RCSI University of Medicine and Health Sciences

Peer Review Group Report

School of Medicine
Internal Quality Review

November 2024

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1. Context for Review

1.1. Introduction

This report presents the findings of a quality review of the School of Medicine (SoM), at the Royal College of Surgeons in Ireland, which was undertaken in November, 2024.

The Royal College of Surgeons in Ireland (RCSI) was established by Royal Charter in 1784 to set and support professional standards for surgical training and practice in Ireland. RCSI has evolved considerably in the intervening years and is now both a university and a postgraduate training body in surgery and related specialties. This dual role brings many advantages to the institution, not least of which is the ability to offer education and training at all career levels (i.e. undergraduate, postgraduate & professional) in medicine, surgery and related disciplines. In fact, it is the only surgical or medical Royal College in these islands to have university status. RCSI is the largest medical school in Ireland and awards medical degrees in Ireland, Bahrain and Malaysia. RCSI also provides undergraduate degree programmes in Pharmacy and Physiotherapy in Ireland, undergraduate Nursing degree programmes in Bahrain and masters (taught & by research) and doctoral programmes variously in Ireland, Bahrain, China and Malaysia. RCSI became a Recognised College of the National University of Ireland (NUI) in 1978. Following an institutional review commissioned jointly by the Higher Education Authority and the National Qualifications Authority of Ireland, RCSI independent degree awarding powers were activated by ministerial order in 2010 pursuant to the terms of The Royal College of Surgeons in Ireland (Charters Amendment) Act 2003. The Qualifications and Quality Assurance (Education and Training) Act 2012 established RCSI as a Designated Awarding Body. In 2019 RCSI received authorization to use the description 'University' and to style itself accordingly, pursuant to the provisions of the Qualifications and Quality Assurance (Education and Training) Amendment Act 2019.

RCSI is an independent, not-for-profit health sciences institution with charitable status in the Republic of Ireland. The institution operates a primarily self-funding model, with State funding accounting for less than 20% of total income. The model is based on the education of a substantial cohort of international students alongside Irish/EU students.

1.2. Methodology for Review

1.2.1. Purpose of the Review

The self-assessment exercise is a process by which a Unit reflects on its mission and objectives, and analyses critically the activities it engages in to achieve these objectives. It provides for an evaluation of the Unit's performance of its functions, its services and its administration. In line with the RCSI strategic plan 'Growth and Excellence' it provides assurance to the University of the quality of the units' operations and facilitates a developmental process to effect improvement. The fundamental objectives of the review process are to:

- Review the quality of the student experience, and of teaching and learning opportunities.
- Review research activity, including; management of research activity, assessing the research performance with regard to: research productivity, research income, and recruiting and supporting doctoral students.
- Identify, encourage and disseminate good practice, and to identify challenges and how to address these.
- Provide an opportunity for units to test the effectiveness of their systems and procedures for monitoring and enhancing quality and standards.
- Encourage the development and enhancement of these systems, in the context of current and emerging provision.
- Inform the University's strategic planning process.
- Provide an external benchmark on practice.
- Provide public information on the University's capacity to assure the quality and standards of its awards. The University's implementation of its quality procedures also enables it to demonstrate how it discharges its responsibilities for assuring the quality and standards of its awards, as required by the Universities Act 1997 and the Qualifications and Quality Assurance (Education and Training) Act 2012.

1.2.2. The Review Process

The key stages in the internal review process are:

1. Establishment of a Self-assessment Committee.
2. Preparation of a Self-assessment Report (SAR) and supporting documentation.
3. Site visit by a peer review group that includes external experts both national and international.
4. Preparation of a peer review group report that is made public.
5. Development of a Quality Improvement Plan (QIP) for implementation of the review report's recommendations (that is made public).
6. Follow-up to appraise progress against the QIP.

1.2.3. Membership of the Peer Review Group

- Dr Michael Hannon (Chair). Higher Education QAE Consultant. Retired from ATU in August 2024. Former VP for Quality Assurance and Registrar and Head of the Galway-Mayo College.
- Ms Paula Leocadio (Student Quality Reviewer). PhD Scholar, University College Cork.
- Prof Paul Paes (External Subject Expert). Head of School of Medicine, Professor of Education and Palliative Care, Newcastle University.

- Mr Ian Colquhoun (External Subject Expert). Associate Medical Director, NHS Scotland Academy (NHSSA), Associate Postgraduate Dean, National Education Scotland (NES); Associate Professor and Clinical Assessment Lead, School of Medicine Dentistry and Nursing, University of Glasgow.
- Prof Michelle Flood (RCSI Internal Reviewer). Associate Professor and MPharm Deputy Director at the School of Pharmacy and Biomolecular Sciences, RCSI
- Mr Mark Collins (Technical Writer)

1.2.4. Terms of Reference for the Peer Review Group

In broad terms, the functions of the Peer Review Group are to:

- Study the SAR prepared by the unit and any other supporting documentation.
- Conduct a site visit, meeting with staff, students, representatives from all categories of users of the services of the unit, and external stakeholders as appropriate.
- Clarify and verify details in the self-assessment report and consider other relevant documentation.
- Review the activities of the unit in light of the self-assessment report.
- Prepare the Draft Report and present the main findings in an exit presentation to the staff of the unit.
- Write the PRG Final Report.

The Peer Review Group visited RCSI from 25-28 November 2024 and held meetings with a wide range of stakeholder groups, both internal and external (see Appendix 1 for details of the site visit schedule).

The PRG found that the methodology employed in the compilation of the Self-Assessment Report (SAR) to be consultative with an appropriate level of reflection.

1.3. Commendations

- The PRG commends the SoM on the consultative approach adopted in the compilation of the SAR. In particular, it wishes to commend:
    - The transparent process employed; and
    - The engagement of academic and professional services staff and students in the process and the obvious coherent approach.

2. Overview of the Unit

2.1. RCSI School of Medicine (SoM)

The School of Medicine (SoM) was established in 1886. It is the largest of six medical schools in Ireland. It delivers four-year (graduate entry), five- and six-year (direct entry) undergraduate medical degree programmes. All lead to a National Framework of Qualifications (NFQ) Level 8 award of MB BCh BAO.

