



Peer Review Group Report School of Physiotherapy

July 2012

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1 INTRODUCTION AND OVERVIEW OF SCHOOL OF PHYSIOTHERAPY

1.1 INTRODUCTION

The RCSI School of Physiotherapy was established in 1998 to deliver pre-registration Physiotherapy education which it has carried out every year since 1999. In 2008, the School developed an innovative postgraduate (PG) Dip/ MSc in Neurology and Gerontology to run biennially. The School also provides supervision for a small number of postgraduate research students at both PhD and MSc level.

1.2 OVERVIEW OF THE SCHOOL

The BSc Physiotherapy programme was first accredited by the Irish Society of Chartered Physiotherapists (ISCP) in 2001, and was reaccredited in 2008 for a further five year period. There are currently 94 students registered on the BSc programme (annual intake 26-28), made up roughly equally of those with school leaver qualifications and graduates. Entrants with school-leaving qualifications complete a four-year programme (including Foundation year); graduate students are exempt from the Foundation year. There are nine students registered on the PGDip/MSc in Neurology and Gerontology programme, and four postgraduate research students 2 of whom are registered for PhD degrees and 2 for MSc degrees.

All education is delivered at RCSI except one third of the pre-registration programme which is delivered in clinical settings. The Foundation year programme is delivered solely to Medical and Physiotherapy students jointly by staff from across RCSI, including Physiotherapy staff.

The academic activity of the School, including the Foundation year, is delivered and supported by a team of academic staff and an administrator employed by the School, a practice education co-ordinator and clinical tutors based on clinical sites funded by the HSE, and staff from across RCSI.

2 CONTEXT FOR REVIEW

RCSI is an independent, health sciences Higher Education Institution encompassing Schools of Medicine, Nursing, Pharmacy, Physiotherapy, Postgraduate Studies and Leadership. It is based in Ireland but has an international 'foot-print' with overseas campuses in Bahrain, Dubai, Jordan & Malaysia. RCSI is a recognised college of the National University of Ireland and, in 2010, received independent degree-awarding powers by order of the Minister of Education & Skills. The advent of degree-awarding powers has brought RCSI into a national QA/QI structure administered by the recently instituted Qualifications and Quality Assurance Ireland (QQAI). In parallel with the requirement to undertake an overall institutional review on a regular cycle, RCSI is required to conduct internal reviews of all academic and support areas within the college on an on-going, periodic basis.

2.1 MEMBERSHIP OF THE REVIEW GROUP

Dr Iain Beith, Head of School of Rehabilitation Sciences, Faculty of Health and Social Care Sciences, Kingston University/St Georges University of London; Chair of PRG

Dr Sarah Ingle, Director of Quality Promotion, Dublin City University

Professor Kevin Nolan, Head of the School of Postgraduate Studies, RCSI

Colin Stewart, Associate Director, Estate Services, RCSI

2.2 TERMS OF REFERENCE OF THE REVIEW GROUP

The PRG reviewed the School of Physiotherapy under the following headings:

- (a) Organisation and Management of the School
- (b) Staff and Facilities
- (c) Quality Assurance
- (d) Teaching, Learning and Feedback from stakeholders
- (e) Curriculum Development and Review
- (f) Research Activity
- (g) External Relations

2.3 CONDUCT OF THE REVIEW BY THE PRG

Prior to the Site Visit, the PRG was provided with a Self-Assessment Report (SAR), together with Appendices, documenting a self-assessment process by staff members of the School of Physiotherapy undertaken during 2011/2012. The content of the SAR was validated by the review visit findings, and the PRG would like to thank the School for the clarity and openness evidenced in the SAR document. The PRG found that the SAR provided the School with a good opportunity to reflect on its activities and to formulate what is being done well and what could be improved. The PRG suggests that in any future review the School includes an increased level of reflection and analysis in the SAR, in particular regarding ongoing and future developments.

The PRG visited RCSI from 19-23 May 2012. The complete schedule of meetings is provided in Appendix 1, and the names and roles of those who met with the PRG are provided in Appendix 2. Further information not included in the SAR, was supplied promptly to the PRG when requested during the visit. The PRG would like to thank the School, and the College, for their full engagement, and open interactions and discussions during the review meetings which made for a very constructive and thorough review visit.

At the conclusion of the Site Visit, the Chair outlined a preliminary summary of principal findings, commendations and recommendations from the PRG. The final PRG report provided here is based on: an analysis of the SAR; interviews undertaken with staff, students and external stakeholders during the Site Visit; PRG discussions on site; and communication between PRG members following the Site Visit.

3 ORGANISATION AND MANAGEMENT OF THE SCHOOL

The School of Physiotherapy is a well organised School with assured leadership. It is clear from the comments of students, School staff and other academic and administrative staff that it is cohesive and well run and that all staff in the School are easy to work with and are highly respected.

Academic staff are obviously proud of the products they offer and the programmes and instruction they deliver. Some external and internal networking takes place which is helpful for the staff and the School, but more of this, both formal and informal, in a variety of settings throughout the College would enable further development of School activities.

It is positive that School meetings take place, but these should be more formalised and include student representation. Current organisational structures in the College do not adequately support Heads of School in undertaking regular information update meetings on a two way basis with Senior Management. Such meetings would be particularly relevant and important for the School of Physiotherapy given the changing landscape of Physiotherapy provision and associated teaching and scholarship.

