided

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### **Mission and Objectives, Question 1**

#### **Country Narrative**

The Medical Council utilises the World Federation for Medical Education Global Standards for Quality Improvement in Medical Education: European Specifications 2007.

The WFME standards place an emphasis on international best practice and the Medical Council utilises external assessors from both the WFME and elsewhere who have expertise in the assessment of programmes providing graduates who are competent in medical care. The Medical Council reports highlight areas of good practice, but also highlight areas of concern, where they feel a medical

school may need to make improvements. The implementation of these recommendations is regularly monitored.

WFME Standard 1 relates to a medical school's mission and objectives. All medical schools in Ireland are assessed using these standards. WFME Standard 1.2, participation and formulation of mission and objectives, confirms that the stakeholders to be consulted in the formulation of a medical schools mission and objectives include representation from the community.

The Medical Council affirms that all medical schools in Ireland produce graduates with the knowledge, skills and attitudes to be competent doctors upon graduation. At the core of this, the public is served through an emphasis, at all levels, on patient safety. The Medical Council, in the Medical Practitioners Act 2007, comprises a non-medical majority of Council members. The issue of patient safety sits at the heart of all of the Medical Councils activities within education and training.

The Medical Council has identified Eight domains of good professional practice (Appendix 6), which are a constant reference point for both Council and its stakeholders, across all programmes of work. This year, the Medical Council launched a new 8th Edition of its Guide to Professional Conduct and Ethics for Registered Medical Practitioners (Appendix 7). The focus of this Guide is professionalism - 3 pillars of professionalism are identified in the opening chapters and provide the structure for the remainder of the Guide (Appendix 8). The 8 domains of professionalism can be mapped onto the 3 pillars of professionalism and further work will be undertaken to explicitly align them both. Patient safety is at the heart of both the 8 domains and the 3 pillars. Both documents are part of the curriculum in undergraduate medical education.

### **Analyst Remarks to Narrative**

The Medical Council adheres to the World Federation for Medical Education Global Standards for Quality Improvement in Medical Education: European Specifications 2007 standards (exhibit 5). All medical schools in Ireland are assessed using these standards.

WFME Standard 1 relates to a medical school's mission and objectives. Specifically, WFME Standard 1.2, Participation and formulation of mission and objectives, requires the consultation of stakeholders in the formulation of a medical schools mission and objectives which includes representatives from the community.

The country's Medical Council affirms that medical schools produce competent doctors that serve the public through an emphasis on patient safety, which is the focus of the Medical Council's activities surrounding education and training. The Medical Council has provided exhibits 6 -8, which highlight the training around the eight domains of good professional practice and the three pillars of professionalism for medical schools and its students. The Council has aligned these topics to continue the emphasis on patient safety and is a part of the curriculum for undergraduate medical education.

The country also provided the role of the accreditation team chair as evidence of the evaluation of a medical school. However, an on-site report from a medical school was not provided for the review.

Additional Information Requested:

The NCFMEA may wish to request as evidence a copy of accreditation team on-site visit reports to review the assessment of a medical school relative to the guideline.

### **Staff Conclusion:**

Additional information Requested

### **Country Response**

Sample reports of Medical Council accreditation visits enclosed.[Attachment C] Please note that the most recent visits to medical schools in Ireland were undertaken in 2011. Subsequent monitoring visits have been undertaken to 3 medical schools (NUIG and UCC and UL). The next cycle of re-accreditation visits is currently being planned.

### **Analyst Remarks to Response**

In response to the draft staff analysis, the country provided a Medical Council accreditation site visit report (exhibit 3) to address staff concerns, which demonstrates the accreditation team's review of the medical school against the World Federation for Medical Education (WFME) standards and the requirement of this guideline.

Department Staff accepts the agency's narrative and supporting documentation, and no additional information is requested at this time.

### **Staff Conclusion:**

Comprehensive response provided

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## **Mission and Objectives, Question 2**

### **Country Narrative**

WFME Standard 7 confirms expectations of a medical school in relation to programme evaluation. This encapsulates the requirement for schools to blueprint the curriculum, assessments methods and outcomes. Evaluation of the evidence provided to the Medical Council by medical schools during accreditations determines how well the standards are being met.

#### **Analyst Remarks to Narrative**

The country attests that standard 7, Evaluation of training process, of the WFME Standards (exhibit 5) are met through the evaluation of the schools blueprint of curriculum, assessment and outcome methods. However, the country did not provide any supporting documentation of this requirement by the medical school or the review of this requirement by the accreditation review team to demonstrate this standard is being met. The country also did not discuss how the medical school faculty defines the objectives of its educational program.

Additional Information Requested:

NCFMEA may wish to request as evidence a copy of accreditation team on-site visit reports, and /or the blueprint requirement of medical schools to review how the medical school responds to WFME Standards. The NCFMEA may also wish to obtain additional information on how the medical school faculty defines the objectives of its educational program.

#### **Staff Conclusion:**

Additional information Requested

#### **Country Response**

Sample reports of Medical Council accreditation visits enclosed. [Attachment C]  
medical schools are asked to provide narrative and supporting documentation against each of the WFME standards. We haven't provided a sample full medical school's submissions because (a) voluminous running into hundreds of pages and (b) haven't sought any medical school's permission to disclose full submission.

Each medical school's objectives are freely available on their website and the Medical Council has evaluated each objective via application of WFME standard 1.1

See Exhibit 13: Guidance for Assessors in original submission

#### **Analyst Remarks to Response**

In response to the draft staff analysis, the country provided a Medical Council accreditation site visit report (exhibit 3) to address staff concerns. The report demonstrates the accreditation team's review of the medical school against the World Federation for Medical Education (WFME) Global Standards and identifies that the faculty/academic staff and the administration are involved in curriculum design.

Department Staff accepts the agency's narrative and supporting documentation, and no additional information is requested at this time.

#### **Staff Conclusion:**

Comprehensive response provided

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### **Mission and Objectives, Question 3**

#### **Country Narrative**

WFME Standard 8 confirms expectations of a medical school in relation to governance and administration. As part of the Medical Council engagement with medical schools under this standard there is a strong focus on the relationship between the medical school and its parent university. Engagements also focus on the degree to which the medical school can access sufficient resources to meet its objectives.

#### **Analyst Remarks to Narrative**

The country attests that there is a strong relationship between the medical school and the parent university to obtain resources to meet objectives, which confirm the requirement of WFME standard 8 (exhibit 5), Governance and administration. However, the country did not provide any supporting documentation from the medical school or the review of this standard by the accreditation review team to demonstrate this standard is being met. The country also did not discuss how the objectives of the educational program will be formally adopted by the faculty, as a whole.

Additional Information Requested:

The NCFMEA may wish to request as evidence a copy of accreditation team on-site visit reports to review the assessment of a medical school relative to this guideline. The NCFMEA may also wish to obtain additional information on how the objectives of the educational program will be formally adopted by the faculty, as a whole.

**Staff Conclusion:**

Additional information Requested

**Country Response**

Sample reports of Medical Council accreditation visits enclosed.[Attachment C]

we do not have a direct dialogue with Universities to “triage” the information provided to us by the Medical School. It is the role of QQI at a higher level to ensure that good governance arrangements are in place at Universities, including with its constituent faculties. In relation to sufficiency of resources, the Medical Council benefits from having an ongoing and transparent relationship with medical schools. Medical Schools are encouraged to be honest and frank with the Medical Council in such matters on the basis that the Medical Council can be a significant lever of change.

**Analyst Remarks to Response**

In response to the draft staff analysis, the country provided a Medical Council accreditation site visit report (exhibit 3) to address staff concerns. The report demonstrates the accreditation team’s review of the medical school against the World Federation for Medical Education (WFME) Global Standards and identifies review of governance and administration of the medical school, the academic staff and the students of the program.

Department Staff accepts the agency’s narrative and supporting documentation, and no additional information is requested at this time.

**Staff Conclusion:**

Comprehensive response provided

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**Mission and Objectives, Question 4****Country Narrative**

Engagement with medical schools under WFME Standard 7 (programme evaluation) includes a focus on educational outcomes and is assessed as part of the overall accreditation process.

**Analyst Remarks to Narrative**

The country attests WFME standard 7, Evaluation of training process (exhibit 5), meets this requirement for medical schools, since its focus on educational outcomes is assessed as part of the overall accreditation process. However, the country did not provide any supporting documentation of this standard from the medical school or the review of this standard by the accreditation review team to demonstrate this standard is being met.

Additional Information Requested:

The NCFMEA may wish to request as evidence a copy of accreditation team on-site visit reports to review the assessment of a medical school relative to this guideline.

**Staff Conclusion:**

Additional information Requested

**Country Response**

Sample reports of Medical Council accreditation visits enclosed.[Attachment C]

**Analyst Remarks to Response**

In response to the draft staff analysis, the country provided a Medical Council accreditation site visit report (exhibit 3) to address staff concerns, which demonstrates the accreditation team’s review of the medical school against the World Federation for Medical Education (WFME) standards and the requirement of this guideline.

Department Staff accepts the agency’s narrative and supporting documentation, and no additional information is requested at this time.

**Staff Conclusion:**

Comprehensive response provided

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**Mission and Objectives, Question 5**

## **Country Narrative**

The Medical Council has determined that all medical schools in Ireland produce graduates with the knowledge, skills and attitudes to be competent doctors upon graduation. There is no national curriculum or national medical school exit examination. However, while medical schools differ in the way in which they deliver their programmes, each school delivers a programme which has been accredited by the Medical Council using the WFME Standards. Arising from the accreditation process as a whole, the Medical Council engages with the medical schools in relation to curriculum design and content, duration, assessment, evaluation and renewal. These engagements ensure that medical schools are producing doctors that are fit to practice.

## **Analyst Remarks to Narrative**

The country does not have a national curriculum, yet the country requires all medical schools to produce graduates with the knowledge, skills and attitudes to be competent doctors upon graduation through the delivery of a program, which has been accredited by the Medical Council using the WFME Standards (exhibit 5). However, the country has not provided the specific WFME standards or the medical school requirements related to how medical schools prepare graduates to qualify for licensure and provide competent medical care. The Medical Council also engages the medical schools in several areas during the accreditation process to ensure they are producing doctors that are fit to practice, however, evidence of this engagement and review are not provided as evidence.

Additional Information Requested:

The NCFMEA may wish to request as evidence a copy of accreditation team on-site visit reports, a list of the medical school requirements that address this question and the WFME standards that are reviewed relative to this question. The NCFMEA may also wish to request clarification regarding if there are any plans to establish requirements for how medical schools must prepare graduates to qualify for licensure and provide competent medical care.

## **Staff Conclusion:**

Additional information Requested

## **Country Response**

Sample reports of Medical Council accreditation visits enclosed.[Attachment C] - See 'Meeting with students'. Students and trainees at all stages of the programme are interviewed during accreditation; this is in line with WFME Standard 1.4 Educational Outcome. The Medical Council has adopted WFME European Specifications (2007) and will review these to take into account any amendments under WFME Global Specifications (2015). As these are global standards and considered to be best practice standards, the Medical Council does not deem it necessary to expand on these specifications. A review of all of the Medical Council's standards is planned to assess whether they are sufficiently outcomes-focused.

## **Analyst Remarks to Response**

In response to the draft staff analysis, the country provided a Medical Council accreditation site visit report (exhibit 3) to address staff concerns, which demonstrates the accreditation team's review of the medical school against the World Federation for Medical Education (WFME) standards and the requirement of this guideline.

Department Staff accepts the agency's narrative and supporting documentation; however, the NCFMEA may wish to request additional clarification regarding plans, if any, to establish national curriculum or national medical school exit examinations.

## **Staff Conclusion:**

Additional Information requested

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## **Governance, Question 1**

## **Country Narrative**

As stated, the Medical Council is the entity responsible for the approval or otherwise of medical programmes and the bodies that deliver them.

The Minister for Education and Skills, has the power to authorise a body to award university degrees. There is also quality assurance through the QQI.

## **Analyst Remarks to Narrative**

The country attests that the Medical Council is responsible for approving a medical school and the Minister for Education and Skills

has the authority to authorize a body to award degrees. The Quality and Qualifications Ireland (QQI), established in 2012, conducts quality control and quality improvement inspections of universities in conjunction with the aforementioned entities, but has no accreditation or approval authority. However, the country has not provided the requirements for medical schools to be legally authorized or licensed to provide a program of medical education in their country.

Additional Information Requested:

The NCFMEA may wish to request as evidence the requirements for medical schools to be legally authorized or licensed to provide a program of medical education in their country. The NCFMEA may also wish to request a copy of accreditation team on-site visit reports to review the assessment of a medical school relative to this guideline.

**Staff Conclusion:**

Additional information Requested

**Country Response**

Sample reports of Medical Council accreditation visits enclosed.[Attachment C]

**Analyst Remarks to Response**

In response to the draft staff analysis, the country provided a Medical Council accreditation site visit report (exhibit 3) to address staff concerns, which demonstrates the accreditation team's review of the medical school against the World Federation for Medical Education (WFME) standards. However, the country has not identified the specific WFME standard that addresses this guideline.

Department Staff accepts the agency's narrative and supporting documentation, however, 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.

**Staff Conclusion:**

Additional Information requested

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**Governance, Question 2**

**Country Narrative**

The Medical Council is this external authority and holds the administrators of medical schools (usually the Head of School/Dean) accountable for the operation and success of the school and its programmes. Through the accreditation process the Medical Council will have had sight of the governance arrangements between the schools and parent universities, and the structures within schools which collectively operate to deliver programmes. However, for practical purposes, it is the Deans who are held accountable by the Medical Council for the operation and success of medical schools.

**Analyst Remarks to Narrative**

The country attests that the Head of the School/Dean is held accountable for medical school operations and success by the Medical Council, which is the external authority independent of the school administrators. The Medical Council reviews the governance arrangements between the medical school and the parent university during the accreditation process. However, the country has not provided evidence of the structure of this arrangement or evidence of the evaluation of a medical school relative to this guideline.

Additional Information Requested:

The NCFMEA may wish to request as evidence governance arrangements between the medical school and the parent university reviewed as part of the accreditation process. The NCFMEA may also wish a copy accreditation team on-site visit reports to review the assessment of a medical school relative to this guideline.

**Staff Conclusion:**

Additional information Requested

**Country Response**

Sample reports of Medical Council accreditation visits enclosed.[Attachment C]

WFME Standard 8.1 states that governance structures and functions of the medical school must be defined, including their relationships with the university. Relationships within the university and its governance structures should be specified if the medical school is part of or affiliated to a university.

WFME Standard 1.2 relates to participation in formulation of mission and objectives and makes reference to involvement of principal stakeholders, including parent university.

### **Analyst Remarks to Response**

In response to the draft staff analysis, the country provided a Medical Council accreditation site visit report (exhibit 3) to address staff concerns, which demonstrates the accreditation team's review of the medical school against the World Federation for Medical Education (WFME) standards and the requirement of this guideline.

Department Staff accepts the agency's narrative and supporting documentation, however, the NCFMEA may still wish to request governance arrangements between the medical school and the parent university as evidence.

### **Staff Conclusion:**

Additional Information requested

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## **Administrative Personnel and Authority, Question 1**

### **Country Narrative**

WFME Standard 5 confirms the expectations of medical schools regarding the recruitment and development of academic staff and other faculty members. Engagement with medical schools around policy and practice in this area is a core feature of the Medical Council's approach to undergraduate accreditation.

The above is evaluated by the Medical Council prior to and during the accreditation visit. The Medical Council requires evidence that administration is effective and appropriate

### **Analyst Remarks to Narrative**

The country attests that standard 5, Continuing Professional Development (CPD) -providers, of the WFME Standards (exhibit 5) meets the requirements of administrative personnel and authority. However, the country narrative does not provide the specifics of the country's requirements regarding how medical schools are to be administered. The WFME Standard 5 basic requirements state that "There must be a system for recognition of CPD providers and/or the individual CPD activities." The country has not included this information. The country also states that the Medical Council requires evidence and reviews of this information prior to and during a site visit, however, a site visit report has not been provided as evidence to verify this review.

Additional Information Requested:

The NCFMEA may wish to request as evidence the country's requirements regarding how medical schools are to be administered. The NCFMEA may also wish a copy of accreditation team on-site visit reports to review the assessment of a medical school relative to this guideline.

### **Staff Conclusion:**

Additional information Requested

### **Country Response**

The Medical Council does not consider it appropriate or necessary to be overly prescriptive in this area, as it may inadvertently hinder local innovation and culture.

Sample reports of Medical Council accreditation visits enclosed.[Attachment C]

Template pre-visit questionnaire enclosed. [Attachment D.]

### **Analyst Remarks to Response**

In response to the draft staff analysis, the country provided a Medical Council accreditation site visit report (exhibit 3) to demonstrate the review of the medical school against the World Federation for Medical Education (WFME) Global Standards and a blank template of the pre-site visit questionnaire that is completed by the medical school. However, the Medical Council does not prescribe specific requirements for medical school administration.

Department Staff accepts the agency's supporting documentation; however, 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.

### **Staff Conclusion:**

Additional Information requested

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## **Administrative Personnel and Authority, Question 2**

## **Country Narrative**

WFME Standard 8.3 relates to Educational Budget and Resource Allocation and states that the medical school must have a clear line of responsibility and authority for the curriculum and its resourcing, including a dedicated education budget. Evidence of compliance with this standard is sought and evaluated as part of the Medical Council's accreditation process.

## **Analyst Remarks to Narrative**

The country attests that standard 8, Governance and administration, of the WFME Standards (exhibit 5) meets the requirements of sufficient access to the resources and authority of the university president or other university officials to effectively administer the medical educational program. The medical school is required to have a budget line of responsibility for curriculum and resources, per WFME standard 8.3, Funding and resource allocation. After a review of standard 8.3 it does address all of the requirements of this guideline. The evidence of this is evaluated for compliance during the Medical Council's accreditation review process; however, no evidence has been included to verify this review.

Additional Information Requested:

The NCFMEA may wish to request as evidence a copy of accreditation team on-site visit reports to review the assessment of a medical school relative to this guideline.

## **Staff Conclusion:**

Additional information Requested

## **Country Response**

Sample reports of Medical Council accreditation visits enclosed.[Attachment C]

## **Analyst Remarks to Response**

In response to the draft staff analysis, the country provided a Medical Council accreditation site visit report (exhibit 3) to address staff concerns, which demonstrates the accreditation team's review of the medical school against the World Federation for Medical Education (WFME) standards and the requirement of this guideline.

Department Staff accepts the agency's narrative and supporting documentation, and no additional information is requested at this time.

## **Staff Conclusion:**

Comprehensive response provided

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## **Administrative Personnel and Authority, Question 3**

## **Country Narrative**

WFME Standard 8.3, Education Budget and Resource Allocation confirms there should be sufficient autonomy to direct resources, including remuneration of teaching staff, in an appropriate manner in order to achieve the overall objectives of the school. All medical schools in Ireland are assessed under this criterion, and assessment of evidence and dialogue around this requirement is a feature of the accreditation process.

## **Analyst Remarks to Narrative**

The country attests that standard 8 Governance and administration, specifically, WFME standard 8.3, Funding and resource allocation (exhibit 5), of the WFME Standards meets the requirements of sufficient access to the resources and authority needed to effectively instruct students. In particular, the standard requires autonomy to direct resources, including remuneration of teaching staff, in an appropriate manner in order to achieve the overall objectives of the school addressing the requirements of this guideline.