The process of programme development and accreditation for both the Medicine and Physician Associates programmes is governed by the Medicines and Health Sciences Board (MHSB) which delegates authority and operational responsibility to evaluate programme proposals to the Awards and Qualifications Committee (A&QC). Using the NFQ guidance, the A&QC recommend whether programmes should be considered for approval and accreditation, or rejection.

The SoM is subject to reviews by the Irish Medical Council (IMC), the statutory professional body that sets the standards of medical education and training in the Republic of Ireland (RoI). In 2024, the SoM underwent periodic accreditation inspection by the Irish Medical Council (November 2024).

RCSI operates a cyclical system of Internal Quality Reviews (IQRs) under policies and procedures which are aligned with guidance from Quality and Qualifications Ireland (QQI) and with the Standards and Guidelines for Quality Assurance in the European Higher Education Area. The last internal quality review for the SoM was undertaken in 2016 and resulted in a Quality Improvement Plan in 2017. Progress with delivery on the range of recommendations is tracked in this review. The majority are either completed or ongoing. There are some which are no longer applicable.

2.2. RCSI's Strategic Plan

RCSI's Strategic Plan 2023 – 2027, "Innovating for a Healthier Future" reinforces the college's mission to "educate, nurture and discover for the benefit of human health". It succeeds the 2018-2022 strategy "Transforming Healthcare Education, Research and Service". The SoM adopts the institutional strategy as its own school-level strategy.

2.3. Benchmarking Process

The PRG found that a comprehensive benchmarking process was conducted at the level of programmes offered and fees charged. The process proved to be challenging due to a lack of available data and an appropriate database system. The limited availability of reliable and validated data became a recurring theme throughout this review.

2.4. Planning, Organisation and Management

The PRG found the governance model for the SoM difficult to comprehend. Many of the stakeholders we met, including RCSI employees, found it equally challenging. It is important that all staff are aware of the organisational structure, understand clearly at what levels decisions get made and receive clear communication.

2.5. Commendations

- Overall, the PRG found the SoM and RCSI, more generally, to be an evolving institution striving to do well. The PRG wish to particularly commend:
    a) The quality of the graduates and research outputs.
    b) Passionate and committed staff.

2.6. Recommendations

- Consider the appropriateness of the current Department structure in the context of emerging changes (See also related recommendation in Section 6.9).
- Further work is required to visually present and communicate the governance structure of the SoM.

3. Staff and Facilities

The PRG met a number of the SoM leadership team, academics and clinical academic staff during its visit. Throughout the visit, the team were hugely impressed by the expertise and outstanding commitment of professional services and academic staff. There is a clear commitment to excellence in all the facets of the SoM's activities and a willingness to go the extra mile to deliver improvement and meet students' needs. The work done in developing staff databases is noted, including the ongoing difficulty in producing a single staff list and understanding the full scope of staff involved in delivering the programme. This ongoing development is encouraged to strengthen staff development and maintain quality control.

The work around recruitment, particularly the involvement of students in shaping some of the criteria being used is very positive. There are a number of important processes for supporting engagement of staff from a comprehensive induction process to a variety of engagement meetings with clinical staff. There is a comprehensive package of development opportunities available including specific initiatives around education and the opportunity to do a Diploma in Health Professions Education. The SoM is commended on its support for onboarding and professional development of staff. As the educational training bar of staff increases, the SoM may want to consider setting minimum qualifications/continuing professional development expectations for those with significant educational roles.

The PRG noted the SoM's commitment to a single staff contract recognising education, research, and service. This is reflected also in the Academic Promotion process which recognises all three components. During the visit, the PRG heard that a number of staff, particularly those with educational leadership roles, had heavy educational workloads which limited their opportunities to carry out research. This also meant that opportunities to evaluate some of the new educational initiatives were being missed. Equally, there is a perception that even if the Academic Promotion pathway values education and research, it is more challenging for those with educational roles to achieve the necessary research excellence to achieve promotion compared to those who are more research-active while also delivering excellence in their teaching. The PRG recommends that the SoM considers whether the promotions pathway is working equitably for all staff, alongside considering the workload balance of staff in different roles.

The panel heard concerns about the workload involved in delivering the new medical degree curriculum, some of which is short-term due to the transition period, but other aspects, particularly around assessment, are likely to be permanent. For the clinical years of the programme, the support for the proposed delivery model was expressed, however, significant concerns about its feasibility within current staffing capacity were shared. In addressing this, the PRG recommends that the SoM carries out a capacity versus demand exercise in delivering the new curriculum to understand any workload implications arising from the new programme to guarantee that the required staffing is in place and that modifications are made to the delivery model.

There are strong relationships between RCSI and the clinical sites. The PRG heard that there is an agreement in place with the main teaching hospital for all consultants to have a minimum amount of time in their contract for RCSI-connected activity. This was seen as very positive and could be maximised to improve teaching capacity and student experience. The panel recommends that the SoM explore a similar agreement with its other providers in relation to medical teaching capacity.

The PRG saw some of the facilities available to staff and students. The facilities available to students are excellent, and those in York Street are class leading. Similarly, the PRG was impressed by developments in partner hospitals and the ongoing plans. The commitment to infrastructure is significant and RCSI are congratulated on their world-class facilities. In the visit, the PRG heard that some staff office space is limited, but there are plans to improve this. Another area to review is student access to some of the clinical skills spaces and whether access could be improved so they can make full use of the facilities on offer.

3.1. Commendations

- World class facilities.
- Support for onboarding and professional development of staff.
- Expertise and commitment of staff.

3.2. Recommendations

- Consider whether promotion pathway is working equitably, alongside workload balance.
- To address additional workload from new curriculum, conduct a staff capacity versus demand exercise.
- Work with health partners to explore opportunities to achieve agreements to safeguard and increase clinical teaching capacity in hospitals.