The School does not appear to have given adequate consideration to succession planning and business continuity which is important to ensure a sustainable, efficient and effective organisation. It also needs to give more attention to strategy, goal setting and forward planning.

3.1 COMMENDATIONS

- Well managed, well organised, tightly run School with good leadership.
- Regular, supportive School meetings undertaken.
- Staff are proud to deliver the School's programmes and enjoy working with their colleagues and with the Head.

3.2 RECOMMENDATIONS

Recommendations for School of Physiotherapy

3.2.1 Record minutes of School meetings and include and follow-up on action items where appropriate.

3.2.2 Include student representation on undergraduate and postgraduate programme boards so that the student voice is represented more fully at all levels within the School.

3.2.3 State clear mission, vision and objectives for the School and develop an associated strategic plan for the next five years.

3.2.4 Encourage staff in the School to chair College and external committees and working groups for greater impact and visibility.

Recommendations for College

3.2.5 Consider ways in which the administrative burden on the Head of School could be reduced, for example by the appropriate allocation of School staff to one or more senior roles such as: Director of Research, Director of undergraduate Programmes, Director of Postgraduate Programmes (as in the School of Pharmacy) and Director of Development.

3.2.6 Provide ongoing mentoring and training for new and current School Heads to include areas such as: finance, engagement with College structures, chairing working groups and other committees, developing internal and external collaborative research networks, strategic planning and staff management.

3.2.7 Set up regular meetings for the School with Senior Management to exchange information as part of formal organisation structures.

3.2.8 Finalise and implement the proposed staff performance management system as soon as possible.

4 STAFF AND FACILITIES

In regard to **Staff**, the School of Physiotherapy currently has 5 whole time equivalent (WTE) academic posts, 1 WTE Practice Education Co-ordinator (PEC) post (funded by the Health Service Executive) and 1 WTE administrative staff member. All staff members are permanent, with the exception of one who is on a three year contract to replace another member of staff during her HRB Clinical Research Fellowship. It is evident that all physiotherapy staff have significant clinical experience, and have come from management, clinical specialist/senior physiotherapist posts in the public health sector or from private practice. Several continue to work part-time in a clinical setting, outside of RCSI commitments and contracted hours. The variety of staff work experience and practice background is a key strength in the context of academic programme delivery.

The speciality profile of staff appropriately represents the core clinical areas within physiotherapy practice including: Musculoskeletal, Neurology and Respiratory.

In addition to the academic team, there are six (0.75 WTE) and one (0.5 WTE) Clinical Tutors based in clinical sites around the country. All tutor posts (with one exception) are funded by the Health Service Executive (HSE).

Over the period of the Review the PRG met collectively and individually with all but one of the academic staff, the administrator and some of the clinical tutors. The PRG were appreciative of the effort taken by all to make themselves available at a busy time in the academic calendar.

Since reaching the present complement of academic staff in 2007, a period of significant professional development has taken place: three academic staff attained PhDs in the last two years; three further staff are currently registered for a PhD, an Educational Doctorate and an MSc; and one is planning to enrol for a PhD by the end of 2012. All academic staff are active members of the ISCP. Continuous professional development (CPD) is mandatory for all chartered physiotherapists and a full profile of CPD undertaken by academic staff in the last five years was made available to the PRG.

RCSI has a Learning and Development Policy through which academic staff are encouraged to apply for funding to undertake CPD. Funding awards from this policy are not uniform across the School however, and it was noted by the PRG that access to the funding has become more challenging in recent times. Separately, funding to attend/present at scientific conferences is made available to permanent academic staff through the RCSI Academic Staff Conference Participation Fund. This fund is limited to €1,500 for one conference per person per year, and is prioritised to maximise academic gain to the College. The School's academic staff consider it an on-going challenge to remain up to date with clinical developments and clinical skills.

Outside of their own professional development, staff are involved in the provision of CPD training to various external groups such as Clinical Interest Groups of the Irish Society of Chartered Physiotherapists. Where staff are involved in the delivery of CPD training, it rarely takes place in RCSI, due to significant internal central costs associated with such activity. However, the School envisages this could be a potential opportunity to raise the profile and enhance the brand of RCSI and the School.

The academic staff of the School are involved in various internal and external activities. Five staff represent the School on a number of RCSI academic affairs committees. The PRG was not aware if any of these roles involved the School representative being a convenor or chairperson. Such positions would be important in both raising the profile of the School and

the individual, and would give an invaluable insight into other areas of College affairs. The opportunity to have the School lead in such settings should be pursued.

By contrast, School staff are involved in MSc (Research) thesis examinations and chairmanship of PhD vivas within the college. Over the last few years, School involvement with the Research Summer School (RSS) has grown such that two academic staff members sit on RSS committee and provide workshops to RSS students during the summer. Two senior academic staff members have lectured on RCSI's Mini-Med School programmes over the last few years.

Staff and undergraduate students have been involved in another of RCSI's community-focused programmes: REACH. This is a community outreach and access programme aimed at encouraging and facilitating third level participation and enhancing life chances for those traditionally underrepresented at third level. Working in partnership with schools, youth, community and sports groups in the community, programmes such as a homework club and sports activities have benefitted from School involvement. Notwithstanding these contributions, the PRG were left with a perception that overall the School's valid contribution to College life was not as apparent as it could be, and sensed that it was being lost amidst the much larger presence of other schools and departments.