All medical schools are assessed on this standard and direct resources are required to achieve the overall objectives of the school. Assessment of evidence and dialogue around this requirement is a feature of the Medical Council's accreditation process. However, no evidence has been included to verify this review.

Additional Information Requested:

The NCFMEA may wish to request as evidence a copy of accreditation team on-site visit reports to review the assessment of a medical school relative to this guideline.

## **Staff Conclusion:**

Additional information Requested

## **Country Response**

Sample reports of Medical Council accreditation visits enclosed.[Attachment C]

### **Analyst Remarks to Response**

In response to the draft staff analysis, the country provided a Medical Council accreditation site visit report (exhibit 3) to address staff concerns, which demonstrates the accreditation team's review of the medical school against the World Federation for Medical Education (WFME) standards and the requirement of this guideline.

Department Staff accepts the agency's narrative and supporting documentation, and no additional information is requested at this time.

### **Staff Conclusion:**

Comprehensive response provided

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## **Chief Academic Official, Question 1**

### **Country Narrative**

The Medical Council does not specify the qualifications a person is required to have in order to hold the position of chief academic official of a medical school. This requirement is specified by the individual university.

### **Analyst Remarks to Narrative**

The country attests that the Medical Council does not specify the qualifications of the chief academic official of the medical school, and that the university is responsible for this requirement. However, the country has not provided any documentation to demonstrate the medical schools adherence to this question.

### **Additional Information Requested:**

The NCFMEA may wish to request the country provide additional information explaining if it plans to adopt a standard to address this guideline. In addition, the country must provide documentation demonstrating a medical school's review and assessment of the qualifications of the Chief academic officer in accordance with its current process.

### **Staff Conclusion:**

Additional information Requested

### **Country Response**

The Medical Council does not consider it appropriate or necessary to be overly prescriptive in this area, as it may inadvertently hinder local innovation and culture. The Medical Council has no specific requirements of medical schools in this area.

The Medical Council has adopted WFME European Specifications (2007) and will review these to take into account any amendments under WFME Global Specifications (2015). As these are global standards and considered to be best practice standards, the Medical Council does not deem it necessary to expand on these specifications.

Template pre-visit questionnaire enclosed. [Attachment D.]

### **Analyst Remarks to Response**

In response to the draft staff analysis, the country provided a Medical Council accreditation site visit report (exhibit 3) to demonstrate the review of the medical school against the World Federation for Medical Education (WFME) Global Standards and a blank template of the pre-site visit questionnaire (exhibit 4) that is completed by the medical school. However, the Medical Council does not prescribe specific qualifications or requirements for the person who holds the position of chief academic official of a medical school.

Department Staff accepts the agency's supporting documentation; however, 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.

### **Staff Conclusion:**

Additional Information requested

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## **Chief Academic Official, Question 2**

### **Country Narrative**

The Medical Council is not prescriptive about the selection of the chief academic official, nor does it seek information from the medical schools about the process

### **Analyst Remarks to Narrative**

The country attests that the Medical Council does not prescribe or require information about the selection process of the chief academic official.

Additional information requested:

The country must provide additional information to the NCFMEA explaining its plans, if any, to develop criteria to address this guideline.

### **Staff Conclusion:**

Additional information Requested

### **Country Response**

The Medical Council does not consider it appropriate or necessary to be overly prescriptive in this area, as it may inadvertently hinder local innovation and culture. The Medical Council has no specific requirements of medical schools in this area.

The Medical Council has adopted WFME European Specifications (2007) and will review these to take into account any amendments under WFME Global Specifications (2015). As these are global standards and considered to be best practice standards, the Medical Council does not deem it necessary to expand on these specifications.

### **Analyst Remarks to Response**

In response to the draft staff analysis, the country explains that the Medical Council has no specific requirements of medical schools in this area and does not consider it appropriate or necessary to prescribe requirements.

The NCFMEA may still wish to request the country's plans, if any, to develop criteria to address this guideline.

### **Staff Conclusion:**

Additional Information requested

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## **Faculty**

### **Country Narrative**

The Universities Act 1997 amended 2012 (Appendix 3) provides legislation which ensures that the faculty members of medical schools participate in decisions related to admissions, hiring, retention, promotion, discipline of faculty and curriculum. This is also emphasised under WFME Standard 8.1 Administrative Staff and Management. Standard 2.7 states that, with regard to programme management, a curriculum committee must be given the responsibility and authority for planning and implementing the curriculum to secure the objectives of the medical school. The programme management standard also stresses the importance of participation. This is usually through some form of curriculum committee. All medical schools in Ireland are assessed by the Medical Council under these criteria.

### **Analyst Remarks to Narrative**

The country attests that exhibit 3, the Universities Act of 1997 amended in 2012 includes legislation adhering to the requirements of this section and all medical schools are assessed by the Medical Council on these areas. The country also references WFME standard 8.1 (exhibit 5) as evidence in this section. However, the reference to WFME Standard 8.1 does not directly relate to faculty involvement in decisions related to admissions; hiring, retention, promotion, and discipline of faculty; and all phases of the curriculum, including the clinical education portion. The country also provided exhibits 12 (Ethics and Public Office Act) and 16 (WHO/WFME) but does not explain their reference in the narrative.

Additional Information Requested:

The NCFMEA may wish to request as evidence a copy of accreditation team on-site visit reports to review faculty involvement. The NCFMEA may also wish to obtain clarity of the WFME Standard 8.1 reference the country is referring to in this section, since Standard 8.1 refers to Governance, in addition to the significance of exhibits 12 and 16.

### **Staff Conclusion:**

Additional information Requested

### **Country Response**

Sample reports of Medical Council accreditation visits enclosed.[Attachment C]

Apologies, there is a typographical error in our initial response. Where it states WFME standard 8.1, please read 'WFME standard 8.4 Administrative Staff and Management'.

Exhibit 12 should in fact have been the Universities Act 1997, now enclosed. [Attachment E]  
Exhibit 16 is provided as a reference point to standard 8.4.

### **Analyst Remarks to Response**

In response to the draft staff analysis, the country provided a Medical Council accreditation site visit report (exhibit 3), correction to the initial submission narrative, and clarification to the relevance of the additional exhibits on administrative staff and management. The report demonstrates the accreditation team's review of the medical school against the World Federation for Medical Education (WFME) standards and the requirement of this guideline; along with the reference to WFME standard 8.1, which should read 8.4.

Department Staff accepts the agency's narrative and supporting documentation, and no additional information is requested at this time.

### **Staff Conclusion:**

Comprehensive response provided

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## **Remote Sites, Question 1**

### **Country Narrative**

Some medical schools in Ireland offer part of the medical education programme at geographically separated locations, for example at clinical training sites which are not on the university campus. The Medical Council, as part of its accreditation process, visits such clinical training sites and applies the same WFME criteria during the visit to these sites, paying particular attention to the education and training facilities at such sites. The Medical Council emphasises this in its consistent evaluations. All medical schools in Ireland are assessed under these criteria. The clinical sites which support the delivery of undergraduate medical programmes operate within academic and training hubs which are aligned with each medical school and parent universities. Medical Council engagements in this area focus not only on the individual contributing clinical sites but also on the overall teaching and training experience in its totality. Student feedback during the course of accreditations provides a significant indication to the Medical Council when and if local shortfalls are identified at supporting sites, and amendments any such shortfalls are then required of the medical school as part of the accreditation outcome.

### **Analyst Remarks to Narrative**

The country attests that the Medical Council's accreditation process for medical schools includes visits to clinical training sites that are not on the university campus and applies the same WFME criteria during the visit to these sites. The reviews of these geographically separated clinical sites are part of the consistent evaluations of the medical school which are aligned with the academic and training facilities of the parent universities. The Medical Council utilizes student feedback on the shortfalls of these sites during the accreditation process. However, the country has not provided as evidence documentation of the review of the sites.

### **Additional Information Requested:**

The NCFMEA may wish to request as evidence a copy of accreditation team on-site visit reports to assess the country's review of the remote sites.

### **Staff Conclusion:**

Additional information Requested

### **Country Response**

Sample reports of Medical Council accreditation visits enclosed.[Attachment C]

### **Analyst Remarks to Response**

In response to the draft staff analysis, the country provided a Medical Council accreditation site visit report (exhibit 3) to address staff concerns, which demonstrates the accreditation team's review of the medical school against the World Federation for Medical Education (WFME) standards and the requirement of this guideline.

Department Staff accepts the agency's narrative and supporting documentation, and no additional information is requested at this time.

### **Staff Conclusion:**

Comprehensive response provided

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## **Remote Sites, Question 2**

## **Country Narrative**

Some medical schools in Ireland offer part of the medical education programme at geographically separated locations, for example at clinical training sites which are not on the university campus. The Medical Council, as part of its accreditation process, visits such clinical training sites and applies the same WFME criteria during the visit to these sites, paying particular attention to the education and training facilities at such sites. The Medical Council emphasises this in its consistent evaluations. All medical schools in Ireland are assessed under these criteria. The clinical sites which support the delivery of undergraduate medical programmes operate within academic and training hubs which are aligned with each medical school and parent universities. Medical Council engagements in this area focus not only on the individual contributing clinical sites but also on the overall teaching and training experience in its totality. Student feedback during the course of accreditations provides a significant indication to the Medical Council when and if local shortfalls are identified at supporting sites, and amendments any such shortfalls are then required of the medical school as part of the accreditation outcome.

## **Analyst Remarks to Narrative**

The country again attests that the Medical Council's accreditation process for medical schools includes visits to clinical training sites that are not on the university campus and applies the same WFME criteria during the visit to these sites. The reviews of these geographically separated clinical sites are part of the consistent evaluations of the medical school which are aligned with the academic and training facilities of the parent universities. The Medical Council utilizes student feedback on the shortfalls of these sites during the accreditation process. However, the country has not provided as evidence documentation of the review of the sites.

Additional Information Requested:

NCFMEA may wish to request as evidence a copy of accreditation team on-site visit reports to assess the country's review of the remote sites.

## **Staff Conclusion:**

Additional information Requested

## **Country Response**

Sample reports of Medical Council accreditation visits enclosed.[Attachment C]

## **Analyst Remarks to Response**

In response to the draft staff analysis, the country provided a Medical Council accreditation site visit report (exhibit 3) to address staff concerns, which demonstrates the accreditation team's review of the medical school against the World Federation for Medical Education (WFME) standards and the requirement of this guideline.

Department Staff accepts the agency's narrative and supporting documentation, and no additional information is requested at this time.

## **Staff Conclusion:**

Comprehensive response provided

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## **Program Length, Question 1**

## **Country Narrative**

Ireland has been a member of the EU since 1973 and medical schools in Ireland conform to the EU Directive 2005/36/EC\* amended under Directive 2013/55/EC of the European Parliament and of the Council of 7 September 2005 on the recognition of professional qualifications, which states under Article 24 that basic medical training shall comprise a total of at least six years of study or 5500 hours of theoretical and practical training, provided by, or under the supervision of, a university. The requirement for basic medical education in Ireland to conform with European requirements in this area is captured in the Medical Council Rules which constitute national legislation in Ireland.

\*Can be accessed here:

<http://eur-lex.europa.eu/legal-content/ENTXT/?uri=celex%3A32005L0036>

<http://eur-lex.europa.eu/legal-content/EN/ALL/?uri=celex%3A32013L0055>

Further information in relation to the Medical Council's Education and Training Rules is attached as Appendices 26 and 27.

## **Analyst Remarks to Narrative**

The country's program length, based upon European requirements for basic medical education, is comprised of a total of at least six years of study or 5500 hours of theoretical and practical training provided by, or under the supervision of, a university. The country's medical Council rules and the Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005 on the recognition of professional qualifications (Text with EEA relevance) list this country on their website as subscribers to the EC requirements. However, the country has not provided documentation of the review of medical school's program length as evidence.

**Additional Information Requested:**

The NCFMEA may wish to request as evidence a copy of accreditation team on-site visit reports to assess the country's review of program length during the accreditation process. The NCFMEA may also wish to receive the actual documentation referenced in the narrative for the official record not the websites.

**Staff Conclusion:**

Additional information Requested

**Country Response**

The Medical Council does not consider it appropriate or necessary to be overly prescriptive in this area. With specific reference to programme length, the Medical Council has already established that each undergraduate programme offering complies with European direction in this area. While accreditation teams may raise the challenges faced by programmes of a certain duration, there is no specific Medical Council standard regarding programme length.

Sample reports of Medical Council accreditation visits enclosed.[Attachment C]

DIRECTIVE 2005/36/EC OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL enclosed. [Attachment F]

DIRECTIVE 2013/55/EU OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL enclosed. [Attachment G]

**Analyst Remarks to Response**

In response to the draft staff analysis, the country explains that the Medical Council has no specific standard regarding program length and does not consider it appropriate or necessary to prescribe requirements, since undergraduate program offerings comply with European direction in this area. The country also provided a Medical Council accreditation site visit report (exhibit 3), and the Directives of the European Parliament and of the Council on the recognition of professional qualifications (exhibits 6 and 7).

Department Staff accepts the agency's narrative and supporting documentation; however, the NCFMEA may still wish to request the country's plans, if any, to develop standards to address program length.

**Staff Conclusion:**

Additional Information requested

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**Curriculum, Question 1**

**Country Narrative**

This requirement is achieved through the application of WFME Standard 2.2 (Scientific Method) which requires medical schools to impart the principles of scientific method and evidence based medicine. Evidence provided by medical schools to the Medical Council as part of accreditation is thoroughly explored and challenged by Council's Accreditation Teams

**Analyst Remarks to Narrative**

The country attests that standard 2.2 Scientific method of the WFME Standards (exhibit 5), which requires that medical schools must teach the principles of scientific method and evidence-based medicine, including analytical and critical thinking, throughout the curriculum, meets the requirements of this question. The Medical Council reviews evidence that this standard is being met during the on-site visits by the accreditation review teams. However, the documentation of this review of the medical school's curriculum has not been provided as evidence.

**Additional Information Requested:**

The NCFMEA may wish to request as evidence a copy of accreditation team on-site visit reports to assess the country's review of the medical school's curriculum during the accreditation process.

**Staff Conclusion:**

Additional information Requested

**Country Response**

Sample reports of Medical Council accreditation visits enclosed.[Attachment C]

### **Analyst Remarks to Response**

In response to the draft staff analysis, the country provided a Medical Council accreditation site visit report (exhibit 3) to address staff concerns, which demonstrates the accreditation team's review of the medical school against the World Federation for Medical Education (WFME) standards and the requirement of this guideline.

Department Staff accepts the agency's narrative and supporting documentation, and no additional information is requested at this time.

### **Staff Conclusion:**

Comprehensive response provided

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## **Curriculum, Question 2**

### **Country Narrative**

Under the WFME Standard 2.3, the Medical Council requires that the basic sciences component of a medical programme should normally include anatomy, biochemistry, physiology, molecular biology, cell biology, genetics, microbiology, immunology, pharmacology and pathology. All medical schools in Ireland are assessed under these criteria.

### **Analyst Remarks to Narrative**

The country attests that standard 2.3, Basic biomedical sciences, of the WFME Standards (exhibit 5) meets the requirements of this question. Review of this standard revealed that medical school basic biomedical sciences curriculum typically includes anatomy, biochemistry, physiology, biophysics, molecular biology, cell biology, genetics, microbiology, immunology, pharmacology, pathology, etc. to create understanding while adapting to the scientific, technological, and clinical developments as well as the health needs of society, thus addressing all of the requirements of this guideline. The Medical Council reviews evidence that this standard is being met during the on-site visits by the accreditation review teams. However, documentation of this review of medical school's curriculum has not been provided as evidence.

Additional Information Requested:

The NCFMEA may wish to request as evidence a copy of accreditation team on-site visit reports to assess the country's review of the medical school's curriculum during the accreditation process.

### **Staff Conclusion:**

Additional information Requested

### **Country Response**

Sample reports of Medical Council accreditation visits enclosed.[Attachment C]

### **Analyst Remarks to Response**

In response to the draft staff analysis, the country provided a Medical Council accreditation site visit report (exhibit 3) to address staff concerns, which demonstrates the accreditation team's review of the medical school against the World Federation for Medical Education (WFME) standards and the requirement of this guideline.

Department Staff accepts the agency's narrative and supporting documentation, and no additional information is requested at this time.

### **Staff Conclusion:**

Comprehensive response provided

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## **Curriculum, Question 3**

### **Country Narrative**

This requirement is achieved through the application of WFME Standard 2.2 (Scientific Method). Medical schools are encouraged to incorporate in the curriculum the training of students in scientific thinking and research methods. The Medical Council is not prescriptive regarding this curriculum content. However, evidence provided by medical schools to the Medical Council as part of accreditation is thoroughly explored by Council's Accreditation Teams.

### **Analyst Remarks to Narrative**

The country attests that standard 2.2, Scientific method, of the WFME Standards (exhibit 5) with its incorporation of scientific thinking and research methods meets the requirements of this question. The Medical Council does not prescribe specific curriculum, but does review evidence that this standard is being met during the on-site visits by the accreditation review teams. However, documentation of the review of a medical school relative to the requirements of this question has not been provided as evidence.

Additional Information Requested:

The NCFMEA may wish to request as evidence a copy of accreditation team on-site visit reports to assess the country's review of a medical school relative to the requirements of this guideline during the accreditation process. The NCFMEA may also wish to request the country provide additional information explaining if it plans to prescribe or adopt curriculum content to address this guideline.

**Staff Conclusion:**

Additional information Requested

**Country Response**

Sample reports of Medical Council accreditation visits enclosed.[Attachment C]

The Medical Council has adopted WFME European Specifications (2007) and will review these to take into account any amendments under WFME Global Specifications (2015). As these are global standards and considered to be best practice standards, the Medical Council does not deem it necessary to expand on these specifications.

**Analyst Remarks to Response**

In response to the draft staff analysis, the country explains that the Medical Council does not deem it necessary to expand on the World Federation for Medical Education (WFME) Global Specifications that the country has adopted for this guideline. The country also provided a Medical Council accreditation site visit report (exhibit 3) to demonstrate the review of the WFME Global Standards.

Department Staff accepts the agency's supporting documentation; however, 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.

**Staff Conclusion:**

Additional Information requested

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#### **Curriculum, Question 4**

**Country Narrative**

This requirement is achieved through the application of WFME Standard 2.1 (Curriculum Models and Instructional Methods). Medical schools ensure that the curriculum and instructional methods in use prepare their students for lifelong and self-directed learning, and to take responsibility for their learning process. Evidence provided by medical schools to the Medical Council as part of accreditation is thoroughly explored by Council's Accreditation Teams.

**Analyst Remarks to Narrative**

The country attests that standard 2.1, Curriculum models and instructional methods, of the WFME Standards (exhibit 5) meets the requirements of this question. Specifically, the standard requires the preparation of students for lifelong and self-directed learning through sound learning principles fostering the ability to participate in scientific development of medicine as professionals and future colleagues. The Medical Council reviews evidence that this standard is being met during the on-site visit by the accreditation review team. However, documentation of this review of medical school's curriculum has not been provided as evidence.

Additional Information Requested:

The NCFMEA may wish to request as evidence a copy of accreditation team on-site visit reports to assess the country's review of the medical school's curriculum and instructional programs for active learning and independent study to develop the skills necessary for lifelong learning during the accreditation process.

