U.S. Department of Education

Staff Analysis
of the Standards and Report Submitted by

Ireland

Prepared July 2004

Background

The Medical Council, which in Ireland has the statutory authority for ensuring the quality of medical education at the country's five medical schools, was first reviewed at the September 1996 meeting of the National Committee on Foreign Medical Education and Accreditation (NCFMEA). At that time, the NCFMEA recommended to defer action on whether the country's accreditation/approval standards were comparable to those used to evaluate medical schools in the United States until Department staff could review additional materials from the Medical Council that arrived just before the meeting. The Medical Council was then considered at the March 1997 NCFMEA meeting where it was determined that the country's accreditation/approval standards were comparable to those used in the United States.

The Medical Council's application for redetermination of comparability was to be reviewed at the March 2003 NCFMEA meeting. However, its response to the NCFMEA questionnaire was a compilation of responses from three of the five medical schools in the country. While these responses were helpful in understanding the medical practices at each institution, the responses were not adequate to determine if Ireland's accreditation/approval standards continue to be comparable to those used to evaluate medical schools in the United States. Therefore, the NCFMEA voted to defer a decision on Ireland's quality assurance process until its September 2003 meeting. At the September 2003 meeting, the NCFMEA determined that Ireland's accreditation/approval process remains comparable to that used in the United States and requested that the Medical Council provide:

1. A copy of the accrediting standards used to evaluate medical schools, and
2. A report of its activities with respect to its accreditation/approval of the medical schools.

The country provided several documents in responding to the NCFMEA request, including:

(1) A copy of the standards used to evaluate medical schools.

(2) A copy of the evaluation system used by inspection teams.

(3) A description of the accrediting activities conducted by the Medical Council since its reconsideration for comparability at the NCFMEA's September 2003 meeting.

(4) A report on the status of medical education within the country.

(5) The form used by the Medical Council to gather information from medical schools prior to the inspection visit.

Summary of Findings

Based on the review of the standards, the report, and the other materials submitted by the Medical Council, Department staff concludes that the country has provided all of the information requested by the NCFMEA. Department staff also concludes that the Medical Council's actions during the past year appear to be consistent with the NCFMEA guidelines.

Staff Analysis

Part I. The Standards and Evaluation System used to Accredit Medical Schools

The country provided two documents that outline the accreditation process used to evaluate medical schools along with a copy of the World Federation for Medical Education (WFME) standards. The documents describe the standards and the evaluation system used by inspection teams that evaluate medical schools.

The country's document entitled *Accreditation of Medical Schools in Ireland* outlines the role of the Medical Council and the accrediting process. The document states that the Medical Council is legally responsible for monitoring and evaluating the medical education program against established standards. If the Council determines that a school's medical program is significantly deficient in preparing students to enter the field of medicine, it will recommend to the government that it remove that medical school's recognition, which would lead to the closure of the school.

The document also outlines the components of a medical education program that schools must offer and a broad overview of the World Federation for Medical Education Standards that Ireland adopted in 2003. The WFME standards have the approval of the World Health Organization and the World Medical Association.

The standards described in *Accreditation of Medical Schools in Ireland* that are used to evaluate medical schools are:

Core Courses

The core courses in the sciences must include anatomy, psychology, sociology, biochemistry, information technology, pathology, pharmacology and therapeutics, and physiology. The program must also provide core clinical training in anesthetics, emergency medicine, general practice, general surgery, internal medicine, obstetrics and gynecology, ophthalmology, otorhinolaryngolgy, pediatric medicine, pediatric surgery, and psychiatry. Other core courses that must be taken include clinical ethics, legal medicine, and public health.

Additional Skills

The medical education program must stress communications skills, clinical reasoning, applied clinical ethics, inter-professional education, self-care, and professional values and responsibilities.

Teaching Facilities

Schools must have adequate facilities to meet the needs of students enrolled in the medical education program. All schools must have lecture rooms, small group teaching rooms, science laboratories, a library, and information technology equipment.