Overall the PRG agreed that the level of staffing within the School was sufficient for the execution of activities in the short to medium term. Whilst staff perceived that workloads are heavy, the PRG felt that the School is adequately staffed.

In terms of **Facilities**, the School of Physiotherapy occupies a suite of offices which are centrally located within the main College, 123 St Stephen's Green and are adjacent to the Faculty of Medicine and Health Sciences' offices. Whilst the staff and postgraduate student offices are located on the first floor and teaching facilities are located on the second floor, this did not seem to present any logistical difficulties. Undergraduate and postgraduate teaching activity takes place primarily in Physiotherapy Practical Rooms 1 (68 sq m) and 2 (81 sq m) and in the Movement Laboratory (116 sq m). Practical Room 1 accommodates equipment used primarily for teaching undergraduate neurology and musculoskeletal modules. Practical Room 2 holds equipment used for undergraduate respiratory/cardiovascular modules and also electrotherapy equipment. The Movement Laboratory is utilised for some teaching activity but is primarily a research space and contains movement equipment and measurement systems. Undergraduate and postgraduate students are taught the concepts underlining these measurement systems but the use of this equipment is primarily for research activity.

The PRG considered the School offices to be satisfactory for the present complement of staff and Practical Rooms 1 & 2 to be adequate for the present programmes and student numbers. Practical Room 1 was spacious, bright, light and airy. Whilst the layout of patient couches was appropriate, the location of the AV/PC equipment screens, and how the student seating was laid out seemed awkward, although staff and students had no adverse comments to offer and had adapted to the situation. There was a mixture of seating observed, some with writing tablets but many without and it was noted that the preferred seating arrangement during lectures was to occupy the perimeter of the room.

The PRG noted that the low ceiling in Practical Room 2 did present, and directly contributed to environmental challenges, as did the low level of ventilation. In the same space, the PRG were interested to observe the use of patient couches as desks with three students to a couch. Whilst this was an unusual arrangement yet practical in its use, no adverse comments were made by students.

Against a background of increasing use of the Movement Laboratory for research, challenges arise when concurrent practical classes are undertaken by undergraduates utilising two practical rooms and the Movement Laboratory is required for lecture delivery to another undergraduate or postgraduate physiotherapy group. Consequently no research activity can be undertaken during this time. Without a dedicated research facility it is anticipated that this challenge will increase further over the coming years.

Timetabling challenges can occur during the semester through the increasing use of the Movement Laboratory for research, and these factors have a potential impact on the provision of other postgraduate courses. However this is partially offset as the School, just like other users of the College's facilities, has access on a first come, first served basis to alternative tutorial rooms (capacity 25-30 students) and lecture theatres (capacity 150- 400 students). For programme teaching the Anatomy Room and Harold Brown Lecture Theatre (HBLT) which is immediately adjacent to the Anatomy Room, are utilised for undergraduate student anatomy teaching. The PRG was interested to learn that this part of the programme was delivered by Physiotherapy academic staff supported by the Department of Anatomy. Students have access to review prosected specimens outside of teaching hours, by prearrangement with Anatomy department staff from 9am to 5pm, Monday to Friday.

The School has highlighted that its research equipment is becoming out-dated, expensive to maintain and increasingly difficult to upgrade due to financial constraints or redundancy. The majority of equipment was purchased when the School was established in 1998. It was noted that quarterly business review meetings were held with the Finance Department and that whilst the economic environment both externally and internally was difficult, the development of an equipment replacement cycle was confirmed although the degree of "development" was not made clear. The PRG members were pleased to hear directly from Senior Management that the School plays an ongoing complementary role alongside the Medical and Pharmacy Schools within the College's prospectus offering and would encourage Senior Management to be active in supporting early investment in equipment/software replacement within the School of Physiotherapy.

4.1 COMMENDATIONS

- There is strong evidence of a well qualified, cohesive, dedicated and focussed team driven to deliver a high quality graduate.
- The individuals within the academic team have recognised the need for demonstrable research activity and have up-skilled accordingly with the majority either holding a doctorate or part way through their doctoral programme. A tranche of peer reviewed published work is established and is steadily growing.
- The staff are to be congratulated on the sincere and high regard they are held in by students past and present through the quality of the delivery of the programmes and their supportive interactions with their students.
- Against a difficult funding background, the professional needs and appropriateness of skill sets of the staff are identified and are actively being supported and addressed where possible.

4.2 RECOMMENDATIONS

4.2.1 Create opportunities for staff to lead or chair RCSI committees or short life working groups. This recommendation is made to enhance staff development and improve the profile of the School within the College.

4.2.2 Consider assigning the Movement Laboratory solely for research purposes, either by providing an additional teaching/tutorial room, or by making wider use of other teaching/tutorial rooms within the College.

4.2.3 Ensure ergonomic desks and chairs are provided in the movement laboratory for researcher computer use.

4.2.4 Fit all student seating in Practical Room 1 with writing tablets before the beginning of the next academic year.

5 QUALITY ASSURANCE

The School has a clear focus on and commitment to ensuring that the quality of its programmes and associated curricula and other activities are of high quality. Feedback from students is also sought and acted on regularly.