4. Teaching and Learning

4.1. Introduction

Since the last review, the PRG notes the development of a new Teaching, Learning and Assessment Strategy for all programmes by the Learning Teaching and Assessment (LTA) Committee based on four themes: Positive Education, Student Engagement, International Curriculum Development, and International Scholarly Engagement. This has resulted in a significant change in curriculum design for the SoM (Transformative Healthcare Education Project – THEP) with associated programmatic assessment methodology. The 2022 AMEE ASPIRE to Excellence Award for excellence in student engagement recognises the student centric approach to learning.

4.2. Course Structure

4.2.1. Direct and Graduate Entry to Medicine

The SOM has three programmes for consideration by the PRG. These include a 5-year Direct Entry to Medicine (DEM), a 4-year Graduate Entry to Medicine (GEM) and a 2-year MSc Physician Associate (PA) Programme. All programmes have an initial modular structure and recent changes in the THEP programme concentrate on outcomes-focussed learning objectives within a spiral curriculum. The final two senior clinical years of both the DEM and GEM programmes remain similar to the previous curriculum and concentrate on exposure to Medicine, Surgery and all specialties on rotation.

4.2.2. Physician Associate Programme

The PA programme established in 2016 commences with a seven-month academic modular induction followed by 50 weeks of clinical rotation. The introduction of a hybrid learning model in 2022-23 was noted including both remote and campus-based learning.

4.3. Teaching and Learning

The PRG noted that the development of the LTA was based on national and international health professions education research, bench-marking site visits, Fulbright scholarships and internal conference presentations and consultations. The new format defines the following three pillars: knowledge, skills, and professional identity. The new blended approach to case-based learning, utilising different teaching formats, promotes critical thinking, problem solving and the development of transferrable skills. However, development, standardisation and facilitation of case-based learning are noted as being resource and time-intensive for faculty.

Notably, the performance in the Prescribing Skills Assessment (PSA) does not align to the standards of excellence demonstrated elsewhere. Whilst it is recognised that this component of the curriculum is not mandatory for graduation unlike the UK, the PRG would support measures to formalise the recognition of this assessment given the patient safety implications for future graduates.

4.2.1. Experiential learning

The PRG welcomes the introduction of early years student patient workshops in the new programme and the observation by faculty that students appeared to be "thinking more like doctors in the early years".

4.2.2. Clinical placements

The extensive network of public and private sector, primary, secondary and tertiary care clinical partners is noted. Student interaction has highlighted variability in clinical teaching at different locations and it is recognised that there are a number of initiatives already in place to enable quality assurance across the clinical sites. This will be particularly important as the students progress to the senior years in the THEP II programme.

The PRG note that PA graduates are fulfilling workforce shortages around the country, and that students are requiring rotation to clinical locations outside the standard RCSI network and occasionally to locations without direct preceptor.

4.2.3. International curricula

The innovative and future-focused THEP curriculum is recognised to reflect the national, international and global healthcare challenges of multiple healthcare systems relevant to the diverse student population within the SoM.

4.2.4. Individualised student pathways

The recent introduction of personal student choice electives in the first two years is noted which remain within the overall assessment process.

The new programmatic assessment system which requires frequent, learner-centred but specific feedback is recognised to be achievable within the early years but may be more challenging in the later clinical years. The implications for workload pressures, standardisation and provision of quality feedback are noted.

4.2.5. Interprofessional learning (IPL)

The PRG recognises that RCSI is currently in the process of implementing an Interprofessional learning (IPL) strategy which will integrate this with the current curriculum.

4.2.6. Promoting best practice

Investment in faculty development is recognised through the Healthcare Professions Education Centre (HPEC) and its five-year strategy including the Postgraduate Diploma in Healthcare Professions, a one-on-one educational practice consultancy and support for both digital learning and peer observation of teaching. Significant faculty participation is noted in each area.

4.4. Delivery

With the sequential implementation of two phases of the THEP, full implementation of the new curriculum is not yet complete as students in the THEP II programme enter their senior and more clinical years.

Regarding the PA Programme, the asynchronous calendar to the Medical School, rotation to locations outside the RCSI network, variety of clinical attachments available and lack of direct PA preceptors are noted to be a significant challenge in relation to the integration of the PA, DEM or GEM programmes and interprofessional learning opportunities.

4.5. Curriculum / Design

This is covered in detail in Section 7.

4.6. Assessment

Whilst teaching and assessment are mutually dependant, the significant changes associated with the THEPII curriculum and assessment changes will be covered in detail in Section 6.

4.7. Commendations

- The approach to education which is innovative and following recognised educational principles.
- A commitment to developing 'Global Doctors'.

4.8. Recommendations

- To review the profile and integration of the PA programme in the SoM.
- To continue initiatives to improve student performance in the PSA.

5. Assessment

5.1. Introduction

RCSI has implemented significant changes in assessment as part of the THEP II programme to assess knowledge, skills and professionalism within the curriculum. This fulfils the recommendations of the previous SAR to develop a programmatic, innovative, multi-modal and centrally managed assessment system.

The PRG notes the appropriate reflections within the SAR that identify the need to improve communications with students, ensure assessment QA protocols are applied, recognise and address the faculty workload implications and review the timetabling of supplemental assessments.

5.2. Strategic development and initial perceptions of THEP II

The SoM approach to assessment aligns with the institutional LTA strategy. Assessment is mapped to module learning outcomes and is aligned. The THEP curriculum is dependent on multiple lower-stakes assessment opportunities associated with detailed student feedback to identify knowledge gaps early in the learning journey and facilitate appropriate remediation. A range of assessment processes are utilised to test the three competence pillars of knowledge, skills as well as person and professional identity. All assessments are combined using a grade point average (GPA) scale which is communicated regularly with the students at individual assessment, modular, semester, year and programme levels.

From a faculty standpoint, the programmatic assessment system is perceived to have been implemented well with regular training to onboard staff. It provides a useful mechanism to provide student feedback and allows personal tutors to identify students in difficulty at an early stage with referral to welfare or signpost additional needs as appropriate. It is recognised that the frequency of assessments has significantly increased the faculty workload and increased the workload for professional services staff in Student, Academic, and Regulatory Affairs (SARA). This reflects the experience within the early years, and it can be anticipated that this will continue in the untried senior clinical years. Faculty have expressed concern in achieving the level of assessment and feedback alongside the clinical workload.