**Staff Conclusion:**

Additional information Requested

**Country Response**

Sample reports of Medical Council accreditation visits enclosed.[Attachment C]

**Analyst Remarks to Response**

In response to the draft staff analysis, the country provided a Medical Council accreditation site visit report (exhibit 3) to address staff concerns, which demonstrates the accreditation team's review of the medical school against the World Federation for Medical Education (WFME) standards and the requirement of this guideline.

Department Staff accepts the agency's narrative and supporting documentation, and no additional information is requested at this time.

**Staff Conclusion:**

Comprehensive response provided

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**Curriculum, Question 5**

**Country Narrative**

This requirement is achieved through the application of WFME Standard 2.5 (clinical sciences and skills). During interaction with medical schools regarding the evidence provided of adherence to this standard, Medical Council accreditation teams consider the degree to which patient contact and community service is facilitated and encouraged throughout the programme.

**Analyst Remarks to Narrative**

The country attests that standard 2.5, Clinical sciences and skills, of the WFME Standards (exhibit 5) requires every student to have early patient contact leading to participation in patient care to meet the requirements of this question. Specifically, the standard requires that students have patient contact and acquire sufficient clinical knowledge and skills to assume appropriate clinical responsibility upon graduation, thus meeting the service- learning requirement for this guideline. The Medical Council reviews evidence of patient contact and community service as facilitated by the program to ensure this standard is being met during the on-site visit by the accreditation review team. However, documentation of the review of a medical school relative to the requirements of this guideline has not been provided as evidence.

**Additional Information Requested:**

The NCFMEA may wish to request as evidence a copy of accreditation team on-site visit reports to assess the country's review of the medical school's service-learning activities during the accreditation process.

**Staff Conclusion:**

Additional information Requested

**Country Response**

Sample reports of Medical Council accreditation visits enclosed.[Attachment C]

**Analyst Remarks to Response**

In response to the draft staff analysis, the country provided a Medical Council accreditation site visit report (exhibit 3) to address staff concerns, which demonstrates the accreditation team's review of the medical school against the World Federation for Medical Education (WFME) standards and the requirement of this guideline.

Department Staff accepts the agency's narrative and supporting documentation, and no additional information is requested at this time.

**Staff Conclusion:**

Comprehensive response provided

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**Curriculum, Question 6**

**Country Narrative**

Under the WFME Standard 2.3, the Medical Council requires that the basic sciences component of a medical programme should normally include anatomy, biochemistry, physiology, molecular biology, cell biology, genetics, microbiology, immunology, pharmacology and pathology. All medical schools in Ireland are assessed under these criteria.

**Analyst Remarks to Narrative**

The country attests that standard 2.3, Basic biomedical sciences, of the WFME Standards (exhibit 5) meets the requirements of this question. Review of this standard revealed that medical school basic biomedical sciences curriculum typically includes anatomy, biochemistry, physiology, biophysics, molecular biology, cell biology, genetics, microbiology, immunology, pharmacology, pathology, etc., thus addressing all of the requirements of this guideline. The Medical Council reviews evidence that this standard is being met

during the on-site visit by the accreditation review team. However, documentation of the review of a medical school relative to the requirements of this guideline has not been provided as evidence.

**Additional Information Requested:**

The NCFMEA may wish to request as evidence a list of the required basic science courses and a copy of accreditation team on-site visit reports to assess the country's review of the medical school's curriculum and the specific requirements of this guideline during the accreditation process.

**Staff Conclusion:**

Additional information Requested

**Country Response**

Sample reports of Medical Council accreditation visits enclosed.[Attachment C]

**Analyst Remarks to Response**

In response to the draft staff analysis, the country provided a Medical Council accreditation site visit report (exhibit 3) to address staff concerns, which demonstrates the accreditation team's review of the medical school against the World Federation for Medical Education (WFME) standards and the requirement of this guideline.

Department Staff accepts the agency's narrative and supporting documentation, and no additional information is requested at this time.

**Staff Conclusion:**

Comprehensive response provided

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**Curriculum, Question 7**

**Country Narrative**

There is no particular Medical Council specification on this issue.

**Analyst Remarks to Narrative**

The country attests that no specifications are required for the laboratory portion of the basic science curriculum.

**Additional Information Requested:**

The NCFMEA may wish to request clarification regarding if there are any plans to establish standards that require a laboratory portion for the basic science curriculum.

**Staff Conclusion:**

Additional information Requested

**Country Response**

The Medical Council has adopted WFME European Specifications (2007) and will review these to take into account any amendments under WFME Global Specifications (2015). As these are global standards and considered to be best practice standards, the Medical Council does not deem it necessary to expand on these specifications.

**Analyst Remarks to Response**

In response to the draft staff analysis, the country explains that the Medical Council does not deem it necessary to expand on the World Federation for Medical Education (WFME) Global Specifications that the country has adopted for this guideline.

Department Staff accepts the agency's supporting documentation; however, 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.

**Staff Conclusion:**

## **Clinical Experience, Question 1**

### **Country Narrative**

1)The Medical Council requires approved programmes to provide appropriate theoretical instruction and practical clinical experience that will equip graduates for the various fields of medicine.

Under the WFME Standard 2.5, the Medical Council expects that the clinical sciences component of a medical programme would include such subjects as internal medicine, surgery, anaesthesia, diagnostic imaging, clinical pathology, emergency medicine, general practice, obstetrics and gynaecology, laboratory medicine, paediatrics, pathological anatomy and psychiatry.

The medical schools are encouraged to facilitate early patient contact leading to appropriate participation in patient care. Early contact with real patients is a feature of medical education in Ireland. The Medical Council places particular emphasis on the professionalism of students and encourages use of primary care settings, in the practices of general practitioners / family doctors and other community settings.

2)The Council assesses the schools' role in preparing students for subsequent stages of practice – this is covered under WFME Standard 1.4, stating that the medical school must define the competencies that students should exhibit on graduation in relation to their subsequent training and future roles in the health system. It also refers, under the quality standard, to the linkage of competencies to be acquired by graduation with that to be acquired in postgraduate training.

3)This requirement is met through the application of WFME Standard 2.3, Basic Biomedical Science and also through application of WFME Standard 2.5, Clinical Sciences and Skills

### **Analyst Remarks to Narrative**

The Medical Council's WFME Standard 2.5 Clinical sciences and skills (exhibit 5) addresses the requirements of question 1 of this guideline. Specifically, standard 2.5 requires every student to have early patient contact leading to participation in patient care with a plethora of subjects in the clinical sciences. The country, through the Medical Council, ensures that medical schools provide appropriate theoretical instruction and practical clinical experience in various fields of medicine including subjects such as internal medicine, surgery, laboratory medicine, etc; and facilitate early patient contact leading to appropriate participation in patient care, thus addressing all of the requirements of this guideline.

The Medical Council's WFME, Standard 1, specifically 1.4 Educational outcomes, meets the requirements of question 2. This standard requires measures of, and information about, competencies the students must acquire before graduation to be used as feedback for program development to meet the requirements of this question. The Medical Council assesses the medical schools defined competencies in preparing students for graduation and subsequent training for the future.

Through the application of WFME Standards 2.3, Basic biomedical science and 2.5, Clinical sciences and skills question 3 requirements are met. Specifically, the standards require students to possess knowledge of the aforementioned clinical sciences incorporated in medical school curriculum to ensure students acquire the competencies necessary for graduation. However, evidence of the reviews for the aforementioned areas of clinical experience has not been provided for assessment.

Additional Information Requested:

The NCFMEA may wish to request as evidence a copy of accreditation team on-site visit reports to review the assessment of a medical school relative to this guideline.

### **Staff Conclusion:**

Additional information Requested

### **Country Response**

Sample reports of Medical Council accreditation visits enclosed.[Attachment C]

Template pre-visit questionnaire enclosed. [Attachment D.]

### **Analyst Remarks to Response**

In response to the draft staff analysis, the country provided a Medical Council accreditation site visit report (exhibit 3) to demonstrate the review of the medical school against the World Federation for Medical Education (WFME) Global Standards and a blank template of the pre-site visit questionnaire that is completed by the medical school.

Department Staff accepts the agency's supporting documentation; however, the NCFMEA may still wish to request a completed pre-site visit questionnaire for review of this guideline.

**Staff Conclusion:**

Additional Information requested

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**Clinical Experience, Question 2****Country Narrative**

WFME Standard 2.8, Linkage with Medical Practice and the Health Care System requires medical schools to take a continuum approach towards the development of competent doctors who are fit to practice in the Irish healthcare setting, and who are also equipped to proceed to further medical education and training. The application of Standard 2.8, and also Standard 1.4 which relates to defining medical outcomes, is the means by which the Medical Council evaluates a medical school's compliance in this area.

**Analyst Remarks to Narrative**

Standard 2.8, Linkage with medical practice and the health care system, of the WFME Standards (exhibit 5) meets the requirements of this question since this standard requires linkage between the educational program and the community the student will train in after graduation. The Medical Council evaluates standard 2.8 in conjunction with standard 1.4 Educational outcomes during the accreditation review process to ensure compliance in this area. However, documentation of this review during the accreditation process has not been provided as evidence.

Additional Information Requested:

The NCFMEA may wish to request as evidence a copy of accreditation team on-site visit reports to review the assessment of a medical school relative to this guideline.

**Staff Conclusion:**

Additional information Requested

**Country Response**

Sample reports of Medical Council accreditation visits enclosed.[Attachment C]

Template pre-visit questionnaire enclosed. [Attachment D.]

**Analyst Remarks to Response**

In response to the draft staff analysis, the country provided a Medical Council accreditation site visit report (exhibit 3) to demonstrate the review of the medical school against the World Federation for Medical Education (WFME) Global Standards and a blank template of the pre-site visit questionnaire that is completed by the medical school.

Department Staff accepts the agency's supporting documentation; however, the NCFMEA may still wish to request a completed pre-site visit questionnaire for review of this guideline.

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**Staff Conclusion:**

Additional Information requested

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**Clinical Experience, Question 3****Country Narrative**

Section 6 of the WFME Standards focuses on the quality of educational resources, and Standard 6.2 specifically addresses clinical teaching resources. The range of training settings, including primary care, ambulatory and hospital settings is evaluated as part of the accreditation process, as are the medical schools' quality measures to ensure that the experience gained in such settings provides sufficient curriculum cover.

**Analyst Remarks to Narrative**

Standard 6, specifically standard 6.2 Clinical training resources, of the WFME Standards (exhibit 5) meets the requirements of the first question. The standard outlines the educational resources and training settings for medical schools, which is required for evaluation during the accreditation process. However, documentation demonstrating the evaluation or the review of this question

has not been provided as evidence. The country did not provide an answer for the second question.

**Additional Information Requested:**

The NCFMEA may wish to request the country to respond to the second question-What are your standards for assessing your medical schools' (required) clinical clerkship (or its equivalent) that ensure the clerkship allows the student to undertake a thorough study of selected patients having the major and common types of disease problems representative of the clerkship. The NCFMEA may also wish to request as evidence a copy of accreditation team on-site visit reports to review the assessment of a medical school relative to this guideline.

**Staff Conclusion:**

Additional information Requested

**Country Response**

WFME standard 2.5 states 'the medical school must ensure the students have patient contact and acquire sufficient clinical knowledge and skills to assume appropriate clinical responsibility upon graduation.' The quality development standard states that 'every student should have early patient contact leading to participation in patient care. The different components of clinical skills training should be structured according to the stage of the study program.'

Sample reports of Medical Council accreditation visits enclosed.[Attachment C]

Template pre-visit questionnaire enclosed. [Attachment D.]

**Analyst Remarks to Response**

In response to the draft analysis, the country addressed question two of the guideline. The WFME standard 2, specifically 2.5 (exhibit 5), adequately addresses the requirements of this question. This standard requires students to acquire patient contact and sufficient clinical knowledge and skills to assume appropriate clinical responsibility from the medical school training, which includes early patient contact leading to participation in patient care. The country also provided a Medical Council accreditation site visit report (exhibit 3) demonstrating the review of the medical school against the WFME Global Standards and a blank template of the pre-site visit questionnaire (exhibit 4) that is completed by the medical school.

Department Staff accepts the agency's supporting documentation; however, the NCFMEA may still wish to request a completed pre-site visit questionnaire for review.

**Staff Conclusion:**

Additional Information requested

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**Supporting Disciplines**

**Country Narrative**

Under WFME Standard 2.5, Clinical Sciences and Skills, the Medical Council assesses the medical schools under both the basic standard and the quality development which includes diagnostic imaging and clinical pathology. This means that the medical school must ensure that students have the necessary exposure to these disciplines.

**Analyst Remarks to Narrative**

Standard 2, in particular Standard 2.5, Clinical sciences and skills, of the WFME Standards (exhibit 5) meets the requirements of this question. Specifically, standard 2.5 requires every student to have early patient contact leading to participation in patient care by providing students with appropriate theoretical instruction and practical clinical experience in various fields of medicine including subjects such as internal medicine, surgery, laboratory medicine, etc., thus addressing all of the requirements of this guideline. The Medical Council then reviews the medical school for student exposure to both diagnostic imaging and clinical pathology. However documentation demonstrating the evaluation of this question has not been provided for review.

**Additional Information Requested:**

The NCFMEA may wish to request as evidence a copy of accreditation team on-site visit reports to review the assessment of a medical school relative to this guideline.

**Staff Conclusion:**

Additional information Requested

**Country Response**

Sample reports of Medical Council accreditation visits enclosed.[Attachment C]

Template pre-visit questionnaire enclosed. [Attachment D.]

### **Analyst Remarks to Response**

In response to the draft staff analysis, the country provided a Medical Council accreditation site visit report (exhibit 3) to demonstrate the review of the medical school against the World Federation for Medical Education (WFME) Global Standards and a blank template of the pre-site visit questionnaire (exhibit 4) that is completed by the medical school.

Department Staff accepts the agency's supporting documentation; however, the NCFMEA may still wish to request a completed pre-site visit questionnaire for review of this guideline.

### **Staff Conclusion:**

Additional Information requested

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### **Ethics, Question 1**

#### **Country Narrative**

Under the WFME Standards, the Medical Council assesses the medical schools under both the basic and quality standard 2.4. This means that the medical school must identify and incorporate in the curriculum the contributions of the behavioural sciences, social sciences, medical ethics that enable effective communication, clinical decision making and ethical practices. The contributions of the behavioural and social sciences and medical ethics should be adapted to scientific developments in medicine, to changing demographic and cultural contexts and to health needs of society. Subjects would typically include medical psychology, sociology, epidemiology, public health and community medicine. In addition, there would be an emphasis on socio-economic issues and demographics. This is an area that the Medical Council particularly emphasises in its evaluation of medical programmes, and all medical schools in Ireland are assessed under these criteria. The benchmark for medical ethics and professionalism in Ireland is set by the Medical Council, and the 8th Edition of the Guide to Professional Conduct and Ethics for Registered Medical Practitioners (Appendix 7) was launched in early 2016. Medical Schools are required to incorporate this guidance into their programmes as part of the strong focus on professionalism which the Medical Council is committed to. In addition, the Medical Council issued guidance on student professionalism (Appendix 9) in 2015 which medical schools are required to promote amongst medical students.

#### **Analyst Remarks to Narrative**

Standard 2, in particular Standard 2.4, Behavioral and social sciences and medical ethics, of the WFME Standards (exhibit 5) meets the requirements of this question. 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 Medical Council reviews the medical school for adherence to this standard during the accreditation process. However documentation demonstrating the evaluation of this question has not been provided for review.

In addressing question 2, the country has provided exhibit 7, the 8th Edition of the Guide to Professional Conduct and Ethics for Registered Medical Practitioners, and exhibit 9, the Guide to Undergraduate Professionalism, which are benchmarks for medical ethics and professionalism set by the Medical Council. Medical schools are required to incorporate these guidance documents into their programs. The documents outline conduct of students (exhibit 9) and It provides principle based guidance to doctors on a wide range of scenarios which are likely to arise over the course of their professional careers and standards of patients should expect from their doctor (exhibit7).

Additional Information Requested:

The NCFMEA may wish to request as evidence a copy of accreditation team on-site visit reports to review the assessment of a medical school relative to this guideline.

### **Staff Conclusion:**

Additional information Requested

#### **Country Response**

Sample reports of Medical Council accreditation visits enclosed.[Attachment C]

Template pre-visit questionnaire enclosed. [Attachment D.]

### **Analyst Remarks to Response**

In response to the draft staff analysis, the country provided a Medical Council accreditation site visit report (exhibit 3) to demonstrate the review of the medical school against the World Federation for Medical Education (WFME) Global Standards and a blank template

of the pre-site visit questionnaire (exhibit 4) that is completed by the medical school.

Department Staff accepts the agency's supporting documentation; however, the NCFMEA may still wish to request a completed pre-site visit questionnaire for review of this guideline.

**Staff Conclusion:**

Additional Information requested

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**Communication Skills, Question 1**

**Country Narrative**

There is a strong emphasis on the importance of including communication skills in medical programmes in Ireland. WFME Standard 2.4 confirms expectations in this area that programmes must develop communications skills through contributions from behavioural sciences and social sciences and promotion of teamwork and collaboration. Medical programmes in Ireland, and the progress of students through these programmes are assessed by medical schools partly with an Objective Structured Clinical Examination which includes stations which are largely communications-based.

**Analyst Remarks to Narrative**

Standard 2, in particular Standard 2.4, Behavioral and social sciences and medical ethics, of the WFME Standards (exhibit 5) meets the requirements of the first question. Specifically, 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 Medical Council reviews the medical school for adherence to this standard, which requires students to enable effective communication, clinical decision making and ethical practices, during the accreditation process. However, documentation demonstrating the evaluation of this question has not been provided for review.

In addressing question 2, the country attests that students are assessed by medical schools through different mechanisms, one of which is the Objective Structured Clinical Examination, which is communications based. However, documentation of the exams demonstrating the evaluation of this question has not been provided for review.

Additional Information Requested:

The NCFMEA may wish to request as evidence a copy of accreditation team on-site visit reports and exams to review the assessment of a medical school relative to this guideline.

**Staff Conclusion:**

Additional information Requested

**Country Response**

Sample reports of Medical Council accreditation visits enclosed.[Attachment C]

Template pre-visit questionnaire enclosed. [Attachment D.]

**Analyst Remarks to Response**

In response to the draft staff analysis, the country provided a Medical Council accreditation site visit report (exhibit 3) to demonstrate the review of the medical school against the World Federation for Medical Education (WFME) Global Standards and a blank template of the pre-site visit questionnaire (exhibit 4) that is completed by the medical school.

Department Staff accepts the agency's supporting documentation; however, the NCFMEA may still wish to request a completed pre-site visit questionnaire for review of this guideline.

**Staff Conclusion:**

Additional Information requested

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## **Design, Implementation, and Evaluation, Question 1**

### **Country Narrative**

The involvement of faculty in this process is a key specification and the medical schools are assessed under the WFME Standard 1.3, which states that there must be a policy whereby the administration and faculty/academic staff of the medical school are responsible for, and have the freedom to design the curriculum and allocate the resources necessary for its implementation. The quality standard also specifies that the academic staff should address the actual curriculum and the educational resources should be distributed in relation to the educational needs. All medical schools in Ireland are assessed under these criteria.

Under Section 35 (1) of the Universities Act 1997 amended 2012 (Appendix 3), universities are required to establish and undertake quality assurance and quality improvement programmes which are rigorous and robust, aimed at improving the quality of education and related services provided by the university. There should be continuous renewal of quality assurance of standards and it requires that medical schools must regularly review their structures.