There is however a lack of formal quality control and assurance which if set in place would provide a sound basis for benchmarking and further development, as well as feed into regular re-accreditation reviews.

The quality of the teaching provided by the School was commented on favourably by other RCSI staff, clinical staff and students and this could be of promotional value to the School if captured in a regular College-wide evaluation of teaching.

5.1 COMMENDATIONS

- Student Surveys of Teaching are undertaken at the end of every semester.
- Feedback on modules from students is carefully considered and acted on to improve the quality at the first available opportunity, thus closing the feedback loop. This was noted and commented on positively by students.
- The School has engaged with the internal quality review process quite early on in the RCSI schedule for quality reviews.

5.2 RECOMMENDATIONS

Recommendations for School of Physiotherapy

5.2.1 Set up a formal annual programme review process that examines student statistics for the year including pass rates, progression, performance in individual modules, and includes external examiner feedback, academic and other issues arising, quality of teaching & learning environment, potential amendments to programme and ongoing development. The outcomes from such annual reviews could then feed into periodic re-accreditation processes.

5.2.2 Develop a quality assurance policy that addresses the ongoing enhancement of all School activities including teaching & learning, research & scholarship and internal & external collaboration.

Recommendations for College

5.2.3 Develop a formal policy for teaching quality evaluation with input from all Schools and Departments and ensure that its outcomes and ensuing actions for all modules are provided annually to the appropriate College committee.

6 TEACHING, LEARNING AND FEEDBACK FROM STAKEHOLDERS

The PRG found evidence both within the SAR and from all those interviewed, including current students and alumni, that the teaching, learning and feedback across both programmes delivered by the School is of a high standard. In particular, as already mentioned, student feedback is sought and analysed at the end of each Semester.

It is also clear both from the SAR and from current students and alumni that these feedback mechanisms have proved effective in producing appropriate responses from staff, some details of which are commended below. Examples include:

- Research project problems reviewed and changed.
- Move to facilitated learning in the last two years.
- Negotiation, peer learning/paired learning, team based approaches to learning facilitated.
- Reflective diary introduced after each placement.
- Introduction of a 'risk of failure' form on clinical placement.

There is no student representation on committees within the School. It was of interest to the PRG that this did not seem to concern the student body and there was no desire for greater representation. The PRG are concerned that this satisfaction and lack of desire for representation may be due to staff being too available for students on an *ad hoc* basis, which may affect staff effectiveness.

Students on the BSc Physiotherapy programme are assessed formally on placement by one member of academic staff and one clinical tutor (FCA). This is a rather antiquated method of assessing Physiotherapy students when compared across the sector and this was acknowledged by the clinical tutors interviewed. In particular there was no obvious support from the clinical tutor teams for the Formal Clinical Assessment (FCA I) treatment examination and whilst the FCA assessment examination (FCA II) was thought to have more benefit it was deemed replaceable.

6.1 COMMENDATIONS

- There is unanimity across all stakeholders, including students and alumni, employers, the Head of School, academic staff, peer academics, clinical tutors, and RCSI staff, that the teaching and learning is of a high standard and gives the graduates an edge over students from other providers of Physiotherapy educators, in particular regarding professionalism and independence. It is also noted by the senior leadership of RCSI that the School is viewed positively by students.
- As already indicated, the School's response to student feedback is timely and appropriate.
- There is high student satisfaction with the quality of teaching, learning and response to feedback provided.

6.2 RECOMMENDATIONS

6.2.1 Consider introducing more formalised interaction with students outside of class time, such as two or more regular student 'office hours' per week per staff member. Such an approach would allow staff to dedicate more focused time to teaching preparation and research activities.

6.2.2 Explore ways of modifying the current programme delivery, to free up staff time in order to facilitate the development of new programmes and further research activity.

6.2.3 Review the Formal Clinical Assessment examination of treatment of a current patient (FCA I) and assessment of a new patient (FCA II). It is acknowledged that such a change is likely to require management of clinical staff and student expectations.

7 CURRICULUM DEVELOPMENT AND REVIEW

There is evidence that the curriculum for the BSc Physiotherapy programme is reviewed, but not systematically. The MSc in Neurology and Gerontology is currently hosting its second cohort so no formal revision has been undertaken, but there is evidence, of ongoing review. Whether the mechanisms for curriculum review are adequate is unclear to the PRG.

With regards to benchmarking against recent developments in teaching & learning and research, the MSc programme is benchmarked relative to recent developments but the BSc programme benchmarking was much less contemporary. There is no evidence of internal or external involvement in the curriculum development and review process.

The wide-ranging interviews undertaken during the Site Visit revealed several options for development of new curricula and / or alternative programme delivery options

There was a perception amongst staff that curriculum development would be difficult with the current workload. The PRG found that current staffing levels are adequate for delivery and development, as recognised across the College. Recommendations for release of staff time are detailed elsewhere in this report.

7.1 COMMENDATIONS

- Appropriate, strong curricula have been developed by the School.
- There is thorough, ongoing reflection and response to feedback and this works well within a small school base.