The PRG had the opportunity to meet different student cohorts from both the early and later years of study. The student perspective of the first few years of the THEP II programme is one of over-assessment and considerable, unintended variability of the face-to-face assessment standards, leading to perceptions of unfairness. Challenges relating to the variation in the sequence of student learning activities in Year 3 and the impact on the new system have generated considerable ‘dashboard anxiety’ with comparison between themselves and their peers. Despite training opportunities, there appears to be a greater focus on adjusting their GPA score rather than improving their understanding and skills. The model of programmatic assessment implemented includes assessing terminal

knowledge outcomes in all years of the programme. This results in a progressive improvement in scores as students gain knowledge. Students did not like the low scores in early years though the panel recognises that this can be addressed in time. A bigger concern was that students were starting to focus on topics in the later years that they had not learned to compensate for current topics they were struggling with, or to boost their ranking at the detriment of their personal life and well-being.

Whilst the students recognise themselves as high achievers, they have expressed concerns about the impact of the programme on their mental health, social well-being, engagement with extra-curricular activities, and university experience, particularly in comparison with students in other Irish medical schools. No specific concerns were raised in relation to the PA programme.

The PRG noted that despite training sessions for students, there still remains a lack of understanding of the GPA system with a primary focus on grades. Unfortunately, the uptake of extra training sessions on programmatic assessment by the students has been poor (25/350 students). The SoM has already reduced the frequency of general knowledge checks to reduce the assessment burden in relation to initial feedback and the PRG understands that further information and education of staff and students is planned.

5.3. Progression and feedback systems

The THEP II programme is designed to provide students with appropriate and timely feedback to allow progress through the programme. This is underpinned using continuous assessment and feedback opportunities as an integral part of the learning process. Ongoing review of student performance is completed by Personal tutors, Review Committees and Progress Committees.

All modules within the DEM, GEM and PA programmes are required to be completed (pass standard of 50% or GPA >2.0) to allow academic progression to the next year. There is a highly complex set of requirements for progression, that appeared to cause some confusion for students, with multiple requirements including achievement of specific module pass marks, overall GPA score, and other must-pass activities, with various levels of tolerance applied in defined instances.

On-time progression figures demonstrate that consistently more than 95% of RCSI students do not experience any significant delays to their academic journeys. The Physicians Associate programme, whilst significantly smaller, has similar low attrition rates.

Interviews by the PRG with both faculty and students revealed that IT feedback systems are in place and working satisfactorily.

5.4. Supplemental assessment

Students who are unsuccessful in their first sitting are offered supplemental examinations for academic progression depending on their individual circumstance. Supplemental examinations will cover all three pillars of: knowledge, clinical skills and personal and professional identity. There is significant concern by both faculty and students in relation to how this will be timetabled.

5.5. Quality assurance

Individual assessment results are scrutinised by a range of stakeholders at all stages of the assessment process. Academic and administrative staff review raw performance data and summative assessment results are reviewed at module lead, year lead and ultimately by the Director of Psychometrics.

Overall quality assurance is provided by academic schools, internal governance committees, examination boards and Registry via the analysis of multiple data inputs.

The PRG noted the consistent standards of on-time student progression on all programmes, low attrition rates and student performance at external assessments (USMLE).

5.6. Operational administration and support

SoM examinations are administered via the Practique (Risr) examination system utilising a single suite of products for the setting, review, deployment, moderation, release of results and feedback. Paper setting, review and question banks are currently managed by a secure single sign-on. It is noted that access and security are concerns and a Practique Governance Group has recently been established.

The PRG noted the establishment of dedicated operations and assessment teams in 2023 with delivery across all schools within RCSI.

5.7. Recommendations

- To review the programmatic assessment strategy to determine if it is achieving its outcomes in relation to:
    - Impact on student learning behaviours
    - Student wellbeing
    - Staff workload
- To review the consistency, reliability and validity of face-to-face assessments.
- To strengthen the clinical academic leadership of assessments in years 3-5 as the new curriculum rolls out.

6. Curriculum Development and Review

The PRG recognises the significant work that has been undertaken since the last review in developing a new curriculum for the medical degree. Significant preparatory work and inclusive consultation took place in planning for the new curriculum. Universally, staff within the SoM and clinical environment felt that they had the opportunity to contribute to the planning phase. Innovation and best practice internationally has been considered in developing the new curriculum. In doing this, there have been some significant advancements in the curriculum including:

- The introduction of case-based learning makes learning for students much more relevant
- The introduction of student-led learning communities
- A formalised personal tutor programme
- The development of distinctive graduate profiles to drive the curriculum
- The introduction of programmatic assessment

These align with both international best practice and current evidence around engagement, learning and assessment.

The PRG was mindful that the review was taking place at a time when the SoM was in a transition period of implementing the full new curriculum, and that inevitable modifications will take place as it rolls out. During the visit, the PRG was aware of some evaluation taking place through the Health Professions Education Centre team.

The PRG strongly supports the SoM's desire to showcase some of the real educational innovations being introduced on a national and international scale and to carry out comprehensive educational research. There is a lot to learn and share.

The PRG was aware that generally staff and students were supportive of the principles behind the curriculum and believed it would lead to better doctors. At the same time, both groups were concerned about the extra workload that had arisen from different elements of the new programme. Although most of the SoM was clear that a new curriculum was needed, it has not been obvious what improvements in metrics the SoM hopes to see as a result of implementing the new programme. This is important in evaluating the impact and deciding what further changes may be needed.

The PRG strongly recommends there is a comprehensive scholarship and evaluation strategy to share best practice internationally; understand whether students are performing better in a number of different domains and consider the impact on their wellbeing on aspects such as programmatic assessment; and to understand the workload implications for staff.

A number of frameworks have been introduced, for example, the Medical Graduate Profile, and the three vertical pillars of learning alongside concepts such as Entrustable Professional Activities, vertical integrating themes, learning spirals and individual courses in each year. The PRG was not clear how they connect with each other and felt that some attention on this would benefit both students, teachers and external stakeholders by clearly linking how they all fit together to deliver the RCSI graduate. Simplifying, by reducing the number of concepts being described may also be helpful, particularly for faculty development. There should be a clear linkage between individual learning activities and outcomes to the degree end point, currently the Graduate Profile.