Teaching Methods

All schools must use appropriate teaching methods and all courses must have "clear aims and objectives." Methods that encourage self-learning, teamwork, critical reasoning, and lifelong learning skills should be incorporated into the teaching methods used in medical schools. While clinical teaching has been primarily done in hospitals, the Council encourages the use of other clinical settings such as secondary care centers and other non-hospital based facilities.

Clinical Instruction

All medical students are required to take at least 30 months of clinical training at approved and supervised clinical sites. Schools must offer both hospital-based and community-based clinical training. At all sites, senior clinical staff appointed to the faculty of a medical school must deliver teaching. The senior clinical staff must have input into the design and assessment of the teaching program within medical schools and must be involved in a medical school's summative clinical skills examination. Clinical sites must have a library staffed by professional librarians that is linked to the library at the medical school campus. Clinical teaching must be conducted in small groups that have a 1:8 faculty to student ratio or smaller. All students must be briefed about their responsibilities in relating to patients and the staff

and about their roles during the clinical rotations. When clinical training is conducted in teaching hospitals, there should be a formal document that outlines the legal, financial, educational and organizational responsibilities of each party. During their clinical training each student will participate in a full range of patient care activities such as patient assessment, care planning, team working, and presentation skills. Students must have numerous patient contacts in multiple settings.

Governance and Structural Issues

All medical schools are required to have a curriculum committee that is composed of faculty members. The faculty must have the responsibility of ensuring that the medical program of instruction is achieving its goals. They must also monitor the course delivery methods and the course content to identify areas of weakness in the curriculum. Information obtained from the monitoring process forms the basis for instituting improvements to the curriculum. Student feedback must be an important part of the monitoring process. When significant changes are planned to the medical education program, the Medical Council must be informed in advance and provided with an evaluation of the impact of the proposed changes.

All schools must have a process of assessing student achievement. That process should use a variety of methods including formative and summative assessments, and peer and criterion referenced assessments. The assessment process should be frequent and involve senior local examiners and external examiners. All assessments must be valid and reliable. External assessment examiners must be selected based upon their education and background and must be rotated every two to four years. Schools must also have a process that allows students to appeal and repeat exams and provide remediation to students that perform poorly.

Admission to a medical school is determined by the score achieved by a student on the “leaving certificate examination” taken by all Irish students All medical schools must have a formal and informal mentoring system. Each school must have sufficient student services in place and encourage students to participate in extra-curricular activities. All schools must have “anti-bullying” systems in place and functioning.

In the future, Ireland will rely more on World Federation for Medical Education (WFME) standards, which it also provided to the Committee. (NCFMEA reviewed these standards at its March 2003 meeting when it accepted a report from the Australian Medical Council.) The WFME standards appear to correlate closely with the standards outlined in the Department’s questionnaire.

The WFME standards are structured into 9 areas and 36 sub-areas. The nine areas are:

- Mission and Objectives;
- Educational Program;
- Assessments of Students;
- Students;
- Academic Staff and Faculty;
- Educational Resources;
- Program Evaluation;
- Governance and Administration; and
- Continuous Self-Assessment.

Each of the sub-areas under the nine areas is broken into two categories, basic standards and quality development standards. For example, the educational outcome sub-area under the area of mission and objectives identifies as its basic standard the requirement that the medical school define the competencies that students should attain at graduation. The quality development standard of that sub-area requires that the school identify the linkages of those competencies with the competencies to be acquired in postgraduate training.

The *Accreditation in Medical Schools in Ireland* document states that the basic standards will be used to conduct 2003 inspection visits and that findings will be non-binding on schools. It also states that both the basic standards and the quality improvement standards will be used to evaluate medical schools during the 2005 round of inspection visits, but the findings from those visits will be binding upon the schools.

The country also provided a document entitled *Evaluation System for Use by Visitors*. This document notes that there are three major areas which schools should be evaluated against with each area having four sub-areas. These are:

- Delivery of Teaching
  - Teaching Methods
  - Course design and delivery
  - Integration
  - Assessment

- Organization and Staffing
  - Curricular Oversight and Development
  - Governance and Management
  - Staff, Facilities, and infrastructure
  - Student Welfare

- Educational Value
  - Core Courses
  - SSM's/Options/Lifelong Learning
  - Clinical Teaching Sites
  - Internship Teaching Sites

The document also contains an evaluation sheet for each sub-area that is correlated with the WFME standards. Each area is evaluated against a four-point scale with 0 being very poor and 3 being excellent. Evaluators are instructed to give a score for each section and then the scores will be averaged across all evaluators for each inspection visit.