7.2 RECOMMENDATIONS

7.2.1 Consider more internal and external stakeholder involvement and contemporary benchmarking when developing programme curricula.

7.2.2 Create a transition process to remove reliance on BSc core funding and one MSc programme. This transition should include appropriate market analysis and collaboration between School, appropriate RCSI personnel and, where necessary, external benchmarking.

7.2.3 Consider the development of alternative programme delivery options

7.2.4 Investigate the potential for the development of CPD modules in a number of areas relevant to the School's expertise.

8 RESEARCH ACTIVITY

Research is one of RCSI's core activities and is supported by the Research Institute, a multi-site infrastructure encompassing the research activities of RCSI at the St Stephen's Green campus and the RCSI Education and Research Centre (ERC) at Beaumont Hospital. Over the past decade RCSI has secured funding in excess of €170M mainly from national and EU sources to fund its research activities.

The RCSI research strategy is to support and carry out world-class biomedical translational research and to integrate basic and clinical research, so that advances in medical science are translated as quickly as possible into improved diagnoses and treatments for the benefit of patients and the community. There are 6 clusters which represent RCSI's research strengths and which prioritise investments in capital and recurrent programmes. These are in the areas of cancer, neuroscience, respiratory disease, cardiovascular disease, population and health research and bioengineering. Research activity in the School has the potential for greater alignment with the RCSI research clusters.

The School of Physiotherapy supports RCSI's strategy in bench-to-bedside translational research. It undertakes collaborative patient centred research as well as fostering research capacity within the profession. The main research areas include:

- Exercise testing and training; effects of exercise interventions on health outcomes.
- Care of the elderly, falls and stroke rehabilitation; secondary prevention interventions and rehabilitation in stroke (ASPIRE-S) (in collaboration with the Department of Medicine for the Elderly and the Division of Population Health Science).
- Hip osteoarthritis, pelvic pain, movement dysfunction/ muscle control, patient satisfaction, and the use of outcome measures in clinical practice.
- Concussion in sport, cervicogenic headache, manual handling, lumbar multifidus activation test, RUSI.
- Aerobic exercise and lifestyle interventions for secondary stroke prevention; health technology applications in rehabilitation; exercise programmes for upper limb rehabilitation post stroke; fitness testing in disabled populations and outcome scales and psychometric properties.
- Ankle instability; gait analysis and muscle imbalance.
- Interprofessional healthcare education research in collaboration with several RCSI Departments.

8.1 COMMENDATIONS

- The research profile of the School is broad and nearly all of its members have some degree of research activity.
- Members of staff have reasonable publication outputs in international peer-reviewed journals.
- There is considerable activity in the area of higher degree by research in the School. Three members of staff were awarded PhD degrees in 2011, another is completing her PhD (funded by HRB Training Fellowship for Healthcare Professionals), another

her EdD (Sheffield) and another is undertaking an RCSI MSc in Leadership. There are also 2 students registered for PhD degrees and 2 for MSc degrees by research. The MSc in neurology and gerontology involves research projects/dissertations and provides a source of research outputs.

- The School is involved in a number of important research collaborations. These are with the Division of Population Health Sciences, the Department of Anatomy and the Department of Medicine for the Elderly. It has also formed collaborations with DIT Electronic and Communications Engineering and with TCD. In 2005 it formed a partnership of Academics and Clinicians in Therapy (PACT) with the Physiotherapy Department at Beaumont Hospital. Academic staff and postgraduates in the School meet every three months to discuss possible research funding sources.
- One member of staff is a lead PI in a major, multidisciplinary grant application.
- Up until recently the School was not involved in any of the RCSI research clusters but a welcome recent development is its alignment with the Population Health Sciences Cluster.
- The School participates in the RCSI Research Summer School (RSS) through membership of the RSS Committee and by provision of workshops for students.

8.2 RECOMMENDATIONS

8.2.1 Seek representation on the RCSI Research Committee to ensure greater involvement in future developments of the RCSI strategy.

8.2.2 Through the Research Committee or otherwise, seek inclusion in other clusters such as Bioengineering, Cardiovascular Research and Neuroscience. This would place the School in a much stronger position to apply for research funding.

8.2.3 Collaborate with experienced PIs inside and outside RCSI to access greater funding opportunities.

8.2.4 Continue research into inter-professional Healthcare Education and become the recognised RCSI and thereafter, an international leader in this area

8.2.5 Capitalise on the RCSI-DCU-NUIM Alliance to strengthen research activities in Physiotherapy/Sports Science education and general Healthcare.

8.2.6 Seek dedicated research space. Currently some research active staff must curtail their activities to the summer months when undergraduate students are not present. Others use undergraduate laboratory space during the semester but must vacate it when required for teaching.

8.2.7 Finalise, and implement as soon as possible, the School's research equipment/software replacement and upgrade plan, and put in place a funding resource strategy in order to meet these needs over the next three years.

9 EXTERNAL RELATIONS

RCSI strongly encourages Schools to cultivate and strengthen good relations and interactions not only with other schools and departments in RCSI but also with the wider community and with external stakeholders. Some relevant activities include:

- The RCSI Mini-Med School, an open-lecture series delivered by RCSI experts on areas of topical medical relevance.
- The Transition Year Mini- Med School which gives 150 transition year students from approximately 80 secondary schools a week-long experience of what it is like to be a medical student, involving between 60 and 80 RCSI and Beaumont Hospital staff.
- The REACH programme, a unique initiative aimed at encouraging and facilitating third level participation and enhancing life chances for those traditionally underrepresented at third level, particularly those from Dublin's South Inner City.