The Medical Council also expects accredited schools to demonstrate good practice in this area and medical schools are assessed on their ability to be a dynamic institution initiating procedures for regular review and updating of its structure and functions (WFME Standard 9, Continuous Renewal). The Medical Council expects that medical schools adapt instructional methods, taking into account new developments in educational theories, adult learning, methodology and active learning principles.

### **Analyst Remarks to Narrative**

Standard 1, specifically Standard 1.3, Academic autonomy, of the WFME Standards (exhibit 5) meets the requirements of this question. The standard requires medical schools to have a policy for which the administration and faculty/academic staff are responsible to design curriculum and allocate the resources necessary for its implementation as it relates to need. The Universities Act of 1997 amended in 2012 (exhibit 3) requires the establishment of quality assurance and improvement programs with regular review of its structure. In addition to the aforementioned requirements, the Medical Council expects accredited medical schools to demonstrate good practice and update its structure, functions, and instructional methods regularly, per WFME Standard 9 Continuous renewal. However, documentation of this assessment by the accreditation review team has not been provided as evidence.

Additional Information Requested:

The NCFMEA may wish to request as evidence a copy of accreditation team on-site visit reports to review the assessment of a medical school relative to this guideline.

### **Staff Conclusion:**

Additional information Requested

### **Country Response**

Sample reports of Medical Council accreditation visits enclosed.[Attachment C]

Template pre-visit questionnaire enclosed. [Attachment D.]

### **Analyst Remarks to Response**

In response to the draft staff analysis, the country provided a Medical Council accreditation site visit report (exhibit 3) to demonstrate the review of the medical school against the World Federation for Medical Education (WFME) Global Standards and a blank template of the pre-site visit questionnaire (exhibit 4) that is completed by the medical school.

Department Staff accepts the agency's supporting documentation; however, the NCFMEA may still wish to request a completed pre-site visit questionnaire for review of this guideline.

### **Staff Conclusion:**

Additional Information requested

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## **Design, Implementation, and Evaluation, Question 2**

### **Country Narrative**

Universities and medical schools have developed their own system for evaluating the effectiveness of its curriculum. Universities and medical schools may make changes to the curriculum as a result of Medical Council visits, external reviews and internal reviews involving faculty and student feedback. Medical schools commonly engage outside consultants with expertise in medical education to undertake additional external reviews. Where a medical school has engaged an outside consultant to undertake its own review, the

Medical Council requests sight of any approved reports.

Student feedback is also an important driver of change. All schools systematically obtain the views of their student and where appropriate make changes in response to their views

### **Analyst Remarks to Narrative**

The country does not have a standard for medical schools to have a system for evaluating the effectiveness of its curriculum and making changes to the curriculum as a result of its evaluation. The country attests that universities and medical schools develop their own system for evaluating the effectiveness of its curriculum and make changes as a result of external and internal reviews and Medical Council on –site visits with external consultants. Faculty and student feedback are part of the internal review of curriculum, however, specific curriculum requirements for the curriculum evaluation process and the documentation assessment by the accreditation review team of these areas have not been provided as evidence.

Additional Information Requested:

The NCFMEA may wish to request as evidence a copy of accreditation team on-site visit reports to review the assessment of a medical school relative to this guideline. The NCFMEA may also wish to request clarification regarding if there are any plans to establish requirements for a system for evaluating the effectiveness of medical school curriculum and making changes to the curriculum as a result of its evaluation; or an evaluation of the curriculum all medical schools are required to have to be provided by some centralized authority or body.

### **Staff Conclusion:**

Additional information Requested

### **Country Response**

Sample reports of Medical Council accreditation visits enclosed.[Attachment C]

Template pre-visit questionnaire enclosed. [Attachment D.]

The Medical Council has adopted WFME European Specifications (2007) and will review these to take into account any amendments under WFME Global Specifications (2015). As these are global standards and considered to be best practice standards, the Medical Council does not deem it necessary to expand on these specifications.

### **Analyst Remarks to Response**

In response to the draft staff analysis, the country explains that the Medical Council does not deem it necessary to expand on the World Federation for Medical Education (WFME) Global Specifications that the country has adopted for this guideline. The country also provided a Medical Council accreditation site visit report (exhibit 3) to demonstrate the review of the medical school against the WFME Global Standards and a blank template of the pre-site visit questionnaire (exhibit 4) that is completed by the medical school.

Department Staff accepts the agency's supporting documentation; however, 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.

### **Staff Conclusion:**

Additional Information requested

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## **Design, Implementation, and Evaluation, Question 3**

### **Country Narrative**

As part of the Medical Council's annual return process (Appendix 10) which all medical schools are required to engage in, the Medical Council seeks data on student performance and progression. If these details give rise to concern or prompt further engagement, then the Medical Council so engages. Medical Schools are also required to incorporate such data into programme evaluation and development. Medical schools policies and processes in this area are evaluated under the WFME Standards relating to programme evaluation (Section 7 of the Standards).

### **Analyst Remarks to Narrative**

WFME Standard 7, Evaluation of training process (exhibit 5), requires medical schools to have policies and processes related to data on student performance and progression. Specifically, the medical school must establish a mechanism for program evaluation that monitors the curriculum and student progress to ensure that concerns are identified and addressed by the medical school. The

country utilizes exhibit 10, Annual Return Process, to assess the extent to which medical schools use data as part of the school's internal 'program effectiveness and continuous improvement' process. The Medical Council requires an Annual Return form from the medical school detailing data on student performance and progression, which is to be incorporated in the medical schools program evaluation and development plans. Depending upon the data from the aforementioned report from the medical school to the Medical Council, additional engagement may be warranted by the Council. However, a completed Annual Return Process Report from a medical school or the review by the accreditation team has not been provided as evidence.

Additional Information Requested:

The NCFMEA may wish to request as evidence a completed Annual Return Process report to assess to review the assessment of a medical school relative to this guideline.

**Staff Conclusion:**

Additional information Requested

**Country Response**

Template pre-visit questionnaire enclosed. [Attachment D.]

**Analyst Remarks to Response**

In response to the draft staff analysis, the country provided a blank template of the pre-site visit questionnaire (exhibit 4) that is to be completed by the medical school.

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

**Staff Conclusion:**

Additional Information requested

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**Admissions, Recruiting, and Publications, Question 1**

**Country Narrative**

Engagement with medical schools in this area is based upon WFME Standard 4.1, Admission Policy and Selection. Medical schools are required to devise and publish selection criteria, including the rationale for these criteria and the methods of selection. Under the quality development aspect of this standard, schools should periodically review the admission policy and this review should reflect a number of factors including social responsibility and the need to promote the full suite of competencies required to practice medicine.

The Health Professions Admission Test – Ireland (HPAT – Ireland)\* is an admissions test used to assist with the selection of students into medicine and health professions degree programs. The test measures a candidate's logical reasoning and problem solving skills as well as nonverbal reasoning and the ability to understand the thoughts, behaviour and/or intentions of people. Applicants need a HPAT – Ireland score to apply for admission to undergraduate medicine courses at all medical schools in Ireland.

Applicants for graduate entry medical programmes, in addition to obtaining a minimum score in their primary degree, must also reach a threshold score on either the Graduate Australian Medical School Admission Test (GAMSAT) or Medical College Admission Test (MCAT). They may also undergo an interview as part of the admissions process.

\*For further information see <https://hpat-ireland.acer.edu.au/>

**Analyst Remarks to Narrative**

Standard 4, in particular 4.1 Admission policy and selection, of the WFME Standards (exhibit 5) meets the requirements of these questions. Specifically, the standard requires the medical school to have an admission policy which includes a clear statement on the process of selection of students. The medical schools create their own selection criteria for admission which include the rationale, method of selection and periodic review of policies, per the quality development requirement of WFME standard 4.

The country utilizes the Health Professions Admission Test, which is required for admission, to assist in the selection of students into medicine and health profession programs. The test measures logical reasoning, problem solving skills, nonverbal reasoning, the ability to understand the thoughts, behavior, and/or intentions of the candidates. Graduate applicants are required to obtain a threshold score on the Graduate Australian Medical School Admission Test (GAMSAT) or Medical College Admission Test (MCAT) for entry into a medical program along with an interview. However, documentation demonstrating the review of these criteria has not been provided as evidence.

Additional Information Requested:

The NCFMEA may wish to request as evidence a copy of medical school self-studies, and /or accreditation team on-site visit reports

to review the assessment of a medical school relative to this guideline. The NCFMEA may also wish to obtain the threshold score utilized in the admission of students for additional review.

**Staff Conclusion:**

Additional information Requested

**Country Response**

The national introduction of HPAT as part of the entry route to medicine was a government policy decision taken by the Department of Education and Skills. While this is not a Medical Council requirement, the Council supports the initiative in principle. It is not within the Medical Council's gift to review these criteria.

The Medical Council does not consider it appropriate or necessary to be overly prescriptive in this area, as it may inadvertently hinder local innovation and culture.

Sample reports of Medical Council accreditation visits enclosed.[Attachment C]

**Analyst Remarks to Response**

In response to the draft staff analysis, the country explains that the use of the HPAT, as part of the entry route to medicine, was a decision by the Department of Education and skills and not a Medical Council review criteria. Further, the Medical Council has no specific requirement in this area and does not consider it appropriate or necessary to prescribe requirements. The country also provided a Medical Council accreditation site visit report (exhibit 3) to demonstrate the review of the World Federation for Medical Education (WFME) Global Standards at a medical school.

Department Staff accepts the agency's supporting documentation; however, the NCFMEA may still wish to request clarification on the threshold score utilized in the admission of students to address this guideline.

**Staff Conclusion:**

Additional Information requested

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**Admissions, Recruiting, and Publications, Question 2**

**Country Narrative**

Nationally, the following applies to EC students. Requirements for admission to a primary degree medical programme includes an accumulation of a minimum academic standard and the results of an admissions test, the Health Professions Admissions Test (HPAT) currently administered by the Australian Council for Educational Research as introduced earlier in this response. This means that students entering primary degree medical programmes must now achieve a minimum academic standard in the final secondary school (high school) exit examinations (Leaving Certificate); meet any entry requirements specific for the medical programme (e.g. passes in science subjects); and pass the HPAT admissions test, which measures a candidate's logical reasoning and problem solving skills, as well as non-verbal reasoning and the ability to understand the thoughts, behaviour and/or intentions of people.

Non-EC students entering a primary degree medical programme must obtain the necessary standards in the examination system that applies in their country of origin that are equivalent to the Irish Leaving Certificate, and additionally may undergo an interview as part of the admissions process.

Applicants for graduate entry medical programmes must obtain a minimum of a Second Class, First Division (2.1) in their primary degree, which may be in any subject. They must also reach a threshold score on either the Graduate Australian Medical School Admission Test (GAMSAT) or Medical College Admission Test (MCAT). Applicants for graduate entry medical programmes who come from outside the EC additionally may undergo an interview as part of the admissions process.

**Analyst Remarks to Narrative**

The country attests to the use of the following requirements for European Community (EC) student's medical program/school admission: minimum academic standard in high school, entry requirements for the medical program and a pass on the Health Professions Admissions Test (HPAT), which are nationally recognized requirements for EC students. Non-EC students must obtain the necessary standards in the examination system that applies in their country of origin equivalent to the Irish Leaving Certificate, and undergo an interview. Graduate applicants must obtain a minimum score in their primary degree, a threshold score on either the Graduate Australian Medical School Admission Test (GAMSAT) or Medical College Admission Test (MCAT), and undergo an interview as part of the admissions process for entry into medical programs. The narrative addresses the requirements of this question, however, documentation demonstrating the review of these criteria, including the required threshold and/ or passing scores for entry exams has not been provided as evidence.

Additional Information Requested:

The NCFMEA may wish to request as evidence a copy of accreditation team on-site visit reports to review the assessment of a

medical school relative to this guideline, which includes the scoring requirements for admission test at all levels.

**Staff Conclusion:**

Additional information Requested

**Country Response**

Sample reports of Medical Council accreditation visits enclosed.[Attachment C]

Template pre-visit questionnaire enclosed. [Attachment D.]

**Analyst Remarks to Response**

In response to the draft staff analysis, the country provided a Medical Council accreditation site visit report (exhibit 3) to demonstrate the review of the medical school against the World Federation for Medical Education (WFME) Global Standards and a blank template of the pre-site visit questionnaire (exhibit 4) that is completed by the medical school.

Department Staff accepts the agency's supporting documentation; however, the NCFMEA may still wish to request a completed pre-site visit questionnaire for review of this guideline.

**Staff Conclusion:**

Additional Information requested

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**Admissions, Recruiting, and Publications, Question 3**

**Country Narrative**

Nationally, the Central Applications Office processes applications for undergraduate courses in Irish Higher Education Institutions (HEIs). Decisions on admissions to undergraduate courses are made by the HEIs who instruct CAO to make offers to successful candidates.

For more information see <https://www.cao.ie/>.

For non-EU applicants, each medical school defines its own requirements with regard to the minimum academic achievement of applicants, and specifies minimum regional achievement in the equivalent of high school exit exams.

**Analyst Remarks to Narrative**

The country utilizes the Central Application Office for processing applications for undergraduate programs for the country's Higher Education Institutions for EC students. Non-EC students must adhere to the individual medical school requirements for entry into the medical program. However, documentation demonstrating the review of these criteria has not been provided as evidence.

Additional Information Requested:

The NCFMEA may wish to request as evidence a copy of accreditation team on-site visit reports to assess the country's review of the medical school's requirements for admissions.

**Staff Conclusion:**

Additional information Requested

**Country Response**

Sample reports of Medical Council accreditation visits enclosed.[Attachment C]

**Analyst Remarks to Response**

In response to the draft staff analysis, the country provided a Medical Council accreditation site visit report (exhibit 3) to address staff concerns, which demonstrates the accreditation team's review of the medical school against the World Federation for Medical Education (WFME) standards and the requirement of this guideline.

Department Staff accepts the agency's narrative and supporting documentation, and no additional information is requested at this time.

**Staff Conclusion:**

Comprehensive response provided

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## **Admissions, Recruiting, and Publications, Question 4**

### **Country Narrative**

WFME Standards 6.1 and 6.2 confirm the requirements for medical schools to have sufficient physical resources to accommodate faculty staff and students. While the Medical Council is not prescriptive in this area and does not define ratios or otherwise provide guidance on what 'sufficiency' in this area might look like, the accreditation process evaluates the process by which medical schools themselves determine what resources are sufficient. Engagement with students and with faculty members, combined with physical inspection of facilities by Medical Council accreditation teams, is the primary method by which the evidence provided by medical schools is evaluated and challenged as necessary.

### **Analyst Remarks to Narrative**

Standard 6, in particular 6.1 Clinical settings and patients and 6.2 Physical facilities and equipment, of the WFME Standards (exhibit 5) meets the requirements of this question, which requires sufficient clinical, practical and physical facilities for the medical school. Specifically, the standards require medical schools to have sufficient physical facilities for staff and the student population to ensure that the curriculum is delivered satisfactorily as well as adequate clinical experience, including resources, (i.e., sufficient patients and clinical training facilities). The Medical Council does not administer specific requirements to medical schools in this area nor defines sufficient ratio requirements, the accreditation process evaluates the methods by which medical schools themselves determine what resources are sufficient through engagement with faculty and students as well as inspections of the physical facilities. However, documentation demonstrating the evaluation of the 'sufficient' process of the medical school has not been provided as evidence.

Additional Information Requested:

The NCFMEA may wish to request as evidence a copy of accreditation team on-site visit reports to review the assessment of a medical school relative to this guideline. The NCFMEA may also wish to request clarification regarding if there are any plans to establish requirements regarding the size of the applicant pool and entering class.

### **Staff Conclusion:**

Additional information Requested

### **Country Response**

The Medical Council has adopted WFME European Specifications (2007) and will review these to take into account any amendments under WFME Global Specifications (2015). As these are global standards and considered to be best practice standards, the Medical Council does not deem it necessary to expand on these specifications.

### **Analyst Remarks to Response**

In response to the draft staff analysis, the country explains that the Medical Council has no specific requirements of medical schools in this area and does not consider it appropriate or necessary to prescribe requirements.

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.

### **Staff Conclusion:**

Additional Information requested

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## **Admissions, Recruiting, and Publications, Question 5**

### **Country Narrative**

The Medical Council has no explicit role in this regard. However, the Medical Council's overview of medical schools and programmes, through the WFME standards, ensures that the underlying quality of the product or programme being offered is meeting high standards.

Standards for advertising in Ireland are overseen by the Advertising Standards Authority of Ireland (see <http://www.asai.ie/>). The 7th Edition of the Code of Standards for Advertising and Marketing Communications in Ireland came into effect on 1st March 2016 and can be viewed at <http://www.asai.ie/asaicode/>.

### **Analyst Remarks to Narrative**

The country does not have a standard to address this question. The country does attest that the Medical Council does not play a role in the medical schools publications, advertising, and student recruitment, but holds the medical school accountable to this requirement through the adherence of the school to the WFME Standards (exhibit 5). The Advertising Standards Authority of Ireland oversees the standards for advertising in the country, as of March of 2016. However, documentation demonstrating the review of this requirement has not been provided as evidence.

**Additional Information Requested:**

The NCFMEA may wish to request as evidence a copy of accreditation team on-site visit reports to review the assessment of a medical school relative to this guideline. The NCFMEA may also wish to obtain additional information as to whether the Medical Council plans to develop standards to address this guideline.

**Staff Conclusion:**

Additional information Requested

**Country Response**

The Medical Council has adopted WFME European Specifications (2007) and will review these to take into account any amendments under WFME Global Specifications (2015). As these are global standards and considered to be best practice standards, the Medical Council does not deem it necessary to expand on these specifications.

Press release from Advertising Standards Authority of Ireland enclosed. [Attachment I]

Sample reports of Medical Council accreditation visits enclosed.[Attachment C]

**Analyst Remarks to Response**

In response to the draft staff analysis, the country explains that the Medical Council does not deem it necessary to expand on the World Federation for Medical Education (WFME) Global Specifications that the country has adopted for this guideline. The country also provided a Medical Council accreditation site visit report (exhibit 3) to demonstrate the review of the medical school against the WFME Global Standards and a press release from the Advertising Standards Authority as evidence.

Department Staff accepts the agency's supporting documentation; however, 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.

**Staff Conclusion:**

Additional Information requested

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**Admissions, Recruiting, and Publications, Question 6**

**Country Narrative**

Students have access to their own academic records and universities and medical schools in Ireland fall under the Freedom of Information Act 2014 (Appendix 22) and the Data Protection Acts 1988 and 2003 (Appendix 23)

See <http://www.irishstatutebook.ie/eli/2014/act/30/enacted/en/html> and <https://www.dataprotection.ie/docs/Law-On-Data-Protection/m795.htm>

**Analyst Remarks to Narrative**

The country attests students have access to their academic records per the Freedom of Information Act 2014, exhibit 22 and the Data Protection Acts 1988 and 2003, exhibit 23.

**Additional information requested:**

The country must provide the actual document for the official record not the websites.

**Staff Conclusion:**

Additional information Requested

**Country Response**

Freedom of Information Act 2014 enclosed. [Attachment J]

Data Protection Acts 1988 and 2003 enclosed. [Attachment K]

### **Analyst Remarks to Response**

In response to the draft staff analysis, the country provided the Freedom of Information Act of 2014 (exhibit 9) and the Data Protection Acts 1988 and 2003 (exhibit 10) documents, previously submitted as web links.