The PRG noted the strong structures that exist within the SoM particularly the Year Committees and Departments taking ownership of their part of the programme. This largely works but the PRG recognises that a significant amount of educational activity does not fit neatly into departments, for example, assessment and pastoral work. Additionally, medical curricula are looking to integrate across specialties to recognise the ageing population with multiple co-morbidities. Strong departments are important in bringing cutting-edge clinical practice to students but can also be a barrier to integration, consistency and equitable workloads if not managed carefully. It may also mean that nobody 'owns' key areas of the curriculum. The panel recommends the SoM explore whether any evolution is needed to make sure the operational structures deliver the course in the way that it is intended with equitable sharing of the workload and ownership of non-specialty based activities, as well as equivalent assessments.

6.1. Commendations

- Curriculum transformation and the fact it aligns with best practice internationally.
- Extensive and inclusive engagement in devising the new curriculum.

6.2. Recommendations

- Develop a comprehensive scholarship and evaluation strategy for the new curriculum to:
    - Share best practice nationally and internationally,
    - Understand impact on student performance and well-being,
    - Understand staff workload implications.
- Simplify the curriculum modelling to engage key stakeholders.
- Department structure clearly aligns to speciality activities. Consider how non-speciality educational activities are allocated.

7. Research Activity

The SoM demonstrates excellent research quality and impact, driven by internationally renowned researchers and supported by robust institutional structures. The PRG evaluated the research activity within the SoM, focusing on the quality, alignment, and impact of research and the structures and processes in place to support research excellence. The PRG recognises RCSI's unique positioning as a health sciences-focused institution with strong links to hospitals and other healthcare facilities.

7.1. Research Achievements

The PRG commends the SoM for its globally recognised research outputs, which are supported by exceptional metrics and strategic institutional backing. These achievements are a testament to the calibre of the researchers and the infrastructure supporting research at SoM described in the SAR. The StAR programme has attracted world-class researchers and cultivated a culture of innovation for this cohort in particular. This is evidenced by increased research visibility and productivity, significant contributions to grant income, high-impact publications, and an overall enriched research environment, further noted in the SAR. The PRG also recognises the SoM's commitment to undergraduate students taking part in research activities as an early opportunity to engage with academic medicine.

The PRG commends the SoM for its growing emphasis on educational research, which aligns with its institutional mission to innovate in healthcare education, improve student learning, and prepare students for the healthcare profession. The PRG encourages the SoM to continue investing in educational research as a strategic priority and leveraging expertise to further enhance teaching quality and innovation. The PRG notes elsewhere in the report the importance of this in relation to evaluating the impact of the new curriculum.

The PRG recognises the need to address time allocation and professional development opportunities for specific staff groups, particularly non-permanent staff members. The PRG identified persistent challenges in this area in discussion with staff members and reflections from the SAR. Furthermore, the SAR notes that career progression and skills development for non-permanent research staff remain "fragmented with unreliable contracts and tenure". This limits equitable access and opportunities for these individuals to contribute meaningfully to research and teaching.

7.2. Research Challenges

The PRG recommends reviewing time allocation, opportunities, and recognition for this group of staff, as well as considering the research opportunities of staff with significant educational roles as a means to improve staff retention and satisfaction, as well as increase the overall research and teaching capacity within the SoM.

The PRG heard about barriers and cumbersome processes for carrying out clinical research in partnership with healthcare providers. Given RCSI's strong relationship with those providers, the PRG recommends a comprehensive review of research agreements and contractual arrangements with affiliated hospitals and healthcare facilities. This would enable joint agreements to be put in place which streamline processes and use appropriate research structures. The challenge of "protecting time for research" for clinicians facing a "degree of student overload" was emphasised as a limitation to their ability to contribute to academic research. Reviewing agreements and contractual arrangements will enable clinicians to engage more effectively in research and strengthen the translational focus of the SoM's research portfolio as well as enhance its impact on patient care.

7.3. Commendations

- Internationally renowned research with high-quality metrics.
- Increased focus and interest in educational research.

7.4. Recommendations

- Review time allocation and opportunities for specific staff groups.
- Review research agreements and contractual agreements with hospitals.

8. Management of Quality and Enhancement

The PRG evaluated the quality assurance and enhancement framework of the SoM, focusing on its alignment with institutional and national quality standards, responsiveness to feedback, and the inclusion of stakeholders in quality processes. The PRG acknowledges the SoM's commitment to embedding a culture of quality, supported by the Quality Enhancement Office and underpinned by the Quality Assurance Framework.

Since the last review, the SoM submitted two successful applications to the A&Q Committee. These were for the recognition of the Transforming Healthcare Education Project (THEP) Phase 1 (THEP I) and Transforming Healthcare Education Phase 2 (THEP II). The PRG acknowledge the challenge of managing multiple curricula during the roll out of the THEP II programme.

The PRG was aware the SoM was visited by the Irish Medical Council (IMC) in the weeks prior to our visit. While it is recognised that the IMC focus was on re-accreditation and our review had a focus on enhancement, the PRG wish to acknowledge the effort involved by the SoM engaging with two panels in close succession.

The SoM and the Institution had a positive outcome to its engagement with the QQI CINNTE Institutional Review Process in 2023. The PRG would concur with a statement from Professor Ann Griffin, Chair of the CINNTE Review, in which she states:
"Strategically driven and student focused: the review panel were enormously impressed by the strong sense of a shared institutional ambition and a student-centred ethos, which was articulated by all those we met on the visit. The review team observed approaches to quality assurance and enhancement that were engrained within the organisation and across its partners, both local and global. Accessible leadership, an ethos of valuing staff, and students as active agents in their own learning stood out as key ingredients in RCSI's success."

8.1. Quality and Enhancement Achievements

The PRG acknowledges the establishment of a governance group to address challenges with digital systems. We view this collaborative effort as a commitment to resolving and improving digital infrastructures to support the SoM's quality assurance and enhancement goals. The PRG recommends expediting and effectively communicating the rollout of the Institutional Data Hub to staff members. The PRG noted that staff members were unaware of the Institutional Data Hub and its development.