9.1 COMMENDATIONS

- The School interacts well with several RCSI Schools and Departments which provide service teaching in their undergraduate and postgraduate programmes.
- The School interacts with a number of Irish Hospitals which provide clinical placements.
- Members of the School lecture on the RCSI Mini-Med programme.
- The School is represented on various external committees mainly ISCP-related.
- The School has good interaction and communication with the other Schools of Physiotherapy in Ireland.
- Feedback from current students, alumni, clinical tutors and managers confirm that the above positive interactions ensure the smooth running of the School's programmes, and demonstrate excellent representation of the School externally.

9.2 RECOMMENDATIONS

9.2.1 Seek, and obtain, more significant representation (e.g. chair roles) in external fora.

9.2.2 Endeavour to expand interactions with non-EU student providers by exploiting RCSI expertise in recruitment.

9.2.3 Encourage staff members to increase external examination activities at Irish and UK Universities.

9.2.4 Set in place a more formal liaison with RCSI's Alumni Office to maintain a School alumni database, and seek to develop relationships with past graduates to provide an ongoing network of expertise, feedback, research opportunities and potential training locations for undergraduates and new graduates.

9.2.5 Explore business models similar to those used by the School of Pharmacy. This recommendation is being made as both Schools are similarly positioned in a large medical environment.

Summary of PRG Recommendations: Quality Review RCSI School of Physiotherapy

#	Ref	For	Recommendation
1	3.2.1	School	Record minutes of School meetings and include and follow-up on, action items where appropriate.
2	3.2.2	School	Include student representation on undergraduate and postgraduate programme boards so that the student voice is represented more fully at all levels within the School.
3	3.2.3	School	State clear mission, vision and objectives for the School and develop an associated strategic plan for the next five years.
4	3.2.4	School	Encourage staff in the School to chair College and external committees and working groups for greater impact and visibility.
5	3.2.5	College	Consider ways in which the administrative burden on the Head of School could be reduced, for example by the appropriate allocation of School staff to one or more senior roles such as: Director of Research, Director of undergraduate Programmes, Director of Postgraduate Programmes (as in the School of Pharmacy) and Director of Development.
6	3.2.6	College	Provide ongoing mentoring and training for new and current School heads to include areas such as: finance, engagement with College structures, chairing working groups and other committees, developing internal and external collaborative research networks, strategic planning and staff management.
7	3.2.7	College	Set up regular meetings for the School with Senior Management to exchange information as part of formal organisation structures.
8	3.2.8	College	Finalise and implement the proposed staff performance management system as soon as possible.
9	4.2.1	School	Create opportunities for staff to lead or chair RCSI committees or short life working groups. This recommendation is made to enhance staff development and improve the profile of the School within the College
10	4.2.2	School	Consider assigning the Movement Laboratory solely for research purposes, either by providing an additional teaching/tutorial room, or by making wider use of other teaching/tutorial rooms within the College.
11	4.2.3	School	Ensure ergonomic desks and chairs are provided in the movement laboratory for researcher computer use.
12	4.2.4	School	Fit all of the student seating in Practical Room 1 with writing tablets before the beginning of the next academic year.
13	5.2.1	School	Set up a formal annual programme review process that examines student statistics for the year in terms including: pass rates, progression, performance in individual modules; and includes external examiner feedback, academic and other issues arising, quality of teaching & learning environment, potential amendments to programme and ongoing development. The outcomes from such annual reviews could then feed into periodic re-accreditation processes.
14	5.2.2	School	Develop a quality assurance policy that addresses the ongoing enhancement of all School activities including teaching & learning, research & scholarship and internal & external collaboration.
15	5.2.3	College	Develop a formal policy for teaching quality evaluation with input from all Schools and Departments and ensure that its outcomes and ensuing actions for all modules are provided annually to the appropriate College committee.
16	6.2.1	School	Consider introducing more formalised interaction with students outside of class time, such as two or more regular student 'office hours' per week per staff member. Such an approach would allow staff to dedicate more focused time to teaching preparation and research activities.