Department Staff accepts the agency's supporting documentation, and no additional information is requested at this time.

### **Staff Conclusion:**

Comprehensive response provided

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### **Student Achievement, Question 1**

#### **Country Narrative**

There is no national exit examination and there are no set national requirements by which medical schools evaluate student achievement in Ireland. However, WFME Standard 3.1 Assessment Methods requires medical schools to define and state the methods by which students will be assessed, including the criteria for passing examinations. Evidence presented by medical schools under this aspect of the WFME standards is tested and evaluated by Medical Council accreditation teams.

#### **Analyst Remarks to Narrative**

The country does not have a national exam or requirements to evaluate student achievement. The WFME Standard 3, specifically 3.1 Assessment methods (exhibit 5), does require methods of assessment including passing of exams as it relates to postgraduate medical training. However, undergraduate assessment methods are not referenced in standard 3.1. The Medical Council accreditation teams evaluate the use of this standard during their review. However, documentation demonstrating review of these assessment requirements has not been provided as evidence.

Additional Information Requested:

The NCFMEA may wish to request as evidence a copy of accreditation team on-site visit reports to assess the country's review of the medical school's requirements for student achievement. The NCFMEA may also wish to obtain clarity on the use of WFME standard 3.1 for undergraduate assessment.

#### **Staff Conclusion:**

Additional information Requested

#### **Country Response**

With regard to standard 3.1 please see page 19, undergraduate assessment methods, rather than postgraduate assessment methods on page 33 of WFME European Specifications (2007).

Sample reports of Medical Council accreditation visits enclosed. [Attachment C]

Template pre-visit questionnaire enclosed. [Attachment D]

#### **Analyst Remarks to Response**

In response to the draft staff analysis, the country provided a Medical Council accreditation site visit report (exhibit 3) to demonstrate the review of the medical school against the WFME Global Standards; correction to the initial submission distinctions between undergraduates and postgraduate assessment methods; and a blank template of the pre-site visit questionnaire (exhibit 4) that is to be completed by the medical school.

Department Staff accepts the agency's narrative and supporting documentation; however, the NCFMEA may still wish to request a completed pre-site visit questionnaire for review of this guideline.

#### **Staff Conclusion:**

Additional Information requested

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### **Student Achievement, Question 2**

#### **Country Narrative**

Standard 7.3, Student Performance, requires medical schools to analyse student performance as part of the schools approach to programme development and, more broadly, continuous improvement. Medical schools are required to provide statistical data as part of the Annual Return process (Appendix 10) which is then analysed and any concerns are acted upon.

Medical schools are free to establish their own methods of evaluating student achievement and these methods are established in line with international best practice, utilising the WFME Standards. Under the terms of the Irish Universities Act, 1997 amended 2012 (Appendix 3) section 26, Irish Universities are required to establish academic councils to oversee statutes 'relating to the academic affairs of the university, including the conduct of examinations, the determination of examination results, the procedures for appeals by students relating to the results of such examinations and the evaluation of academic progress.' The Medical Council assesses evaluation methods as part of its inspections and the assessment policies and processes of medical schools must be demonstrably robust if the medical school is to be approved.

### **Analyst Remarks to Narrative**

Standard 7.3, Using trainee performance, of the WFME Standards (exhibit 5) meets the requirements of the first question. The standard requires evaluation of the training program and the mission of the postgraduate medical education. The country requires medical schools to provide statistical data as part of the Annual Return Process (exhibit 10), which is then analyzed by the Medical Council. However, documentation demonstrating review of these evaluation requirements has not been provided as evidence.

The medical schools establish their own methods of evaluating student achievement based upon the WFME Standards. The country references Section 26 under the Universities Act of 1997 amended in 2012 (exhibit 3), which they interpret, allows universities to establish academic councils to oversee exam results, procedures of appeals by students, and evaluation of academic progress. However, Section 26 of the Universities Act of 1997 amended in 2012 references dispute resolution, not the establishment of methods for evaluating student achievement. Lastly, the Medical Council assesses evaluation methods as part of its accreditation process, however, documentation of this review is not provided as evidence.

#### **Additional Information Requested:**

The NCFMEA may wish to request as evidence a copy of accreditation team on-site visit reports to review the assessment of a medical school relative to this guideline. The NCFMEA may also wish to obtain clarity on the country's reference to Section 26 of the Universities Act of 1997 amended in 2012 in this section, since Section 26 of the Act refers to dispute resolution and not evaluation of student achievement.

#### **Staff Conclusion:**

Additional information Requested

### **Country Response**

Sample reports of Medical Council accreditation visits enclosed.[Attachment C]

Apologies, there is a typographical error in this answer. Where it reads Section 26 of the Universities Act 1997 amended in 2012 it should read 'Section 27(e)'.

### **Analyst Remarks to Response**

In response to the draft staff analysis, the country provided a Medical Council accreditation site visit report (exhibit 3) to demonstrate the review of the medical school against WFME Global Standards and also noted a correction to the initial submission narrative. The reference to section 26 should instead be section 27 of the Universities Act of 1997.

Department Staff accepts the agency's narrative and supporting documentation, and no additional information is requested at this time.

#### **Staff Conclusion:**

Comprehensive response provided

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## **Student Achievement, Question 3**

### **Country Narrative**

Between application of the standards which sit within WFME Section 3 (Assessment of Students) and Section 7 (Programme Evaluation) the Medical Council accreditation teams evaluate each medical schools requirements and processes in this area. Each schools mechanism for monitoring and evaluating student progression is considered, as is the relationship between evaluation and programme outcomes.

### **Analyst Remarks to Narrative**

Standard 3, Assessment of trainees, and 7, Evaluation of training process, of the WFME Standards (exhibit 5) meets the requirements of this question. Specifically, the standards require medical schools to establish a mechanism for program evaluation that monitors the curriculum and student progress; identifies and addresses concerns; and defines methods used for assessment of its students, including the criteria for passing examinations. The medical school requirements, processes, and mechanisms for

monitoring and evaluating student progress are evaluated against the WFME standards by the Medical Council accreditation teams to ensure program outcomes are met. However, documentation demonstrating the evaluation of the aforementioned areas has not been provided as evidence.

Additional Information Requested:

The NCFMEA may wish to request as evidence a copy of accreditation team on-site visit reports to review the assessment of a medical school relative to this guideline.

**Staff Conclusion:**

Additional information Requested

**Country Response**

Sample reports of Medical Council accreditation visits enclosed.[Attachment C]

Template pre-visit questionnaire enclosed. [Attachment D]

**Analyst Remarks to Response**

In response to the draft staff analysis, the country provided a Medical Council accreditation site visit report (exhibit 3) to demonstrate the review of the medical school against the World Federation for Medical Education (WFME) Global Standards and a blank template of the pre-site visit questionnaire (exhibit 4) that is completed by the medical school.

Department Staff accepts the agency's supporting documentation; however, the NCFMEA may still wish to request a completed pre-site visit questionnaire for review of this guideline.

**Staff Conclusion:**

Additional Information requested

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**Student Achievement, Question 4**

**Country Narrative**

Ireland has not to date established national student performance outcome measure benchmarks or requirements for schools. All medical schools are required to provide to the Medical Council on an annual basis data outlining student numbers, student performance, student origin, attrition rates etc.

A comparative analysis of the data from medical schools is developed and considered through the Medical Council's Committee structure. If any anomalies or concerns are raised at this point, the medical school is informed and requested to comment in the first instance and any concerns are acted upon.

**Analyst Remarks to Narrative**

The country has no national student performance outcome measures. Through the Annual Return Process (exhibit 10), the medical school provides data to the Medical Council outlining student achievement. A comparative analysis of the data is then done by the Medical Council's Committee structure to identify anomalies or concerns that are addressed with the medical school. However, documentation demonstrating the evaluation of the aforementioned data has not been provided as evidence.

Additional Information Requested:

The NCFMEA may wish to request as evidence a copy of accreditation team on-site visit reports to assess the country's review of the medical school's requirements for student achievement. The NCFMEA may also wish to request clarification regarding if there are any plans to establish requirements for student performance outcomes measures, benchmarks, or requirements for schools.

**Staff Conclusion:**

Additional information Requested

**Country Response**

Sample reports of Medical Council accreditation visits enclosed.[Attachment C]

Template pre-visit questionnaire enclosed. [Attachment D]

As recommended in an external review of our accreditation processes, the Medical Council will be reviewing all of its standards to assess if they are sufficiently outcomes-based. See Report on the External Review of Medical Council current procedures for accreditation of medical education and training enclosed in confidence. [Attachment B]. Action plan in response to report being devised

**Analyst Remarks to Response**

In response to the draft staff analysis, the country provided a Medical Council accreditation site visit report (exhibit 3) to demonstrate the review of the medical school against the World Federation for Medical Education (WFME) Global Standards and a blank template of the pre-site visit questionnaire (exhibit 4) that is completed by the medical school. The country also provided a copy of a report from an external review of the accreditation process which suggested a review of current standards along with the creation of an action plan.

Department Staff accepts the agency's supporting documentation; however, 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.

**Staff Conclusion:**

Additional Information requested

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**Student Achievement, Question 5**

**Country Narrative**

The Medical Council has published a Code of Conduct and Behaviour for medical students (Appendix 11) in the event that a student is to be removed from a medical programme where it is deemed necessary by the medical school.

All students at medical schools in Ireland have access to medical staff, student counsellors, an international student officer, a disability officer and so on, depending on the needs of the student. This requirement for effective support applies to hospital sites as well as the campus.

**Analyst Remarks to Narrative**

The country has not answered this question. Additional information is needed to assess the formal process medical schools use to collect and use information from students on the quality of courses and clerkships, which could include such measures as questionnaires, focus groups, or other structured data collection tools.

Additional Information Requested:

The NCFMEA may wish to request the country to provide clarity and additional information to address the requirements of this section.

**Staff Conclusion:**

Additional information Requested

**Country Response**

Apologies, answer provided in original submission was an error.

WFME standard 7.2 Teacher and student feedback states that 'both teacher and student feedback must be systematically sought, analysed and responded to'. The Quality standards also states 'Teachers and students should be actively involved in planning programme evaluation and in using its results for programme development.' This is then assessed as part of the accreditation process.

Sample reports of Medical Council accreditation visits enclosed, in particular, meetings with students. [Attachment C]

Template pre-visit questionnaire enclosed. [Attachment D]

**Analyst Remarks to Response**

In response to the draft analysis, the country explained the formal process to collect and use information from students on the quality of courses and clerkships. The WFME standard 7, specifically 7.2 (exhibit 5), adequately addresses the requirements of this question. This standard requires both the teacher and student to exchange feedback which is systematically analyzed and responded to. The standard also requires teacher and student engagement on the development and evaluation of the program. The country also provided a Medical Council accreditation site visit report (exhibit 3) demonstrating the review of the medical school against the WFME Global Standards and a blank template of the pre-site visit questionnaire (exhibit 4) that is completed by the medical school.

Department Staff accepts the agency's narrative and supporting documentation; however, the NCFMEA may still wish to request a completed pre-site visit questionnaire for review.

**Staff Conclusion:**

Additional Information requested

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**Student Services, Question 1****Country Narrative**

The WFME Standards provide the framework for the requirements for the provision of student services by medical schools. The standards place an emphasis on student support, particularly counselling, and the importance of monitoring a student's progress based on the social and personal needs of students. All students at medical schools in Ireland have access to medical staff, student counsellors, an international student officer, a disability officer and so on, depending on the needs of the student. This requirement for effective support applies to hospital sites as well as the campus. The Medical Council has published a Code of Conduct and Behaviour for medical students (A Foundation for the Future, Undergraduate Professionalism Guidelines – Appendix 9) in the event that a student is to be removed from a medical programme where it is deemed necessary by the medical school.

**Analyst Remarks to Narrative**

The WFME Standards, in particular 4.3 Student support and counseling (exhibit 5), provides the requirement for medical schools to provide student services. Specifically, the standard highlights the importance of counseling being provided based on monitoring of student progress and the needs of students. The country attests that medical students have access to medical staff, student counselors, etc. at all medical school sites. The Medical Council's Guide to Professionalism, exhibit 9, outlines the behavior expected of students. However, documentation demonstrating the evaluation of the aforementioned student service requirements has not been provided as evidence.

Additional Information Requested:

The NCFMEA may wish to request as evidence a copy of accreditation team on-site visit reports to review the assessment of a medical school relative to this guideline.

**Staff Conclusion:**

Additional information Requested

**Country Response**

The Accreditation Team interviews students from all stages of the curriculum and there is ample opportunity for them to describe the range and accessibility of services.

Sample reports of Medical Council accreditation visits enclosed.[Attachment C]

Template pre-visit questionnaire enclosed. [Attachment D]

**Analyst Remarks to Response**

In response to the draft staff analysis, the country provided a Medical Council accreditation site visit report (exhibit 3) to demonstrate the review of the medical school against the World Federation for Medical Education (WFME) Global Standards and a blank template of the pre-site visit questionnaire (exhibit 4) that is completed by the medical school.

Department Staff accepts the agency's supporting documentation; however, the NCFMEA may still wish to request a completed pre-site visit questionnaire for review of this guideline.

**Staff Conclusion:**

Additional Information requested

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**Student Services, Question 2****Country Narrative**

Students have access to their own academic records and universities and medical schools in Ireland fall under the Freedom of Information Act 2014 (Appendix 22) and the Data Protection Acts 1988 and 2003 (Appendix 23)

See <http://www.irishstatutebook.ie/eli/2014/act/30/enacted/en/html> and <https://www.dataprotection.ie/docs/Law-On-Data-Protection/m795.htm>

**Analyst Remarks to Narrative**

The country attests students have access to their academic records per the Freedom of Information Act 2014, exhibit 22 and the Data Protection Acts 1988 and 2003, exhibit 23.

Additional information requested:

The country must provide the actual document for the official record not the websites.

**Staff Conclusion:**

Additional information Requested

**Country Response**

Freedom of Information Act 2014 enclosed. [Attachment J]

Data Protection Acts 1988 and 2003 enclosed. [Attachment K]

**Analyst Remarks to Response**

In response to the draft staff analysis, the country provided the Freedom of Information Act of 2014 (exhibit 9) and the Data Protection Acts 1988 and 2003 (exhibit 10) documents, previously submitted as web links.

Department Staff accepts the agency's supporting documentation, and no additional information is requested at this time.

**Staff Conclusion:**

Comprehensive response provided

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**Student Complaints, Question 1**

**Country Narrative**

The Irish Universities Act, 1997 amended 2012 (Appendix 3), requires universities to have statutes governing the rights of students to make complaints, including appeal of examinations results. Each individual medical school therefore has its own complaints process. This would include a rechecking and appeals process in the event that an examination result is the subject of a complaint. The Medical Council accreditation processes evaluate the complaints systems that are in use by the university or school, and also provide an opportunity for students to raise complaints, confidentially, with the Medical Council assessors. Students may also engage with the National Ombudsman if they feel that their University has not met its obligations towards them with certain defined parameters.

**Analyst Remarks to Narrative**

The Universities Act, 1997 amended 2012, exhibit 3, requires universities to have statutes governing the rights of students to make complaints, however, this language was not highlighted in this section or specifically cited in the Act. Medical schools have their own individual complaint and appeals processes that the Medical Council accreditation team evaluates and even allows students to raise complaints, confidentially, with the Medical Council assessors. However, documentation demonstrating review of the medical schools student complaint process has not been provided as evidence.

Additional Information Requested:

The NCFMEA may wish to request as evidence a copy of accreditation team on-site visit reports to review the assessment of a medical school relative to this guideline. The NCFMEA may also wish to obtain clarity on the country's reference to the statutes governing complaints within the Universities Act of 1997 amended in 2012.

**Staff Conclusion:**

Additional information Requested

**Country Response**

Sample reports of Medical Council accreditation visits enclosed.[Attachment C] The Accreditation Team interviews students from all stages of the curriculum and there is ample opportunity for them to describe how complaints (if any) are dealt with. They are also asked about the mechanisms in place to make complaints and do they feel they can air any complaints. Issues raised by students are taken seriously and reported back to the Medical School and requested to follow up on the issue.

Template pre-visit questionnaire enclosed. [Attachment D]

**Analyst Remarks to Response**

In response to the draft staff analysis, the country provided a description of how students are handled during the accreditation process. However, clarity on the country's statutes governing complaints within the Universities Act of 1997 amended in 2012 was still not provided in the response. The country also provided a Medical Council accreditation site visit report (exhibit 3) to demonstrate the review of the medical school against the World Federation for Medical Education (WFME) Global Standards and a blank template of the pre-site visit questionnaire (exhibit 4) that is completed by the medical school.

Department Staff accepts the agency's supporting documentation; however, 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.

**Staff Conclusion:**

Additional Information requested

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**Student Complaints, Question 2**

**Country Narrative**

(a)The legislation in force restricts the Medical Council's formal powers to investigate complaints made against registered medical practitioners rather than organizations like medical schools. However, the Medical Council makes it clear to students that they can provide both positive and negative feedback during its evaluation process and these issues are then raised formally with the medical schools both in face to face meetings and in the report of the visit. The Council will monitor whether the complaints are addressed by the school.

(b) There is no provision in the legislation for dealing with such complaints. As stated earlier, each university and medical school has stated policies and processes to address student concerns. In addition, there is an option for students to engage with the Ombudsman once local measures have been exhausted and if there has not been a satisfactory resolution.

**Analyst Remarks to Narrative**

The Medical Council does not investigate complaints due to legislation restrictions. Students are allowed to provide both positive and negative feedback during accreditation reviews formally raising issue with the medical school in person, which is documented on the site visit report. The Council then monitors the status of the complaint with the school. However, documentation demonstrating review of the medical schools student complaint process has not been provided as evidence.

To answer question two, the country again attests that there is no provision in the legislation to handle complaints. Students may consult the Ombudsman if a complaint is not satisfied at the local level. The country also provided exhibits 22 and 23 in this section but does not reference or include their relevance in the narrative.

Additional Information Requested:

The NCFMEA may wish to request as evidence a copy of accreditation team on-site visit reports to review the handling of student complaints and clarity on the significance of exhibits 22 and 23 in this section. The NCFMEA may also want to ask the country to explain how it ensures student complaints are investigated thoroughly since it has no standards that medical schools must follow. The country should also explain if it has plans to develop standards to address this guideline.

**Staff Conclusion:**

Additional information Requested

**Country Response**

Apologies, exhibits 22 and 23 are not relevant to this question and must have been referenced in error here.

Sample reports of Medical Council accreditation visits enclosed.[Attachment C]

Template pre-visit questionnaire enclosed. [Attachment D]

Potential questions are discussed and agreed at the Accreditation Team pre-meeting, before the accreditation commences.

The Accreditation Team interviews students from all stages of the curriculum and there is ample opportunity for them to describe how complaints (if any) are dealt with. They are also asked about the mechanisms in place to make complaints and do they feel they can air any complaints.

When interviewing students as part of the accreditation visit, they are asked about the complaints process and whether complaints are adequately addressed.

**Analyst Remarks to Response**

In response to the draft staff analysis, the country provided a Medical Council accreditation site visit report (exhibit 3) to demonstrate the review of the medical school against the WFME Global Standards and address staff concerns. The country also explained that exhibits 22 and 23 were attached in error to the initial submission. Further, the country described student interviews during the accreditation process. Lastly, the country provided a blank template of the pre-site visit questionnaire (exhibit 4) which is to be completed by the medical school.