Part II. Report of its Activities with Respect to its Accreditation/Approval of the Medical Schools

An Overview of Accreditation Activities:

The Medical Council reports that, after it formally adopted the medical education standards developed by the WFME in 2003, it used those standards to evaluate all five of the medical schools in Ireland. All schools received an inspection visit from which a formal evaluation report was generated and forwarded to the Medical Council's Education and Training Committee for review and approval, and then to the Medical Council for final action. The Medical Council conferred a two-year period of accreditation (also referred to as licensing) to all the medical schools.

Laws and Regulations:

The Medical Council reports that there were no changes to the laws over the reporting period.

Standards, Processes and Procedures:

As previously noted, the Medical Council adopted the WFME accrediting standards in 2003. Although not stated by the country, Department staff believes that medical schools would be evaluated against both the WFME standards and those in the country's document, *Accreditation of Medical Schools in Ireland,* that was discussed in Part I of this analysis.

The country noted that schools are required to develop a self-evaluation report that discusses how they comply with both basic and quality development standards. A questionnaire developed by the Medical Council based on the WFME standards is used to gather data for the self-study. Schools then undergo an inspection visit that validates the information provided in the self-study. Inspection visits are conducted every two-years.

The Medical Council also reports that the format for inspection visits has not changed during the reporting period. These procedures require that a team of

eight or nine subject matter experts conduct a two-day inspection during which team members evaluate clinical sites and facilities as well as meet with faculty, administrative staff, and students. The Medical Council also notes that the training of on-site team members has not changed over the reporting period with each team member being thoroughly briefed on the Medical Council's procedures and the questionnaire developed by the Medical Council.

The report notes that teams are composed of members with various expertises to ensure that all areas of the standards can be effectively evaluated. The latest round of evaluations also included external evaluators that allowed a "fresh perspective to the [evaluation] process."

The Medical Council reports that there have been no changes to its policies on substantive change, which require schools to report significant changes to the Medical Council, or to those for ensuring that no conflicts of interest occur and that standards are consistently applied. The Medical Council believes that the adoption of the WFME standards will reduce the possibility of inconsistent application of its standards.

The Medical Council reports that the process for evaluating student performance also remains unchanged. Currently, the country sends a survey out to all of its interns that requests input on whether the medical training they received prepared them for their internships as well as other work-related issues. The Medical Council is exploring ways to use the survey results to modify the medical education program.

The Medical Council also provided a report on the state of medical education in Irish medical schools. The report states that each medical school received a detailed report after an inspection visit identifying recommendations that must be addressed. Further, the report made 12 recommendations that must be considered at the national level and eight recommendations that must be reviewed by all schools. The overall conclusions of the report noted that:

- The medical schools continue to produce safe, competent graduates.
- New governance and curricular development structures are improving.
- Under funding is a serious threat to medical education.
- The capacity of the clinical courses has been exceeded.
- Reform in the educational program during the early years has been welcomed but that reform of clinical education has progressed at a slower rate.
- Accreditation standards must be enhanced in some areas including the areas of staff, facilities, and learning resources.

Schedule for upcoming accreditation activities:

The Medical Council noted that it is exploring several areas that will affect its licensing/accreditation processes, including:

- Awarding licensing to medical schools for two to four years. The length of the licensing period would depend on the state of medical education at each school. This will commence with the next round of inspections in 2005.
- Developing a "real-time" monitoring system that collects information from schools between formal inspection visits. If the data suggest areas of concern, additional formal visits may be conducted.
- Requiring schools to conduct a self-assessment on a regular basis during their licensing period.
- Requiring schools to obtain prior approval from the Medical Council before initiating any significant changes to the curriculum or the methods used to deliver the curriculum.
- Including students and lay personnel on inspection teams.
- Making available to the public data on the medical program and student achievement data that is obtained during inspections.