#	Ref	For	Recommendation
17	6.2.2	School	Modify the current programme delivery, to free up staff time in order to facilitate the development of new programmes and further research activity.
18	6.2.3	School	Review the Formal Clinical Assessment (FCA) examination of treatment of a current patient and assessment of a new patient. It is acknowledged that such a change is likely to require management of clinical staff and student expectations.
29	7.2.1	School	Consider more internal and external stakeholder involvement and contemporary benchmarking when developing programme curricula.
20	7.2.2	School	Create a transition process to remove reliance on BSc core funding and one MSc programme. This transition should include appropriate market analysis and collaboration between School, RCSI appropriate personnel and, where necessary, external benchmarking.
21	7.2.3	School	Consider the development of alternative programme delivery options
22	7.2.4	School	Investigate the potential for the development of CPD modules in a number of areas relevant to the School's expertise.
24	8.2.1	School	Seek representation on the RCSI Research Committee to ensure greater involvement in future developments of the RCSI strategy.
25	8.2.2	School	Through the Research Committee or otherwise, seek inclusion in other clusters such as Bioengineering, Cardiovascular Research and Neuroscience. This would place the School in a much stronger position to apply for research funding.
25	8.2.3	School	Collaborate with experienced PIs inside and outside RCSI to access greater funding opportunities.
26	8.2.4	School	Continue research into inter-professional Healthcare Education and become the recognised RCSI and thereafter, an international leader in this area.
27	8.2.5	School	Capitalise on the RCSI-DCU-NUIM Alliance to strengthen research activities in Physiotherapy/Sports Science education and general Healthcare.
28	8.2.6	School	Seek dedicated research space. Currently some research active staff must curtail their activities to the summer months when undergraduate students are not present. Others use undergraduate laboratory space during the semester but must vacate it when required for teaching.
29	8.2.7	School	Finalise, and implement as soon as possible, the School's research equipment/software replacement and upgrade plan, and put in place a funding resource strategy in order to meet these needs over the next three years.
30	9.2.1	School	Seek, and obtain, more significant representation (e.g. chair roles) in external fora.
31	9.2.2	School	Endeavour to expand interactions with non-EU student providers by exploiting RCSI expertise in recruitment.
32	9.2.3	School	Encourage staff members to increase external examination activities at Irish and UK Universities.
33	9.2.4	School	Set in place a more formal liaison with RCSI's Alumni Office to maintain a School alumni database, and seek to develop relationships with past graduates to provide an ongoing network of expertise, feedback, research opportunities and potential training locations for undergraduates and new graduates.
34	9.2.5	School	Explore business models similar to those used by the School of Pharmacy. This recommendation is being made as both Schools are similarly positioned in a large medical environment.

Appendix 1 – Timetable for review



School of Physiotherapy

20 – 23 May 2012

Evening prior to site visit [Sunday 20th May 2012]

Time	Meeting	Venue	Attendees
17.30	Private planning meeting for members of the Peer Review Group (PRG)	RCSI. Sir Thomas Myles Room	PRG
19.30	Dinner	TBC	PRG; Director of Quality

Day 1 [Monday 21st May 2012]

Time	Meeting	Venue	Attendees
09.00 – 09.30	Convening of PRG	VC Room	PRG
09.30 – 10.00	Meeting with Head of School, Prof. Marie Guidon.	VC Room	PRG; Head of School
10.00 – 10.30	Meeting with Head of School and School Staff	VC Room	PRG; Head of School, School Staff
10.30 – 10.45	<i>Photo of PRG and School Staff</i>	Front Hall	PRG; All Staff
10.45 – 11.10	Tea / coffee. Meeting time for PRG & QEO.		PRG; QEO
11.10 – 13.30	Time allowed for private meetings of PRG members with School staff. 11.10 – 11.30 Dr. Frances Horgan. Senior Lecturer 11.30 – 11.50 Dr. Helen French. Lecturer 11.50 – 12.10 Ms. Louise Keating. Lecturer	VC Room	PRG; School Staff

	12.10 – 12.30 Ms. Aileen Barrett. Practice Education Coordinator 12.30 – 12.50 Ms. Mary Boyd. Lecturer 12.50 – 13.10 Ms. Dara Meldrum. Lecturer / HRB Clinical Research Fellow 13.10 – 13.30 Mrs. Therese Mitchell. Administrator		
13.30 – 14.30	Lunch and private meeting time for PRG	Sir Thomas Myles Room	PRG
14.30 – 15.00	Visit to core facilities of the School		PRG
15.00 – 16.00	Review defined meeting (No.1): RCSI Staff: Representatives from academic and support services for students	VC Room	PRG
16.00 – 16.30	Tea / coffee and private meeting time with CEO, Prof. Cathal Kelly and Dean, Prof. Hannah McGee	VC Room	PRG
16.30 – 17.00	Meeting with Head of School and Director of Quality Enhancement	VC Room	PRG; Head of School; Director QEO
17.00 – 18.00	Private meeting time PRG	VC Room	PRG

Day 2 [Tuesday 22nd May 2012]

Time	Meeting	Venue	Attendees
09.00– 09.30	Private meeting time for PRG	Robert Smith Room	PRG
09.30 – 10.00	Meeting with Head of School and QEO	Robert Smith Room	PRG; Head of School; QEO
10.00 – 11.00	Review defined meeting (No. 2) Undergraduate Physiotherapy students	Robert Smith Room	PRG
11.00 – 11.15	Tea / coffee. Private meeting time for PRG.	Robert Smith Room	PRG
11.15 – 11.45	Prof. Paul Gallagher (Head, School of Pharmacy, RCSI)	Robert Smith Room	PRG
11.45 – 12.45	Review defined meeting (No. 3) RCSI Staff: Representatives from academic departments	Robert Smith Room	PRG
12.45 – 14.00	Lunch and private meeting time for PRG	Robert Smith Room	PRG