Department Staff accepts the agency's narrative and supporting documentation; however, the NCFMEA may still wish to request a completed pre-site visit questionnaire for review of this guideline.

**Staff Conclusion:**

Additional Information requested

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**Finances, Question 1****Country Narrative**

The Medical Council has no role in the funding of medical schools, other than to satisfy itself that resources are sufficient to deliver the programme. This engagement takes place under WFME Standard 8.3, Educational Budget and Resource Allocation. All six medical schools in Ireland are financed jointly by both state funding and private funding.

These are:

Royal College of Surgeons in Ireland  
University College Dublin  
University College Cork  
National University of Ireland, Galway  
University of Dublin, Trinity College  
University of Limerick

The separation between the funding mechanism as outlined above, and the role of the Medical Council as the regulatory body, means that the Medical Council can take an independent view on resource issues during its accreditation processes. In the event that the Medical Council felt that there were insufficient resources available to the medical school to deliver the educational programme, this feedback from Council would act as a powerful lever for the school to engage with its parent institution.

The Medical Council does not routinely seek access to the financial records of medical schools. It is a matter for the medical school and its parent university to determine the size and scope of the programme. The Medical Council, through application of WFME Standard 6 which relates to Educational Resources and Standard 8 which relates to Governance and Administration, evaluates the evidence provided by each medical school to determine issues such as appropriateness of resources.

**Analyst Remarks to Narrative**

Standard 8.3, Funding and resource allocation, of the WFME Standards (exhibit 5) is utilized as the review requirements for question 1, specifically, the standard requires a clear line of responsibility and authority for budgeting of training resources that is managed in a way that supports the mission and outcome objectives of the medical program. The country's Medical Council has no role in the funding of medical schools. The country's medical schools are funded by both state and private funding. The Medical Council acts in the regulatory capacity maintaining an independent view on issues involving resources during the accreditation review. If insufficient resources are available to the medical school, the Council provides independent feedback to the parent university about the delivery of the educational program.

The Medical Council evaluates medical schools based upon WFME Standard 6, Educational resources, and Standard 8, Governance and administration, for appropriateness of funds during the accreditation review, but does not routinely access medical school financial records. However, specific requirements for financial reviews are not included in these standards. Also, the medical school and the parent university determine size and scope of the program not the Medical Council. Documentation demonstrating the review of the aforementioned areas relating to finances has not been provided as evidence.

Additional Information Requested:

The NCFMEA may wish to request as evidence a copy of accreditation team on-site visit reports to review the assessment of a medical school relative to this guideline. The NCFMEA may also wish to request clarification regarding if there are any plans to establish requirements for accessing and reviewing finances of the medical schools.

**Staff Conclusion:**

Additional information Requested

**Country Response**

The Medical Council does not consider it appropriate or necessary to be overly prescriptive in this area. The Medical Council has adopted WFME European Specifications (2007) and will review these to take into account any amendments under WFME Global Specifications (2015). As these are global standards and considered to be best practice standards, the Medical Council does not deem it necessary to expand on these specifications.

Sample reports of Medical Council accreditation visits enclosed.[Attachment C]

Template pre-visit questionnaire enclosed. [Attachment D]

### **Analyst Remarks to Response**

In response to the draft staff analysis, the country explains that the Medical Council does not deem it necessary to expand on the World Federation for Medical Education (WFME) Global Specifications that the country has adopted for this guideline. The country also provided a Medical Council accreditation site visit report (exhibit 3) to demonstrate the review of the medical school against the WFME Global Standards and a blank template of the pre-site visit questionnaire (exhibit 4) that is completed by the medical school.

Department Staff accepts the agency's supporting documentation; however, 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.

### **Staff Conclusion:**

Additional Information requested

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### **Facilities, Question 1**

#### **Country Narrative**

The Medical Council stresses that the medical schools must meet WFME Standards for Educational Resources in this regard and that a high standard of facilities is necessary to deliver the programme both on the campus and at the clinical training sites. The same standards are expected irrespective of sources of funding (i.e. public or private) and all schools are judged in the same manner. The Medical Council would not accredit a school unless the school was assessed as having satisfactory facilities. The Accreditation Team inspects facilities during the accreditation visit.

#### **Analyst Remarks to Narrative**

WFME Standard 6, Educational Resources (exhibit 5), meets the requirements of this question, as it relates to facilities necessary to deliver the medical program at on and off campus sites. Specifically, this standard requires the medical school to have space and opportunities for practical and theoretical study and have access to adequate professional literature as well as equipment for training of practical techniques for students. Medical schools with unsatisfactory facilities are not accredited by the Medical Council. The Council's accreditation team inspects facilities during the on-site review. However, documentation demonstrating the review of the facilities of medical schools has not been provided as evidence.

Additional Information Requested:

The NCFMEA may wish to request as evidence a copy accreditation team on-site visit reports to review the assessment of a medical school relative to this guideline.

#### **Staff Conclusion:**

Additional information Requested

#### **Country Response**

Sample reports of Medical Council accreditation visits enclosed.[Attachment C]

Template pre-visit questionnaire enclosed. [Attachment D]

#### **Analyst Remarks to Response**

In response to the draft staff analysis, the country provided a Medical Council accreditation site visit report (exhibit 3) to demonstrate the review of the medical school against the World Federation for Medical Education (WFME) Global Standards and a blank template of the pre-site visit questionnaire (exhibit 4) that is completed by the medical school.

Department Staff accepts the agency's supporting documentation; however, the NCFMEA may still wish to request a completed pre-site visit questionnaire for review of this guideline.

#### **Staff Conclusion:**

Additional Information requested

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## **Facilities, Question 2**

### **Country Narrative**

The Medical Council stresses that the medical schools must meet WFME Standards for Educational Resources in this regard and that a high standard of facilities is necessary to deliver the programme both on the campus and at the clinical training sites. The same standards are expected irrespective of sources of funding (i.e. public or private) and all schools are judged in the same manner. The Medical Council would not accredit a school unless the school was assessed as having satisfactory facilities. The Accreditation Team inspects facilities during the accreditation visit.

### **Analyst Remarks to Narrative**

WFME Standard 6, Educational Resources (exhibit 5), meets the requirements of this question, as it relates to facilities necessary to deliver the medical program at on and off campus sites. Specifically, this standard requires the medical school to have space and opportunities for practical and theoretical study and have access to adequate professional literature as well as equipment for training of practical techniques for students. Medical schools with unsatisfactory facilities are not accredited by the Medical Council. The Council's accreditation team inspects facilities during the on-site review. However, documentation demonstrating the review of the facilities of medical schools has not been provided as evidence.

Additional Information Requested:

The NCFMEA may wish to request as evidence a copy accreditation team on-site visit reports to review the assessment of a medical school relative to this guideline.

### **Staff Conclusion:**

Additional information Requested

### **Country Response**

Sample reports of Medical Council accreditation visits enclosed.[Attachment C]

Template pre-visit questionnaire enclosed. [Attachment D]

### **Analyst Remarks to Response**

In response to the draft staff analysis, the country provided a Medical Council accreditation site visit report (exhibit 3) to demonstrate the review of the medical school against the World Federation for Medical Education (WFME) Global Standards and a blank template of the pre-site visit questionnaire (exhibit 4) that is completed by the medical school.

Department Staff accepts the agency's supporting documentation; however, the NCFMEA may still wish to request a completed pre-site visit questionnaire for review of this guideline.

### **Staff Conclusion:**

Additional Information requested

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## **Faculty, Question 1**

### **Country Narrative**

(a)The Medical Council does not specify the size of the faculty a medical school is required to have. However, the Medical Council, as part of its accreditation processes, ensures that the faculty size – including teaching, clinical and administrative staff at both senior and junior level - is sufficient to deliver the programme effectively. The WFME standards set a number of requirements relating to the balance of academic and non-academic staff, capacity and use of educational expertise. The relevant standards are 5.1, 5.2 and 6.5. It is a matter for medical schools initially to satisfy themselves that the size of the faculty is appropriate to the scope of the programme. It is the process by which medical schools reach this determination which is of most interest to the Medical Council, and which is the focus for engagement in this area. As stated previously, feedback from students and faculty provides a key source of feedback for Council in this area, as too are the observations of accreditation teams during physical site inspections.

(b) The Medical Council has no specific requirements in this area. However, as stated earlier, the clinical sites which support the delivery of undergraduate medical programmes operate within academic and training hubs which are aligned with each medical school and parent universities. Medical Council engagements in this area focus not only on the individual contributing clinical sites but also on the overall teaching and training experience in its totality. Student feedback during the course of accreditations provides a significant indication to the Medical Council when and if local shortfalls are identified at supporting sites. Shortfalls are then required to be addressed by the medical school as part of the accreditation outcome.

**Analyst Remarks to Narrative**

The Medical Council does not specify medical schools requirements for the size of its faculty, but reviews faculty as part of its accreditation processes as it relates to the sufficiency to deliver the program effectively, which includes the evaluation of the size of the teaching, clinical and administrative staff at both senior and junior levels. This review coincides with the WFME requirements in Standards 5, Continuing Professional Development (CPD), and 6, Educational context and resources (exhibit 5). Student and faculty feedback is critical in this area of review as well as observations of accreditation teams during physical site inspections. However, documentation demonstrating the review of the faculty at a medical school has not been provided as evidence.

The country attests for the second question to not having specific criteria for this requirement. The Medical Council's accreditation process of the medical schools includes visits to clinical training sites that are not on the university campus and applies the same WFME criteria during the visit to these sites. The reviews of these geographically separated clinical sites are part of the consistent evaluations of the medical school which are aligned with the academic and training facilities of the parent universities. The Medical Council utilizes student feedback on the shortfalls of these sites during the accreditation process. However, the country has not provided as evidence documentation of the review of the sites.

**Additional Information Requested:**

The NCFMEA may wish to request as evidence a copy of accreditation team on-site visit reports to review the assessment of a medical school relative to this guideline. The NCFMEA may also wish to request clarification regarding if there are any plans to establish requirements related to the size of the faculty, qualifications for appointment to the faculty, and the relationship between the instructional staff at remote sites and clinical locations and the medical school.

**Staff Conclusion:**

Additional information Requested

**Country Response**

The Medical Council does not consider it appropriate or necessary to be overly prescriptive in this area. The Medical Council has adopted WFME European Specifications (2007) and will review these to take into account any amendments under WFME Global Specifications (2015). As these are global standards and considered to be best practice standards, the Medical Council does not deem it necessary to expand on these specifications. Sample reports of Medical Council accreditation visits enclosed.[Attachment C]

**Analyst Remarks to Response**

In response to the draft staff analysis, the country explains that the Medical Council does not deem it necessary to expand on the World Federation for Medical Education (WFME) Global Specifications that the country has adopted for this guideline. The country also provided a Medical Council accreditation site visit report (exhibit 3) to demonstrate the review of the medical school against the WFME Global Standards and address staff concerns.

Department Staff accepts the agency's supporting documentation; however, the NCFMEA may still wish to request additional information on plans to implement the 2015 version of the WFME standards that address this guideline.

**Staff Conclusion:**

Additional Information requested

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**Faculty, Question 2****Country Narrative**

Although the Medical Council does not specify what may constitute a faculty conflict of interest between personal and professional interests, each university and medical school has regulations on this issue.

The Council itself also operates within the guidelines of the Ethics in Public Office Act 1995 (Appendix 12) and this would require that Medical Council member declare any situation which they believe could cause a conflict of interest in the execution of their duties with the Medical Council, including on individual accreditations.

**Analyst Remarks to Narrative**

The country's Medical Council does not define conflict of interest for faculty at medical schools, however each medical school has regulations on this issue. The country attests that the Medical Council does adhere to the Ethics in Public Office Act of 1995, exhibit 12, in situations of conflict of interest within the Council as they relate to accreditation concerns. The country has not provided as evidence documentation of the review of conflicts of interests.

Additional Information Requested:

The NCFMEA may wish to request as evidence a copy of accreditation team on-site visit reports to review the assessment of a medical school relative to this guideline. The NCFMEA may also wish to request clarification regarding if there are any plans to establish requirements related to conflict of interest by the faculty between personal and professional interests prevented.

**Staff Conclusion:**

Additional information Requested

**Country Response**

Sample reports of Medical Council accreditation visits enclosed.[Attachment C]

Template pre-visit questionnaire enclosed. [Attachment D]

The Medical Council does not consider it appropriate or necessary to be overly prescriptive in this area.

The Medical Council has adopted WFME European Specifications (2007) and will review these to take into account any amendments under WFME Global Specifications (2015). As these are global standards and considered to be best practice standards, the Medical Council does not deem it necessary to expand on these specifications.

**Analyst Remarks to Response**

In response to the draft staff analysis, the country explains that the Medical Council does not deem it necessary to expand on the World Federation for Medical Education (WFME) Global Specifications that the country has adopted for this guideline. The country also provided a Medical Council accreditation site visit report (exhibit 3) to demonstrate the review of the medical school against the WFME Global Standards and a blank template of the pre-site visit questionnaire (exhibit 4) that is completed by the medical school.

Department Staff accepts the agency's supporting documentation; however, 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.

**Staff Conclusion:**

Additional Information requested

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**Library**

**Country Narrative**

The Medical Council is not prescriptive in this area. However, the sufficiency of educational resources (WFME standards / Part 6) which includes physical facilities including libraries, is evaluated as part of the accreditation process. In addition, the Medical Council recommends that all medical students have access to on-line journals and that there is internet access available to students. The Medical Council is also very supportive of electronic learning platforms such as Moodle or Blackboard and Council always evaluates the electronic links between the medical school campus and the clinical training sites located geographically apart.

**Analyst Remarks to Narrative**

Standard 6, Educational resources, of the WFME standards (exhibit 5) meets the requirements of this question. The standard requires the learning environment for the students be improved by regular updating and extension of the facilities to match developments in educational practices, which includes the library. The Medical Council, is supportive of electronic learning platforms and evaluates the electronic linkages between the school campus and clinical sites during accreditation reviews, but does not prescribe specific requirements for this section. Documentation of this assessment by the accreditation review team has not been provided as evidence.

Additional Information Requested:

The NCFMEA may wish to request as evidence a copy of accreditation team on-site visit reports to review the assessment of a medical school relative to this guideline. The NCFMEA may also wish to request clarification regarding if there are any plans to establish requirements related to national standards related to the quality of a medical school's library.

**Staff Conclusion:**

Additional information Requested

**Country Response**

Sample reports of Medical Council accreditation visits enclosed.[Attachment C]

Template pre-visit questionnaire enclosed. [Attachment D]

The Medical Council has adopted WFME European Specifications (2007) and will review these to take into account any amendments under WFME Global Specifications (2015). As these are global standards and considered to be best practice standards, the Medical Council does not deem it necessary to expand on these specifications.

**Analyst Remarks to Response**

In response to the draft staff analysis, the country explains that the Medical Council does not deem it necessary to expand on the World Federation for Medical Education (WFME) Global Specifications that the country has adopted for this guideline. The country also provided a Medical Council accreditation site visit report (exhibit 3) to demonstrate the review of the medical school against the WFME Global Standards and a blank template of the pre-site visit questionnaire (exhibit 4) that is completed by the medical school.

Department Staff accepts the agency's supporting documentation; however, 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.

**Staff Conclusion:**

Additional Information requested

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**Clinical Teaching Facilities, Question 1****Country Narrative**

The Council encourages agreements and many are in place. There are also Memoranda of Understanding between the medical school and the clinical training sites. These Memoranda of Understanding may involve negotiation with the Health Service Executive (the body in Ireland responsible for the provision of publicly funded healthcare) as many of the clinical training sites fall under the auspices of the HSE. Details of these agreements are a matter for the medical schools but would normally include specifying the amount of hours contracted for teaching, the use of clinical and education space in the hospital for the purposes of clinical teaching, and the rights and responsibilities of student, hospital staff and Medical School staff. Agreements are typically approved by the senior management of the University and the Board of Management of the clinical site.

**Analyst Remarks to Narrative**

The country encourages affiliation agreements between medical schools and clinical sites but does not require affiliation agreements; in which Memoranda of Understanding are utilized with the involvement of the Health Service Executive and their clinical sites. The medical schools are responsible for the particulars of these agreements between the University and clinical site, which may include teaching hours, and the use of clinical and medical staff. However, documentation of affiliation agreements have not been provided as evidence.

Additional Information Requested:

The NCFMEA may wish to request as evidence a copy of medical school self-studies, and /or accreditation team on-site visit reports to assess the country's review of the medical school's requirements for clinical teaching facilities along with sample agreements or Memorandums of Understanding The NCFMEA may also wish to request clarification regarding if there are any plans to require affiliation agreements.

**Staff Conclusion:**

Additional information Requested

**Country Response**

Sample reports of Medical Council accreditation visits enclosed.[Attachment C]

Template pre-visit questionnaire enclosed. [Attachment D]

The Medical Council has adopted WFME European Specifications (2007) and will review these to take into account any amendments under WFME Global Specifications (2015). As these are global standards and considered to be best practice standards, the Medical Council does not deem it necessary to expand on these specifications.

## **Analyst Remarks to Response**

In response to the draft staff analysis, the country explains that the Medical Council does not deem it necessary to expand on the World Federation for Medical Education (WFME) Global Specifications that the country has adopted for this guideline. The country also provided a Medical Council accreditation site visit report (exhibit 3) to demonstrate the review of the medical school against the WFME Global Standards and a blank template of the pre-site visit questionnaire (exhibit 4) that is completed by the medical school.

Department Staff accepts the agency's supporting documentation; however, 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.

## **Staff Conclusion:**

Additional Information requested

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## **Onsite Review, Question 1**

### **Country Narrative**

The Medical Council, under the Medical Practitioners Act 2007, conducts site visits to a medical school prior to granting accreditation approval. Accreditation may be unconditional, conditional (with recommendations for improvement), or withheld. Furthermore, the Medical Council's policy is that full accreditation of a new programme is given only when the first cohort of students have graduated from the programme, because only then can a full assessment be made of the totality of all years of the programme and of its longer-term viability. Until such time as full accreditation is given, provisional accreditation is given.

Each accreditation visit consists of a private meeting of the Medical Council team, a meeting with the medical school staff, a visit to the educational facilities (including lecture theatres, small rooms, libraries etc), a review of the information and communication technology infrastructure.

A major part of each accreditation visit is a private meeting with student representatives of each year of the medical programme who are randomly selected to meet with the team and are assured that their comments will not be attributable in the final report. The Medical Council also meets, in private, with medical students and interns at the clinical training sites and again, this forms a major part in the production of the reporting process.

The standards are set by the Medical Council as the independent regulatory body, and it makes the decision about accreditation or otherwise in consultation with the Minister for Health and Children.

Each site visit includes a review of the school's admission process, the curriculum, the facilities and the academic support services available to students is included in the evaluation, as these are components of the WFME Standards which are used by the Council. A draft report is generated by the Medical Council after the visit, sent to the medical school for factual correction, and then sent to the Professional Development Committee for approval, before being ratified by the Medical Council. The final report is then sent to the medical school with a recommendation for a revisit within a specified period of time. The Medical Council monitors the extent to which its recommendations have been implemented.

### Attached Documentation

Appendix 13: Information for Assessors

Appendix 14: Information for Medical Schools

Appendix 15: World Federation for Medical Education Questionnaire

## **Analyst Remarks to Narrative**

The country attests that the Medical Council (Council) conducts on-site visits to medical schools prior to granting accreditation approval, which is required under the Medical Practitioners Act 2007, exhibit 2. The Council review includes an evaluation of the medical program against the WFME standards (exhibit 5), through a questionnaire (exhibit 15), the World Federation for Medical Education Questionnaire, completed by the medical school, reflecting the customized standards.