The PRG was impressed by the inclusion of students in governance and quality enhancement processes. The PRG commends the thorough, self-critical SAR, which provides clear insights into areas of achievement and opportunities for improvement. The consultative process of developing the SAR highlights the SoM's commitment to inclusivity of students and reflection. The PRG encourages the SoM to continue leveraging this process to monitor and evaluate progress. Additionally, students' involvement in programme design and accreditation is an example of best practice in embedding student perspectives in quality assurance.

The "You Said, We Did" initiative demonstrates how the SoM acts on student feedback. We commend this transparent approach to closing the feedback loop. We believe this ensures trust and strengthens student-staff relationships. This approach emphasises a culture of responsiveness and action. Students expressed satisfaction with the visibility of outcomes from their suggestions. The PRG believes this initiative functions effectively as "You Said, We Listened" to highlight that student input is a key driver for continuous improvement. The PRG encourages the SoM to continue refining and expanding this initiative, including transparency around decisions where changes could not be implemented and to explain the rationale.

8.2. Commendations

- Collaboration between IT and Management. Most specifically, the governance group established to address the challenges with digital systems.
- The student voice and opportunities for engagement.
- Students hear back regarding the implementation of feedback suggestions:
    - 'You said, we listened'

8.3. Recommendations

- Prioritise and communicate the roll-out of the Institutional Data Hub under development.

9. Support Services

The PRG engaged with a range of support service staff members, students and the SAR. This allowed the PRG to gain valuable insight into the extensive support services that underpin the SoM.

9.1. Support Services Achievements

The PRG was impressed by the wide range of student support available. We commend the broad range of support students can access to address personal, emotional, and practical needs. Services such as welfare offices with open-door policies and immediate access, the 24-hour Spectrum Health line, and proactive outreach to students at clinical sites are recognised as exemplary. The ability of support service staff members to meet one-on-one demands while maintaining a collaborative and student-centred ethos is commended. The PRG commends support services staff members for their dedication to ensuring student well-being. The PRG acknowledges the well-supported nature of these services, with staff members reporting a forward-looking approach to growth and service enhancement.

The PRG commends the significant prioritisation of CoMPPAS. The visibility and accessibility of CoMPPAS were highlighted as key strengths in relation to supporting students with study strategies, GPA improvement, and academic timetabling. We commend the well-structured career planning programme for students that provides tailored support for career consultations, clinics, workshops, electives, and residency application support. Additionally, we commend the library services that promote research, learning, and academic excellence.

The PRG recognises the personal tutor system as a cornerstone of student support services. The consistent engagement between tutors and students provides academic guidance and ensures student well-being. Students and staff reported that the personal tutor system is a supportive and trust-based relationship that is instrumental in the student journey. We commend the training of SoM staff members to respond to students in distress and signposting to the proper supports available.

9.2. Commendations

- Student support services
- Careers and elective support service
- Personal tutor system

9.3. Recommendations

There are no recommendations for this section of the Report.

10. External Relations

The SoM has developed extensive relationships both within RCSI and external to the organization within Ireland and overseas. A recent working group generated a full list of stakeholders who were consulted via anonymous focus groups, online surveys or structured reviews. In addition, the PRG had the opportunity to discuss the effectiveness of these relationships with both internal RCSI staff and two representative external stakeholders.

10.1. Internal to RCSI

Groups composed from other schools or units within RCSI contributing to the SoM programme were included. Very positive feedback was received about interactions within the SoM. However, some room for improvement was identified in relation to communication, resource allocation and curriculum management to ensure the future growth of the SoM. Most University-level professional services departments provided direct services to the SoM, unlike other schools within RCSI which have operational teams that interface with these teams.

10.2. External to RCSI

A wide-ranging consultation was completed, and the SoM was identified as a progressive, innovative and adaptive school with recognised leadership and strong relations both within RCSI and with external partners. A detailed SWOT analysis was included with the SAR which aligns closely with the conclusions of the PRG. Highlights from a number of the stakeholders are included below:

10.2.1. Irish Medical Council

A five-year inspection was completed recently and the outcome was not available at the time of the review. Previous comments (2019) on the legacy curriculum commented at that time on a well-designed programme and an impressive student cohort.

10.2.2. National University of Ireland (NUI)

The PRG notes that RCSI is both a Designated Awarding Body and a Recognised College of the National University of Ireland. Important Quality Assurance processes are in place and the overall governance of the NUI-RCSI relationship is the responsibility of both the Senate (NUI) and RCSI Medicine and Health Sciences Board with a regular and active Working Group Executive.

10.2.3. Atlantic Bridge

The PRG had the opportunity to interview the Executive Director of Atlantic Bridge. The 30-year partnership arrangement with RCSI was discussed covering applications, promotion and marketing as well as student loan options from North America. Over 400 students have been placed out of 2000 applications and RCSI is noted to

have a strong 'brand identity' with good clinical skills and USMLE preparation. This allows good matching with employing authorities in the US and Canada (see 11.2.4). The only area of concern noted was in relation to the US Federal Loan Programme and outdated regulations in Washington in relation to distance educational learning programmes and potentially the inclusion of online learning materials.

10.2.4. National and International Residency Matching and Associated Bodies

The annual engagement between NDTP and the SoM is noted which facilitates intern allocation across Ireland. This is in addition to the development of relationships with international stakeholders by the Careers Team which enables international medical graduate matching of RCSI students.

The PRG noted that the 2024 graduating class achieved a 'residency match rate' of 90%, with 307 matching to residencies and 15 to research programmes. A total of 246 non-EEA and Swiss nationals secured residency positions in the HSE, United Kingdom Foundation Programme and other residency destinations. This was an improvement from previous years. The class of 2024 North American residency match rates for Canada and the US were 79% and 84%, respectively.

10.2.5. Postgraduate training bodies (RCPI and ICGP)

Both the SoM and RCSI are perceived as respected organisations with a diverse student population including excellent student supports and are identified as "great partners to work with".

10.2.6. Clinical Partners

The SoM engages with a range of clinical partners across all disciplines to provide clinical training for students in the medicine programmes. The clinical partners span the complete spectrum of patient care from primary to secondary care.