14.00 – 15.00	Review defined meeting (No. 4) Hospital based Physiotherapy Managers and Clinical Tutors	Robert Smith Room	PRG
15.00– 15.15	Short break	Robert Smith Room	PRG
15.15 – 15.45	Review defined meeting (No. 5) Postgraduate student representatives	Robert Smith Room	PRG
15.45 – 16.15	Dr. Terry McWade (Deputy Chief Executive, RCSI)	Robert Smith Room	PRG
16.15– 17.00	Meeting with Alumni: Ivan Clancy, Claire Trotter and Gillian Harte	Robert Smith Room	PRG
17.00 – 17.30	Meeting with Head of School and Director of Quality Enhancement	Robert Smith Room	PRG; Head of School; Director of Quality Enhancement

Day 3 [Wednesday 23rd May 2012]

Time	Meeting	Venue	Attendees
08.45– 09.15	Private meeting time for PRG	VC Room	PRG
09.15 – 09.30	Meeting with Head of School and QEO	VC Room	PRG; Head of School; QEO
09.30 – 10.30	Review defined meeting (No. 6) RCSI Staff: Representatives from academic units and administration/support units.	VC Room	PRG
10.30 – 12.00	Tea / coffee. Private meeting time for PRG. Prepare exit presentation.	VC Room	PRG
12.00 – 12.20	Private meeting with QEO	VC Room	PRG; QEO
12.20 – 12.40	Meeting with Head of School	VC Room	PRG; Head of School
12.40 – 13.00	Exit presentation to all School staff	VC Room	PRG; School Staff, QEO
13.00	Review ends. Lunch.	Robert Smith Room	PRG

Appendix 2 – List of participants in review meetings

Review defined Meeting (RDM)	Stakeholder Group	Title	First Name	Surname	Details / Department
RDM No. 1	RCSI Staff: Representatives from academic and support services for students	Dr	Orna	Tighe	Vice-Dean Student Affairs
RDM No. 1	RCSI Staff: Representatives from academic and support services for students	Mr	Kenny	Franks	Examinations Officer
RDM No. 1	RCSI Staff: Representatives from academic and support services for students	Ms	Corriena	Brien	Student Services Manager
RDM No. 1	RCSI Staff: Representatives from academic and support services for students	Mr	Philip	Curtis	Assoc. Director for Admissions and Student Services
RDM No. 2	U/graduate students	Mr	Richard	Sweeney	Final Physiotherapy Class Rep
RDM No. 2	U/graduate students	Ms	Karen	Ryan	Final Physiotherapy
RDM No. 2	U/graduate students	Mr	Ciaran	O'Shaughnessy	Second Physiotherapy Class Rep
RDM No. 2	U/graduate students	Ms	Siofra	Neary	Second Physiotherapy Class Rep
RDM No. 2	U/graduate students	Mr	Enda	Clarke	First Physiotherapy
RDM No. 2	U/graduate students	Ms	Aoife	O'Meara	First Physiotherapy
RDM No. 2	U/graduate students	Mr	Benjamin	Melvin	Foundation Year Physiotherapy Student

RDM No.3	RCSI Staff: Representatives from academic departments	Prof	Clive	Lee	Anatomy Department
RDM No.3	RCSI Staff: Representatives from academic departments	Dr	Anne	Hickey	Psychology Department
RDM No.3	RCSI Staff: Representatives from academic departments	Dr	Celine	Marmion	Vice Dean - Foundation Year
RDM No.3	RCSI Staff: Representatives from academic departments	Prof	David	Henshall	Dept of Physiology and Medical Physics
RDM No.3	RCSI Staff: Representatives from academic departments	Dr	Kenny	Winser	Dept of Physiology and Medical Physics/Director of Admissions

RDM No. 4	Hospital bases Physiotherapy Managers and Clinical Tutors	Ms	Sarah	Slattery	RCSI Clinical Tutor - Cork University Hospital
RDM No. 4	Hospital bases Physiotherapy Managers and Clinical Tutors	Ms	Fiona	Daly	RCSI Clinical Tutor - Beaumont Hospital
RDM No. 4	Hospital bases Physiotherapy Managers and Clinical Tutors	Ms	Deirdre	Murray	Clinical Specialist - Beaumont Hospital
RDM No. 4	Hospital bases Physiotherapy Managers and Clinical Tutors	Mrs	Anne	Sheedy	Physiotherapy Manager Peamount Hospital
RDM No. 4	Hospital bases Physiotherapy Managers and Clinical Tutors	Ms	Norah	Kyne	Physiotherapy Manager University Hospital Galway

RDM No. 5	Postgraduate students	Ms	Fiona	Crehan	MSc Neurology and Gerontology student
RDM No. 5	Postgraduate students	Ms	Roisin	Moloney	MSc Neurology and Gerontology student
RDM No. 5	Postgraduate students	Ms	Maeve	Whelan	Postgraduate MSc (Research) student

RDM No. 6	RCSI Staff: Reps from academic units and admin support units	Ms	Camilla	Weymss	Moodle Coordinator
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RDM No. 6	RCSI Staff: Reps from academic units and admin support units	Dr	Helen	McVeigh	School of Postgraduate Studies
RDM No. 6	RCSI Staff: Reps from academic units and admin support units	Prof	John	Kelly	Director of Research
RDM No. 6	RCSI Staff: Reps from academic units and admin support units	Ms	Kate	Kelly	Chief Librarian
RDM No. 6	RCSI Staff: Reps from academic units and admin support units	Mr	Padraig	Barry	Senior Financial Accountant