The country included the information requirements for the medical schools to submit for review by the accreditation review team, prior to the visit, which includes the required questions of this section to be answered, reviewed and followed up with during the review. The on-site visit then includes a review of the medical school's responses to questions referencing the school's admission

process, curriculum, facilities and the academic support services available to students, which are questions included in the WFME questionnaire. The country provides provisional and full accreditation to medical schools.

Accreditation on-site visits conducted by the assessors consists of meetings with accreditation review team members and medical school staff, visits to the educational facilities (including lecture theatres, small rooms, libraries etc), meetings with students, and a review of the information and communication technology infrastructure. Once the on-site visit has been completed with its findings/recommendations, a draft report is generated by the accreditation review team, reviewed by the medical school for factual correction, reviewed and approved by the Professional Development Committee, and then ratified by the Medical Council. Once the levels of review have been completed, the final report is sent to the medical school with a recommendation for a revisit within a specified period of time for the Medical Council to monitor the extent to which its recommendations have been implemented by the medical school. The Medical Council, as the independent regulatory body, accreditation decisions are made in consultation with the Minister for Health and Children. However documentation of completed WFME questionnaires from medical schools, medical school self-studies, and on-site visit reports, has not been provided as documentation for application of the on-site review process.

Additional Information Requested:

The NCFMEA may wish to request a copy of medical schools completed World Federation for Medical Education Questionnaire and accreditation team on-site visit reports as evidence to review documentation of the application of the on-site review process. The NCFMEA may also wish to request clarity on the role of the Professional Development Committee in accreditation approvals.

#### **Staff Conclusion:**

Additional information Requested

#### **Country Response**

Sample reports of Medical Council accreditation visits enclosed.[Attachment C]

Template pre-visit questionnaire enclosed. [Attachment D]

Terms of Reference of the Medical Council's Education Training and Professional Development Committee enclosed. [Attachment M]

#### **Analyst Remarks to Response**

In response to the draft staff analysis, the country provided a Medical Council accreditation site visit report (exhibit 3) to demonstrate the review of the medical school against the World Federation for Medical Education (WFME) Global Standards, a blank template of the pre-site visit questionnaire (exhibit 4) that is to be completed by the medical school and the Terms of Reference of the Medical Council's Education Training and Professional Development Committee established in June 2013.

Department Staff accepts the agency's supporting documentation; however, the NCFMEA may still wish to request a completed pre-site visit questionnaire for review of this guideline.

#### **Staff Conclusion:**

Additional Information requested

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### **Onsite Review, Question 2**

#### **Country Narrative**

The site visit encompasses all the elements cited above. The Medical Council also evaluates the links between the clinical training facilities and the university or medical school campus in order to ensure that students not on the main campus remain an integral part of the university or school. All of these inspections are conducted using the WFME Standards guidelines.

In addition to using the WFME standards as its benchmark, the Medical Council's processes conform to the best practice in accreditation processes, as contained in the WHO/WFME Guidelines for Accreditation of Basic Medical Education (2005)(Appendix 16). Supporting documentation relating to accreditation and inspection processes are appended to this submission.

#### **Analyst Remarks to Narrative**

The country attests that the on-site visits conducted by the Medical Council accreditation team encompasses the review of core clinical clerkship sites affiliated with the medical schools through meetings with accreditation review team members and medical school staff, visits to the educational facilities (including lecture theatres, small rooms, libraries etc), meetings with students, and a review of the information and communication technology infrastructure. Evaluation and inspections of linkages between the clinical training facilities and the university or medical school campus are done by the Medical Council per the WFME Standards (exhibit 5) to ensure that students not on the main campus remain an integral part of the university or school. The Medical Council's processes utilize the WHO/WFME Guidelines for Accreditation of Basic Medical Education (2005), exhibit 16, as supporting documentation

relating to accreditation and inspection. However, documentation of this review of the on-site review process has not been provided as evidence.

Additional Information Requested:

The NCFMEA may wish to request as evidence a copy of accreditation team on-site visit reports to assess the country's review of the on-site review process.

**Staff Conclusion:**

Additional information Requested

**Country Response**

Sample reports of Medical Council accreditation visits enclosed.[Attachment C]

Template pre-visit questionnaire enclosed. [Attachment D]

**Analyst Remarks to Response**

In response to the draft staff analysis, the country provided a Medical Council accreditation site visit report (exhibit 3) to demonstrate the review of the medical school against the World Federation for Medical Education (WFME) Global Standards and a blank template of the pre-site visit questionnaire (exhibit 4) that is completed by the medical school.

Department Staff accepts the agency's supporting documentation; however, the NCFMEA may still wish to request a completed pre-site visit questionnaire for review of this guideline.

**Staff Conclusion:**

Additional Information requested

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**Onsite Review, Question 3**

**Country Narrative**

(i) The Medical Council, under the Medical Practitioners Act 2007, conducts site visits to a medical school prior to granting accreditation approval. Accreditation may be unconditional, conditional (with recommendations for improvement), or withheld. Furthermore, the Medical Council's policy is that full accreditation of a new programme is given only when the first cohort of students have graduated from the programme, because only then can a full assessment be made of the totality of all years of the programme and of its longer-term viability. Until such time as full accreditation is given, provisional accreditation is given.

(ii) Each medical school accredited by the Medical Council is visited during the 5-year accreditation period.

(iii) see (i) above

**Analyst Remarks to Narrative**

The country attests for (i) and (iii) that under the Medical Practitioners Act 2007 (exhibit 2), the Medical Council conducts site visits to medical schools prior to granting unconditional, conditional, or withholding accreditation approval. New medical school programs receive provisional accreditation by the Medical Council pending graduation of the first cohort of students; then a full assessment is made of the totality of all years of the program, including its long-term viability, for full accreditation approval.

The country further attests for (ii) that each fully accredited medical school is visited during the five year accreditation cycle by the Medical Council. However, documentation of completed medical school on-site reviews has not been provided as evidence.

Additional Information Requested:

The NCFMEA may wish to request as evidence a copy of accreditation team on-site visit reports to review the assessment of a medical school relative to this guideline.

**Staff Conclusion:**

Additional information Requested

**Country Response**

Sample reports of Medical Council accreditation visits enclosed.[Attachment C]

MEDICAL EDUCATION, TRAINING AND PRACTICE IN IRELAND 2008-2013 - A PROGRESS REPORT is enclosed. [Attachment N]

Template pre-visit questionnaire enclosed. [Attachment D]

**Analyst Remarks to Response**

In response to the draft staff analysis, the country provided a Medical Council accreditation site visit report (exhibit 3) to demonstrate the review of the medical school against the World Federation for Medical Education (WFME) Global Standards, a blank template of

the pre-site visit questionnaire (exhibit 4) that is to be completed by the medical school and a medical education training and practice progress report.

Department Staff accepts the agency's supporting documentation; however, the NCFMEA may still wish to request a completed pre-site visit questionnaire for review of this guideline.

**Staff Conclusion:**

Additional Information requested

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**Onsite Review, Question 4**

**Country Narrative**

Training sites generally have an academic linkage with the medical schools via the operation of educational hubs in Ireland. These educational hubs operate within the six hospital groups in Ireland, with each of the six medical schools located within a single hospital group. The relationships and specific arrangements between clinical sites and medical schools are explored during the accreditation process, but the Medical Council is not prescriptive regarding the format of arrangements between sites and schools.

**Analyst Remarks to Narrative**

The country attests that the country's six medical schools have training sites with an academic linkage operating within the six hospital groups in the country. The Medical Council does not prescribe a format for arrangements between sites and schools, but does explore the relationships and specific arrangements between clinical sites and medical schools during the accreditation process. However, documentation of the clinical sites and medical school arrangements and the review of such arrangements during the on-site review process has not been provided as evidence.

**Additional Information Requested**

The NCFMEA may wish to request as evidence a copy of accreditation team on-site visit reports and/or agreements between clinical sites and medical schools to assess the country's requirements for the on-site review process. The NCFMEA may also wish to request clarification regarding if there are any plans to establish standards to fully address this guideline.

**Staff Conclusion:**

Additional information Requested

**Country Response**

Sample reports of Medical Council accreditation visits enclosed.[Attachment C]

Template pre-visit questionnaire enclosed. [Attachment D]

The Medical Council has adopted WFME European Specifications (2007) and will review these to take into account any amendments under WFME Global Specifications (2015). As these are global standards and considered to be best practice standards, the Medical Council does not deem it necessary to expand on these specifications.

**Analyst Remarks to Response**

In response to the draft staff analysis, the country explains that the Medical Council does not deem it necessary to expand on the World Federation for Medical Education (WFME) Global Specifications that the country has adopted for this guideline. The country also provided a Medical Council accreditation site visit report (exhibit 3) to demonstrate the review of the medical school against the WFME Global Standards and a blank template of the pre-site visit questionnaire (exhibit 4) that is completed by the medical school.

Department Staff accepts the agency's supporting documentation; however, 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.

**Staff Conclusion:**

Additional Information requested

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**Onsite Review, Question 5**

## Country Narrative

Medical schools and medical programmes based outside Ireland that award, or intend to award, an Irish undergraduate medical degree have also undergone an accreditation process by Council, as detailed throughout the submission. These bodies and programmes, and their accreditation status are shown below:

- Penang Medical College linked with RCSI and UCD; body and programme fully approved
- Perdana University - Royal College of Surgeons; body and programme approved with conditions
- RCSI-Bahrain; body and programme fully approved

Allianze University College of Medical Sciences linked with NUIG and UCC was approved with conditions in 2013. However, the termination of the Allianze link with NUIG and UCC means that the Medical Council will no longer undertake accreditation of this body and programme: approval has lapsed and will not be renewed.

## Analyst Remarks to Narrative

The country attests that medical schools and medical programs based outside of Ireland with intentions of awarding an Irish undergraduate medical degree has undergone an accreditation process review by the Medical Council. The country also listed the accreditation status of the bodies and programs meeting this classification. However, the country does not include a standard requiring the aforementioned requirement, nor documentation demonstrating the on-site accreditation review process has not been provided as evidence.

Additional Information Requested:

The NCFMEA may wish to request as evidence a copy of accreditation team on-site visit reports of these bodies and programs for these criteria to ensure the requirements are met. The NCFMEA may also wish to request clarification regarding if there are any plans to establish standards to fully address this guideline..

## Staff Conclusion:

Additional information Requested

## Country Response

Report of Medical Council accreditation visit to Penang Medical College enclosed. [Attachment O]

Template pre-visit questionnaire enclosed. [Attachment D]

The Medical Council has adopted WFME European Specifications (2007) and will review these to take into account any amendments under WFME Global Specifications (2015). As these are global standards and considered to be best practice standards, the Medical Council does not deem it necessary to expand on these specifications.

## Analyst Remarks to Response

In response to the draft staff analysis, the country explains that the Medical Council does not deem it necessary to expand on the World Federation for Medical Education (WFME) Global Specifications that the country has adopted for this guideline. The country also provided a Medical Council accreditation site visit report of a medical program outside of the country that awards an Irish undergraduate medical degree (exhibit 13) to demonstrate the review of the medical school against the WFME Global Standards for programs and a blank template of the pre-site visit questionnaire (exhibit 4) that is completed by the medical school.

Department Staff accepts the agency's supporting documentation; however, the 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.

## Staff Conclusion:

Additional Information requested

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## Qualifications of Evaluators, Decision-makers, Policy-makers

### Country Narrative

The Medical Council utilises Medical Council members with expertise in a wide range of areas. In addition, the Medical Council accreditation process always includes external experts who are not linked to the Medical Council and therefore strengthen the process. The Council has, for example, utilised members from the WFME, from Canadian accreditation bodies and from the General Medical Council (UK) Education and Training Committee. Members of patient focus groups have also represented the public interest.

Each accreditation team comprises a Chair of the Team, registered medical practitioners who are members of Council, non-medical members, at least one external assessor and at least one member of the Medical Council staff who takes contemporaneous notes

during the day in preparation for the report. The accreditation team members have attended a Medical Council Education Day and have been given an overview of the accreditation process and the expectations of them as assessment team members.

The medical schools are required to complete a questionnaire based on the WFME Standards and accreditation team members are provided with a copy of all the documentation received from the relevant medical school.

#### Accreditation Assessor Panel

In all accreditation activity, the main purpose of the assessment is for the Medical Council to determine if there is compliance with the standards which have been set down by Council. Assessors play a central role in this crucial activity.

Teams normally comprise a combination of medically qualified members of the Medical Council; non-medical members of the Medical Council; and external assessors. The external assessors have expertise in medical education and/or training and/or quality assurance, or represent the public interest. At least one assessor will normally be from outside the jurisdiction. Each Team has a Chairperson, normally a member of the Medical Council.

To be appointed, assessors must demonstrate the following competencies:

- Awareness and comprehension - Knowledge and understanding of healthcare systems and/or healthcare education in Ireland or in another jurisdiction; knowledge and understanding of regulation and quality assurance in Ireland or in another jurisdiction; knowledge and understanding of third-level education in Ireland or in another jurisdiction
- Analytical skills - Effective information-handling, understanding and absorbing complex information, making decisions based on evidence and logic, on the basis of Council standards
- Professionalism - Adhering to high personal ethical standards, prioritising patient safety, maintaining confidentiality, impartiality and objectivity, being enthusiastic, motivated and committed
- Interpersonal and communication skills - Team-working and collaborating, working constructively and respecting the views and contribution of others, interacting effectively with stakeholders and consumers, communicating effectively and courteously
- Chairing ability (if an assessor wishes to be considered to chair an accreditation team) - Team leadership qualities and chairing experience: Candidates for the position of Chair must have previous experience in Medical Council accreditation (i.e. they must have been a member of Medical Council Accreditation Teams prior to chairing an accreditation).

See <http://www.medicalcouncil.ie/Education/Career-Stage-Undergraduate/Quality-Assurance/Accreditation-Assessor-Panel/> for further information

Appendix 17: Slides from Medical Council Education Day

Appendix 18: Role of the Chairman

#### **Analyst Remarks to Narrative**

The country attest that each accreditation team is comprised of the following: a Chair of the Team (roles defined in exhibit 18), registered medical practitioners who are members of the Medical Council, non-medical members, at least one external assessor and at least one member of the Medical Council staff who takes notes for the on-site visit report.

The accreditation team members are trained at the Medical Council Education Day (exhibit 17) with an overview of the accreditation process and the expectations of assessment by team members. During the accreditation review, medical schools are required to complete a questionnaire based on the WFME Standards (exhibit 15) and provide a copy of all documentation relevant to the medical school accreditation review. However, completed WFME questionnaires and relevant medical school documents have not been provided as evidence.

The country also provides the composition of the accreditation assessor panel. This panel is involved in accreditation activities, consisting of teams comprised of a combination of medically qualified members of the Medical Council (usually the Chair); non-medical members of the Medical Council; and external assessors with expertise in medical education and/or training and/or quality assurance, or represent the public interest. However, the roles of the panel and the accreditation review team are not distinguished in the narrative and it is not made clear if they are separate in the review process.

Further, the country's Medical Council requires appointed accreditation team assessors to demonstrate the following five competencies: awareness and comprehension, analytical skills, professionalism, interpersonal and communication skills, and chairing ability which are defined in the country narrative.

However, the country does not include the standards affiliated with 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. Also, documentation demonstrating the review of the aforementioned guidelines has not been provided as evidence.

Additional Information Requested:

The NCFMEA may wish to request as evidence a copy of medical school accreditation team on-site visit reports to review the

assessment of a medical school relative to this guideline. The NCFMEA may also wish to obtain clarity and/or a distinction of roles for the accreditation assessor panel and the accreditation review team along with plans to adopt standards to fully address these guidelines.

**Staff Conclusion:**

Additional information Requested

**Country Response**

Sample reports of Medical Council accreditation visits enclosed.[Attachment C]

Template pre-visit questionnaire enclosed. [Attachment D]

The Accreditation Assessor Panel is a pool from which we draw together an accreditation team for a specific accreditation visit. As stated in our submission, Accreditation Teams normally comprise a combination of medically qualified members of the Medical Council; non-medical members of the Medical Council; and external assessors. The external assessors have expertise in medical education and/or training and/or quality assurance, or represent the public interest. At least one assessor will normally be from outside the jurisdiction. Each Team has a Chairperson, normally a member of the Medical Council.

To be appointed, assessors must demonstrate the following competencies:

- Awareness and comprehension - Knowledge and understanding of healthcare systems and/or healthcare education in Ireland or in another jurisdiction; knowledge and understanding of regulation and quality assurance in Ireland or in another jurisdiction; knowledge and understanding of third-level education in Ireland or in another jurisdiction
- Analytical skills - Effective information-handling, understanding and absorbing complex information, making decisions based on evidence and logic, on the basis of Council standards
- Professionalism - Adhering to high personal ethical standards, prioritising patient safety, maintaining confidentiality, impartiality and objectivity, being enthusiastic, motivated and committed
- Interpersonal and communication skills - Team-working and collaborating, working constructively and respecting the views and contribution of others, interacting effectively with stakeholders and consumers, communicating effectively and courteously
- Chairing ability (if an assessor wishes to be considered to chair an accreditation team) - Team leadership qualities and chairing experience: Candidates for the position of Chair must have previous experience in Medical Council accreditation (i.e. they must have been a member of Medical Council Accreditation Teams prior to chairing an accreditation).

Sample Biographies from Accreditation Panel Members attached [Attachment S]

Report on the External Review of Medical Council current procedures for accreditation of medical education and training enclosed in confidence. [Attachment B]. Action plan in response to report is being devised and includes further development of assessor panel. The Medical Council has adopted WFME European Specifications (2007) and will review these to take into account any amendments under WFME Global Specifications (2015). As these are global standards and considered to be best practice standards, the Medical Council does not deem it necessary to expand on these specifications.

**Analyst Remarks to Response**

In response to the draft staff analysis, the country explains that the Medical Council does not deem it necessary to expand on the World Federation for Medical Education (WFME) Global Specifications that the country has adopted for this guideline. The country provides clarity on the roles of the Accreditation Assessor Panel and the Accreditation Teams, whereas the panel is a pool from which an accreditation team for a specific accreditation visit is drawn. Biographical sketches are included for the review of the expertise of the participants (exhibit 15).

The country also provided a Medical Council accreditation site visit report (exhibit 3) to demonstrate the review of the medical school against the WFME Global Standards, a blank template of the pre-site visit questionnaire (exhibit 4) that is to be completed by the medical school and the report on the external review of the accreditation processes (exhibit 2), however, the action plan is incomplete.

Department Staff accepts the agency's narrative and supporting documentation; however, 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, along with the completed action plan from the external accreditation report.

**Staff Conclusion:**

Additional Information requested

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**Re-evaluation and Monitoring, Question 1**

**Country Narrative**

The Medical Council undertakes accreditation visits and monitoring visits. Generally, all primary medical programmes in Ireland are accredited for a period of five years. Annual returns (Appendix 19) are submitted to review progress on recommendations made and interim monitoring visits are made, if deemed necessary..

The accreditation status of undergraduate bodies and programmes in Ireland:

Six bodies deliver undergraduate medical education and training in Ireland. Between them, they provide nine undergraduate medical education and training programmes in Ireland.