10.2.7. Affiliated International Medical Schools

Communication, collegiality and collaboration between the SOM and branch campuses (Bahrain, RUMC Malaysia) were identified in the consultation process.

10.2.8. Community Outreach

Finally, the PRG noted the involvement of the SoM and RCSI in multiple community outreach programmes involving the Recreation, Education and Community Health (REACH) programme. Online lectures, improved journalist access to RCSI experts, primary school participation in health education projects and a Junior Researcher Programme were noted.

10.3. Commendations

- Recruitment process and graduate outcomes of international students.

11. Summary Of Commendations And Recommendations

11.1. Commendations

- The PRG commends the SoM on the consultative approach adopted in the compilation of the SAR. In particular, it wishes to commend:
    - The transparent process employed; and
    - The engagement of academic and professional services staff and students in the process and the obvious coherent approach.
- Overall, the PRG found the SoM and RCSI, more generally, to be an evolving institution striving to do well. The PRG wish to particularly commend:
    a) The quality of the graduates and research outputs.
    b) Passionate and committed staff.
- World class facilities.
- Support for onboarding and professional development of staff.
- Expertise and commitment of staff.
- The approach to education which is innovative and following recognised educational principles.
- A commitment to developing 'Global Doctors'.
- To review the programmatic assessment strategy to determine if it is achieving its outcomes in relation to:
    - Impact on student learning behaviours
    - Student wellbeing
    - Staff workload
- Curriculum transformation and the fact it aligns with best practice internationally.
- Extensive and inclusive engagement in devising the new curriculum.
- Internationally renowned research with high-quality metrics.
- Increased focus and interest in educational research.
- Collaboration between IT and Management. Most specifically, the governance group established to address the challenges with digital systems.
- The student voice and opportunities for engagement.
- Students hear back regarding the implementation of feedback suggestions:
    - 'You said, we listened'
- Student support services
- Careers and elective support service
- Personal tutor system
- Recruitment process and graduate outcomes of international students.

11.2. Recommendations

- Consider the appropriateness of the current Department structure in the context of emerging changes (See also related recommendation in Section 6.9).
- Further work is required to visually present and communicate the governance structure of the SoM.
- Consider whether promotion pathway is working equitably, alongside workload balance.
- To address additional workload from new curriculum, conduct a staff capacity versus demand exercise.
- Work with health partners to explore opportunities to achieve agreements to safeguard and increase clinical teaching capacity in hospitals.
- To review the profile and integration of the PA programme in the SoM.
- To continue initiatives to improve student performance in the PSA.
- To review the programmatic assessment strategy to determine if it is achieving its outcomes in relation to:
    - Impact on student learning behaviours
    - Student wellbeing
    - Staff workload
- To review the consistency, reliability and validity of face-to-face assessments.
- To strengthen the clinical academic leadership of assessments in years 3-5 as the new curriculum rolls out.
- Develop a comprehensive scholarship and evaluation strategy for the new curriculum to:
    - Share best practice nationally and internationally,
    - Understand impact on student performance and well-being,
    - Understand staff workload implications.
- Simplify the curriculum modelling to engage key stakeholders.
- Department structure clearly aligns to speciality activities. Consider how non-speciality educational activities are allocated.
- Review time allocation and opportunities for specific staff groups.
- Review research agreements and contractual agreements with hospitals.
- Prioritise and communicate the roll-out of the Institutional Data Hub under development.

12. Appendix 1: Site Visit Schedule

IN ADVANCE | PRG Planning Meeting | MS Teams | Tuesday 12 November 2024

Date	Time	Dur. Mins	Sched. no.	Mtg. Title
Tues 12 Nov	14.00 – 14.40	40 mins	1	**Welcome and Introduction for PRG** Head of Quality Enhancement & Quality Reviews Manager
		10 mins	2	Break
Tues 12 Nov	14.50 – 16.00	70 mins	3	**Private Planning Meeting for PRG**

Day 1 | Tuesday 26 November 2024

Date	Time	Dur. Mins	Sched. No.	Mtg. Title	Venue
Tues 26 Nov	08.45 – 09.10	25 mins	8	PRG: Review of preparatory work	Robert Smith Room
Tues 26 Nov	09.10 – 10.00	50 mins	9	**Review defined meeting #1 Meeting with Head of School; members of School management team; senior staff** **Meeting theme:** Review of SWOT analysis, future developments of the School and governance structures, growth and workload modelling	Robert Smith Room
	10.00 – 10.10	10 mins	10	10 minute preparation time between meetings for PRG	
Tues 26 Nov	10.10 – 10.50	40 mins	11	**Review defined meeting #2 Meeting with SAR Co-ordinating Committee** **Meeting themes:** Process of SAR, Section-level reflections, student experience of SAR	Robert Smith Room
	11.00 – 11.20	20 mins	12	Break for PRG Tea/coffee	
Tues 26 Nov	11.20 – 12.05	45mins	13	**Review defined meeting #3: Meeting with Year Leads and Module Leads** **Meeting Theme:** collaboration and support; teaching learning & assessment; curriculum development and review; faculty development challenges and future potential	Robert Smith Room
	12.05 – 12.15	10 mins	14	10 minute preparation time between meetings for PRG	
Tues 26 Nov	12.15 – 13.00	45 mins	15	**Review defined meeting #4: Meeting with members of RCSI SMT** **Meeting Theme:** RCSI Strategy and the strategic development of the School. Plans for the future and management of resources, including workload management modelling	Robert Smith Room
	13.00 – 13.40	40 mins	16	Lunch for PRG	