They are:

- University College Cork (UCC): Direct entry programme for students entering from second-level education, and graduate entry programme for students entering from third-level education
- University College Dublin (UCD): Direct entry programme and graduate entry programme
- National University of Ireland, Galway (NUIG): Direct entry programme
- Royal College of Surgeons in Ireland (RCSI): Direct entry programme and graduate entry programme
- University of Dublin, Trinity College: Direct entry programme
- University of Limerick: Graduate entry programme.

All six bodies and nine programmes are fully approved: that is, they are approved without any conditions being attached.

The Medical Council will continue to monitor the bodies and programmes that are approved.

Medical schools and medical programmes based outside Ireland that award, or intend to award, an Irish undergraduate medical degree have also undergone an accreditation process by Council. These bodies and programmes, and their accreditation status are shown below:

- Penang Medical College, linked with RCSI and UCD; body and programme fully approved
- Perdana University Royal College of Surgeons; body and programme approved with conditions.
- RCSI Medical University Bahrain; body and programme approved

The interval between monitoring visits varies. In cases where significant new appointments are being made, or where new facilities are coming on stream, monitoring visits may take place, particularly in new, provisionally accredited programmes

### **Analyst Remarks to Narrative**

The country attests that medical programs are accredited for a period of five years. With that said, the country's Medical Council conducts accreditation visits for new (provisionally accredited) medical schools and monitoring visits for fully accredited schools to review progress of previous recommendations or based upon results of the Annual return (template exhibit 19) submitted by the school. However, the country does not include a standard requiring the aforementioned requirement, nor documentation demonstrating the on-site accreditation review process has not been provided as evidence.

The accreditation status of undergraduate bodies and programs within and outside of the country were provided in the narrative. However, the country did not identify the frequency of monitoring visits to the medical schools within the five years of the accreditation cycle.

Additional Information Requested:

The NCFMEA may wish to request as evidence a copy of a completed Annual return form from a medical school and accreditation team on-site visit reports to assess the review of re-evaluation and monitoring requirements. The NCFMEA may also wish to obtain clarity on the frequency of monitoring visits to the medical schools within the five year accreditation cycle and the standards required for the aforementioned guidelines.

### **Staff Conclusion:**

Additional information Requested

### **Country Response**

Template pre-visit questionnaire enclosed. [Attachment D.]

Monitoring visits are on a case by case basis and not standard practice at present. See initial response. In recent times, the Medical Council has undertaken monitoring visits to UCC and NUIG (2015); and UL (2013). Sample report of NUIG monitoring visit enclosed. [Attachment Q]

### **Analyst Remarks to Response**

In response to the draft staff analysis, the country provided an explanation on the timeframe in which a monitoring visit is conducted which is on a case by case basis. The country included a monitoring visit report (exhibit 14) demonstrating the review of the WFME standards. The country also provided a blank template of the pre-site visit questionnaire (exhibit 4) that is to be completed by the medical school. An Annual Return was not included in the response.

Department Staff accepts the agency's supporting documentation; however, the NCFMEA may still wish to request a completed pre-site visit questionnaire and an annual return for review.

### **Staff Conclusion:**

Additional Information requested

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## **Re-evaluation and Monitoring, Question 2**

### **Country Narrative**

Each medical school is obliged to engage in an annual return process with the Medical Council following approval (Appendix 19). The annual return process comprises a number of sections including progress against accreditation conditions/recommendations, quantitative data regarding faculty and student numbers and progression, and qualitative data in the form of a SWOT (Strengths Weaknesses Opportunities Threats) analysis. Analysis of annual returns takes place at committee level within the Medical Council. This analysis has the capacity to trigger a re-visit to a medical school if concerns arise.

### **Analyst Remarks to Narrative**

The country does not specifically reference the review or handling of student complaints, however the country's Medical Council reviews the Annual return (template exhibit 19) from the medical school which includes sections on the progress of accreditation conditions/recommendations. Other sections of the Annual return reviews data regarding faculty, students, and SWOT (Strengths Weaknesses Opportunities Threats). The Annual return analysis may trigger a re-visit to a medical school. However, the standard requiring the aforementioned requirement and the documentation of a completed Annual return has not been provided as evidence. The country also provided exhibit 9, the Guide to Undergraduate Professionalism, as evidence but does not reference or include its relevance to this section in the narrative.

Additional Information Requested:

The NCFMEA may wish to request as evidence a completed Annual return and accreditation team on-site visit reports to review the assessment of a medical school relative to this guideline. The NCFMEA may also wish to obtain clarity on adoption of standards required for the aforementioned guidelines and the evaluation and review of student complaints per the monitoring process, in addition to the significance of exhibit 9 in this section.

### **Staff Conclusion:**

Additional information Requested

### **Country Response**

Template pre-visit questionnaire enclosed. [Attachment D.]

Sample report of monitoring visit enclosed. [Attachment Q]

Apologies, Exhibit 9 attached to the initial question appears to be an error and should be disregarded for this question.

### **Analyst Remarks to Response**

In response to the draft staff analysis, the country provided a monitoring visit report (exhibit 14) to demonstrate the periodic review of the WFME Global Standards; correction to the initial submission; and a blank template of the pre-site visit questionnaire (exhibit 4) that is to be completed by the medical school. The country acknowledges that exhibit 9 was submitted in error with the initial submission.

Department Staff accepts the agency's narrative and supporting documentation; however, the NCFMEA may still wish to request a completed pre-site visit questionnaire for review of this guideline.

### **Staff Conclusion:**

Additional Information requested

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## **Substantive Change**

### **Country Narrative**

In the event that a medical school wants to make a substantive change to its education programme or some other aspect of the medical school, it would have to notify the Medical Council in writing, outlining the nature of the proposed change. This would normally result in a Medical Council assessment of the documentation, followed by a re-visit to the medical school, to assess the impact of the change where appropriate. The Medical Council is represented on all the major national bodies involved in medical education – e.g. the Council of Deans and the Student and Trainee Consultative Panel - and is therefore in a position to contribute to changes and address challenges at national level.

### **Analyst Remarks to Narrative**

The Medical Council (Council) handles substantive change request received by medical schools in writing that outline the nature of the proposed change. Review of a substantive change request includes the Council's assessment of the documentation, followed by a re-visit to the medical school to assess the impact of the change. However, the standard related to substantive change and documentation of substantive change requests along with their review has not been provided as evidence.

**Additional Information Requested:**

The NCFMEA may wish to request as evidence substantive change requests, the review of the request and accreditation team on-site visit reports to review the assessment of a medical school relative to this guideline. The NCFMEA may also wish to request clarification regarding if there are any plans to establish standards for substantive changes.

**Staff Conclusion:**

Additional information Requested

**Country Response**

The Medical Council has adopted WFME European Specifications (2007) and will review these to take into account any amendments under WFME Global Specifications (2015). As these are global standards and considered to be best practice standards, the Medical Council does not deem it necessary to expand on these specifications.

**Analyst Remarks to Response**

In response to the draft staff analysis, the country explains that the Medical Council does not deem it necessary to expand on the World Federation for Medical Education (WFME) Global Specifications that the country has adopted for this guideline. The country has also not provided evidence of substantive change requests and the review of such requests.

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.

**Staff Conclusion:**

Additional Information requested

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**Conflicts of Interest, Inconsistent Application of Standards, Question 1**

**Country Narrative**

As mentioned, the Medical Council operates within the guidelines of the Ethics in Public Office Act 1995 and this would require that a Medical Council member declares any situation which they believe could cause a conflict of interest in the execution of their duties with the Medical Council. Where an accreditation team member has declared a possible conflict of interest, the President of the Medical Council determines whether or not that member should participate in the visit to a specific medical school if he/she believes that it may prevent the member from making an objective decision. In addition, there are internal Medical Council corporate governance documents and the Medical Council reiterates these principles regularly. In practice, members have excused themselves from medical school visits where they believe they may have a conflict of interest.

The Medical Council has also prepared conflicts of interest guidance for external assessors (Appendix 20) who are being considered for the make-up of accreditation teams. This guidance helps the Medical Council Executive, and assessors themselves, to identify whether a material bias exists which might potentially compromise their impartiality during the accreditation process.

**Analyst Remarks to Narrative**

The Medical Council members for matters of accreditation adhere to the internal procedures and guidelines of the Ethics in Public Office Act 1995 (exhibit 12) which requires disclosure by members of any situation which they believe could cause a conflict of interest in the execution of their duties with the Medical Council. The President of the Medical Council determines whether or not a member of the accreditation review team should participate in an on-site visit to a specific medical school if he/she has a potential conflict that may prevent the member from making an objective decision. Members excuse themselves from medical school site visits in which conflict of interests' exists. The Medical Council provided exhibit 20, Education and training guidance for assessors on conflict of interest, which is guidance for potential accreditation team members, and assists the Medical Council Executive and assessors in identifying whether a material bias exists, which may cause a conflict during the accreditation process.

**Staff Conclusion:**

Comprehensive Response Provided

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## **Conflicts of Interest, Inconsistent Application of Standards, Question 2**

### **Country Narrative**

The Medical Council uses the WFME Standards for the accreditation of all medical school visits. It also follows clearly defined processes in all its accreditation activity. This ensures consistency in setting and monitoring standards. As previously mentioned, the Medical Council has recently commissioned an external review of its accreditation processes. This review has been completed and at the date of submission, is being considered by the Medical Council Executive and timelines for implementation are being established. The need to apply standards consistently is an underlying principle of regulation, and the Medical Council is committed to ensuring that this principle is supported in practice.

### **Analyst Remarks to Narrative**

The Medical Council uses the WFME Standards (exhibit 5) for accreditation review of all medical schools which includes defined accreditation activities. However, the specific standards and the activities defined in these standards has not been included in the narrative nor has documentation from an on-site visit been provided as evidence to review these activities.

The Medical Council also provided documentation of an external review quote for the review of its accreditation practices conducted recently to ensure consistent application of standards, which is an underlying principle of regulation for the Medical Council. Data/documentation from this review was unavailable at the time of submission.

Additional Information Requested:

The NCFMEA may wish to request as evidence a copy of accreditation team on-site visit reports to review the assessment of a medical school relative to this guideline along with clarity of standards required for this guideline. In addition, the narrative states that the data for an external review of accreditation practices was not available at the time of the submission of the draft. The NCFMEA may also wish to inquire on the status of this submission.

### **Staff Conclusion:**

Additional information Requested

### **Country Response**

Sample reports of Medical Council accreditation visits enclosed.[Attachment C]

Template pre-visit questionnaire enclosed. [Attachment D]

Report on the External Review of Medical Council current procedures for accreditation of medical education and training enclosed in confidence. [Attachment B]. Action plan in response to report being devised.

### **Analyst Remarks to Response**

In response to the draft staff analysis, the country provided a Medical Council accreditation site visit report (exhibit 3) to demonstrate the review of the medical school against the World Federation for Medical Education (WFME) Global Standards and a blank template of the pre-site visit questionnaire (exhibit 4) that is to be completed by the medical school. The country also provided a copy of a report from an external review of the accreditation process (exhibit 2) which suggested a review of current standards along with the creation of an action plan.

Department Staff accepts the agency's supporting documentation; however, 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.

### **Staff Conclusion:**

Additional Information requested

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## **Accrediting/Approval Decisions, Question 1**

### **Country Narrative**

The Medical Council uses the WFME Standards for the accreditation of all medical school visits. The assessors and medical schools receive information on what standards are to be achieved and members of the teams are aware of the stipulation that further approval and ratification by the Education, Training and Professional Development Committee and Medical Council is required prior to final approval.

These standards have also informed the template questionnaire we use for the annual returns process which, as stated, can initiate a medical school inspection if analysis of the returns highlights potential concerns.

### **Analyst Remarks to Narrative**

The Medical Council uses the WFME Standards (exhibit 5) for accreditation review of all medical schools. The medical schools receive information to submit on the standards to be met prior to the review and the assessors are informed of the approvals required by the Medical Council and the Education, Training and Professional Development Committee for accreditation visits. However, documentation of the specific standards, accreditation review of these standards and the role of the Education, Training and Professional Development Committee has not been explained in the narrative or provided as evidence.

The country's Medical Council also utilizes the Annual return (template exhibit 19) to ensure standards are being met, which may initiate a medical school inspection if analysis of the return highlights potential concerns. However, documentation of a completed Annual return has not been provided as evidence.

#### **Additional Information Requested:**

The NCFMEA may wish to request as evidence a copy of accreditation team on-site visit reports, a completed Annual return and clarity of standards required for this guideline to assess the medical schools. In addition, the NCFMEA may also wish to inquire about the role of the Education, Training and Professional Development Committee in the accreditation process.

#### **Staff Conclusion:**

Additional information Requested

### **Country Response**

Sample reports of Medical Council accreditation visits enclosed.[Attachment C]

Template pre-visit questionnaire enclosed. [Attachment D]

Terms of Reference of the Medical Council's Education Training and Professional Development Committee enclosed. [Attachment M]

### **Analyst Remarks to Response**

In response to the draft staff analysis, the country provided a Medical Council accreditation site visit report (exhibit 3) to demonstrate the review of the medical school against the World Federation for Medical Education (WFME) Global Standards, a blank template of the pre-site visit questionnaire (exhibit 4) that is to be completed by the medical school and the Terms of Reference of the Medical Council's Education Training and Professional Development Committee established in June 2013.

Department Staff accepts the agency's supporting documentation; however, the NCFMEA may still wish to request a completed pre-site visit questionnaire and an annual return for review.

#### **Staff Conclusion:**

Additional Information requested

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## **Accrediting/Approval Decisions, Question 2**

### **Country Narrative**

Where it considers it appropriate, the Medical Council obtains information from medical schools on the examination performance of their students. In cases where the Medical Council has concerns, it discusses the issue with the medical school. [See template annual returns questionnaire at Appendix 19] The annual return process can highlight trends in attrition rates, pass/fail rates etc. Analysis of the annual returns from medical schools has the capacity to trigger an inspection or lead to further engagement with a medical school.

### **Analyst Remarks to Narrative**

The Medical Council obtains information from medical schools on the examination performance of their students from the analysis of the Annual returns form (template exhibit 19), which highlights trends in attrition rates, pass/fail rates etc. The Medical Council discusses concerns discovered from the form with the medical school. However, documentation of the specific standards and a completed Annual return has not been provided as evidence.

#### **Additional Information Requested:**

The NCFMEA may wish to request as evidence a copy of accreditation team on-site visit reports, a completed Annual return and clarity of standards required for this guideline to assess the medical schools.

#### **Staff Conclusion:**

Additional information Requested

### **Country Response**

Sample reports of Medical Council accreditation visits enclosed.[Attachment C]  
Template pre-visit questionnaire enclosed. [Attachment D]

### **Analyst Remarks to Response**

In response to the draft staff analysis, the country provided a Medical Council accreditation site visit report (exhibit 3) to demonstrate the review of the medical school against the World Federation for Medical Education (WFME) Global Standards and a blank template of the pre-site visit questionnaire (exhibit 4) that is completed by the medical school.

Department Staff accepts the agency's supporting documentation; however, the NCFMEA may still wish to request a completed pre-site visit questionnaire for review of this guideline.

### **Staff Conclusion:**

Additional Information requested

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## **Accrediting/Approval Decisions, Question 3**

### **Country Narrative**

Following graduation from medical school, most doctors will proceed to complete an internship in Ireland. As part of its review to quality assure intern education and training, the Medical Council inspects all intern training sites and engages with interns on those sites. All feedback from interns, particularly in relation to their preparedness for internship, is considered by the Medical Council. Where patterns arise and when deemed necessary, this feedback can be discussed with the relevant medical schools.

The Medical Council conducts an annual survey of trainee doctors (doctors enrolled on programmes of specialist training, and doctors undertaking intern training) to establish their experience of the learning environment. As part of this engagement with trainees, we seek feedback on preparedness amongst other measures. This aspect of trainee feedback provides an additional means to engage with the Deans of Medical Schools to discuss issues around preparedness for practice, and the linkage between the undergraduate curriculum and practice.

### **Analyst Remarks to Narrative**

The Medical Council (Council) inspects all intern training sites and engages with interns on those sites as part of the review of intern education and training after graduation. The Council receives feedback from interns about preparedness and documents patterns to discuss with medical schools. However, documentation of the specific standards and review of these sites has not been provided as evidence.

The Council also conducts the annual Your Training Counts (YTC) survey (exhibit 21) with trainee doctors to determine their experience, obtain additional feedback on preparedness, and discuss the results with medical school Deans to determine linkages between the undergraduate curriculum and practice. However, documentation of survey results has not been provided as evidence.

### **Additional Information Requested:**

The NCFMEA may wish to request as evidence results of the YTC survey, inspections of intern training sites and clarity of standards required for this guideline to assess the medical schools.

### **Staff Conclusion:**

Additional information Requested

### **Country Response**

YTC Survey Report was enclosed with initial response – see Exhibit 21.

There is no formal accreditation linkage between undergraduate training prior to intern year and accreditation of intern training sites. The latter visits are for the purpose of issuing Certificates of Experience and assessing suitability of the site for training purposes.

### **Analyst Remarks to Response**

In response to the draft staff analysis, the country explained that there is no formal accreditation linkage between undergraduate training prior to the intern year. Also, the YTC report (exhibit 21) represents a summary of what was gathered by the collective surveys. However, the country has not provided a clearly defined standard to meet the data collection requirements of this guideline.

The NCFMEA may still wish to request clarity on the existing standards or the plans to adopt requirements for this guideline.

**Staff Conclusion:**

Additional Information requested

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**Accrediting/Approval Decisions, Question 4****Country Narrative**

Ireland has not to date established student performance outcome measure benchmarks or requirements for schools. Student performance is assessed under WFME Standard 7 programme evaluation as part of the overall programme evaluation.

**Analyst Remarks to Narrative**

The country attests that no established student performance outcome measure benchmarks or requirements for schools student performance exists, however, WFME Standard 7, Program evaluation (exhibit 5), is reviewed for program evaluation. Documentation of this review has not been provided as evidence.

**Additional Information Requested:**

The NCFMEA may wish to request as evidence a copy of accreditation team on-site visit reports and clarification regarding if there are any plans to establish student performance outcome measure benchmarks or requirements for schools student performance as it relates to accrediting /approval decisions.

**Staff Conclusion:**

Additional information Requested

**Country Response**

Sample reports of Medical Council accreditation visits enclosed. [Attachment C]

Template pre-visit questionnaire enclosed. [Attachment D]

Report on the External Review of Medical Council current procedures for accreditation of medical education and training enclosed in confidence [Attachment B], which includes a recommendation to ensure our standards are sufficiently outcomes-focused. Action plan in response to report being devised.

The Medical Council has adopted WFME European Specifications (2007) and will review these to take into account any amendments under WFME Global Specifications (2015). As these are global standards and considered to be best practice standards, the Medical Council does not deem it necessary to expand on these specifications.

**Analyst Remarks to Response**

In response to the draft staff analysis, the country explains that the Medical Council does not deem it necessary to expand on the World Federation for Medical Education (WFME) Global Specifications that the country has adopted for this guideline. The country also provided a Medical Council accreditation site visit report (exhibit 3) to demonstrate the review of the WFME Global Standards; a blank template of the pre-site visit questionnaire (exhibit 4) that is completed by the medical school; and a copy of a report from an external review of the accreditation process (exhibit 2) which suggested a review of current standards along with the creation of an action plan.

Department Staff accepts the agency's supporting documentation; however, 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.

**Staff Conclusion:**

Additional Information requested

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