Date	Time	Dur. Mins	Sched. No.	Mtg. Title	Venue
Tues 26 Nov	13.50 – 14.35	45 mins	17	**Review defined meeting #5: Meeting with Heads of Department – pre-clinical and clinical based at SSG. PA Programme.** **Meeting Theme:** Working environment; collaboration and support; career development opportunities; challenges and future potential; workload; Athena SWAN; space	Robert Smith Room
	14.35– 14.45	10 mins	18	10 minute preparation time between meetings for PRG	
Tues 26 Nov	14.45 – 15.30	45 mins	19	**Review defined meeting #6: Meeting with students based in SSG** **Meeting Theme:** Experience as undergraduate students of the School; teaching, learning and assessment; student supports; student engagement opportunities within the School and RCSI; student feedback; ongoing quality enhancement.	Robert Smith Room
	15.30 – 15.50	20 mins	20	Break for PRG Tea/coffee	
Tues 26 Nov	15.50 – 16.35	45 mins	21	**Review defined meeting #7: Meeting re Research** **Meeting Theme:** Experiences of research staff and PhD students of the School; developing an internationally recognized research profile; challenges and future potential; career development opportunities; workload; space – labs and write up.	Robert Smith Room
	16.35 – 16.40	10 mins	22	10 minute preparation time between meetings for PRG	
Tues 26 Nov	16.45 – 17.15	30 mins	23	**Review defined meeting #8: Tour of No.26 - SIM, Library, student recreational facilities**	No 26
Tues 26 Nov	17.15 – 17.45	30 mins	24	PRG Review of afternoon meetings; draft commendations & recommendations; planning for next day	Robert Smith Room
Tues 26 Nov	18.30 – 20.30	120 mins	25	Working dinner for PRG	TBC

Day 2 |Wednesday 27 November 2024

Date	Time	Dur. Mins	Sched. No.	Mtg. Title	Venue
Wed 27 Nov	08.40 – 09.00	20 mins	26	PRG: Review of preparatory work	Robert Smith Room
Wed 27 Nov	09.00 – 09.45	45 mins	27	**Review defined meeting #9: Meeting with staff representatives from RCSI central support services.** **Meeting Theme:** Current supports and resources provided; impact of the potential growth of the School on service supports; collaboration and	Robert Smith Room

Date	Time	Dur. Mins	Sched. No.	Mtg. Title	Venue
				planning for the future. Areas for consideration: IT; Library; Registry; Examinations; SARA Operations; Admissions; Estates; Finance; CoMPPAS, Student Services	
	9.45-9.55	10 mins	28	10 minute preparation time between meetings for PRG	
Wed 27 Nov	09.55 – 10.25	30 mins	29	**Review defined meeting #10: Meeting with external stakeholder representatives. HSE NDTP, IMC, RCPI, RCSI PGTB** **Meeting Theme:** External relations, graduate performance, training and development opportunities	Robert Smith Room
	10.25– 10.30	5 mins	30	5 minute preparation time between meetings for PRG	
Wed 27 Nov	10.30-11.00	30 mins	31	**Review defined meeting #11: Meeting with external stakeholder representatives, embassies and recruitment partners.** **Meeting theme:** External relations	Robert Smith Room
	11.00-11.20	15 mins	32	Break for PRG Tea/coffee	
Wed 27 Nov	11.20– 12.00	40 mins	33	**Review defined meeting #12: Suggest meeting with academic staff who support SOM- HPEC, SIM, PBS, SPGS** **Meeting Theme:** Supporting the successful delivery of the schools' provision	Robert Smith Room
	12.00 – 12.40	40 mins	34	Early lunch for PRG (to allow time to travel to clinical site)	Robert Smith Room
Wed 27 Nov	12.45 – 13.30	45 mins	35	**Travel by taxi to clinical site – Beaumont Hospital**	
Wed 27 Nov	13.40 – 14.25	45 mins	36	**Review defined meeting #13: Meeting with Heads of Clinical Departments/Clinical academic staff** **Meeting Theme:** curriculum and assessment, challenges and future potential; workload; space	Board Room ERC
	14.25 – 14.35	10 mins	37	10 minute preparation time between meetings for PRG	
Wed 27 Nov	14.35 – 15.20	45 mins	38	**Review defined meeting #14: Meeting with students based at clinical site** **Meeting theme:** Experience as undergraduate students of the School; teaching, learning and assessment; clinical placements; student supports; student engagement opportunities within the School and RCSI; student feedback; ongoing quality enhancement.	Board Room ERC
	15.20 – 15.40	20 mins	39	Break for PRG Tea/coffee	

Date	Time	Dur. Mins	Sched. No.	Mtg. Title	Venue
Wed 27 Nov	15.45 – 16.15	30 mins	40	**Review defined meeting #15: Meeting with clinical educators** **Meeting Theme:** Experience as graduates of the school, curriculum and assessment delivery, workload, career support and opportunities	Board Room ERC
	16.25 – 16.35	10 mins	41	10 minute preparation time between meetings for PRG	
Wed 27 Nov	16.35 – 17.15	45 mins	42	**Tour of facilities and wrap-up meeting with Head of unit / management team** Follow up meeting with unit management team – opportunity to explore aspects arising from stakeholder meetings	ERC Beaumont Hospital / Board Room, ERC
Wed 27 Nov	17.15 – 18.00	45 mins	43	Taxi back to RCSI SSG/hotel	
Wed 27 Nov	19.00 – 20.30		44	Working dinner for PRG	TBC

Day 3 | Thursday 28 November 2024

Date	Time	Dur. Mins	Sched. No.	Mtg. Title	Venue
Thurs 28 Nov	08.45 – 09.00	15 mins	45	PRG: Review of preparatory work	Robert Smith Room
Thurs 28 Nov	09.00 – 09.30	30 mins	46	**Time slot for additional meeting (s) (if required by PRG)**	Robert Smith Room
Thurs 28 Nov	09.30 – 11.45	135 mins	47	PRG meeting to finalise commendations and recommendations *Tea/coffee served at 10.30*	Robert Smith Room
Thurs 28 Nov	11.50 – 12.20	30 mins	48	PRG meeting with QEO for clarification and discussion of main findings	Robert Smith Room
Thurs 28 Nov	12.30 – 13.00	30 mins	49	Meeting with Head of Unit & QEO to present main findings	Robert Smith Room
Thurs 28 Nov	13.00 – 13.30	30 mins	50	Exit presentation to unit staff – key commendations & recommendations	Mary Dowson Room
	13.30 – 14.30	60 mins	51	Lunch and private meeting time with QEO	Robert Smith Room
	14.30			**Review ends**	