TAB F

U.S. Department of Education

Staff Analysis

Ireland

For the September 11-12, 2003 Meeting of the National Committee on Foreign Medical Education and Accreditation

U.S. Department of Education

Staff Analysis
of the Standards Used by
Ireland
For the Evaluation of Medical Schools

Prepared July 2003

Background

Ireland was first reviewed at the September 1996 meeting of the National Committee on Foreign Medical Education and Accreditation. At that time, the Committee 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 country that arrived just before the meeting. Ireland was then considered at the March 1997 Committee meeting and it was determined that their accreditation/approval standards were comparable to those used in the United States.

At the time that Ireland was last reviewed by the NCFMEA, Irish law stated that the statutory authority for ensuring the quality of medical education at the five medical schools in Ireland rested with the Medical Council.

Ireland's application for reconsideration of comparability was to be reviewed at the March 2003 meeting of the Committee. However, Ireland's response to the NCFMEA's 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 accreditation process until the September 2003 meeting.

Summary of Findings

Based on the information provided by Ireland, it appears that the country has a system of evaluation that, in many respects, is comparable to that used in the United States. However, the country did not provide sufficient information on several of the sections of the questionnaire. Specifically, in many sections of the questionnaire, the Medical Council referred to practices found in its medical schools but did not provide a discussion of the Medical Council's standards or policies on the issues.

The country has written several "statements" on medical education that Ireland considers its standards for medical schools. These statements are broad guidelines that medical schools are expected to follow but do not provide any specificity regarding

what should constitute the medical education program offered in medical schools. For example, the country's application did not identify the core curriculum for either the basic sciences or clinical clerkships; however, the Medical Council's 1996 medical statement on medical education, which the Medical Council considers its standards, clearly states that each medical school must define what constitutes a core curriculum.

A review of the responses provided by Irish medical schools that were included in the application would lend support to the fact that the medical program offered in Irish medical schools is comprehensive and correlates well with what is taught in medical schools within the United States. However, in many sections of its application, the country did not address what are the accreditation/approval standards by which the country evaluates its medical schools.

Staff Analysis

PART I: The Entity Responsible for the Accreditation/Approval of Medical Schools

There should be a clearly designated body responsible for evaluating the quality of medical education in the foreign country, and that body should have clear authority to accredit/approve medical schools in the country that offer educational programs leading to the M.D. (or equivalent) degree.

The Medical Practitioners Act of 1978 established the Medical Council as the governmental body that oversees medical education in the Republic of Ireland. The Act notes that it is the duty of the Council to determine the "suitability of the medical education and training provided by any body in the State recognized by the Council for such purpose" and to ensure the adequacy of the standards for theoretical and practical knowledge, and clinical training for preparation to enter the field of medicine.

The Council has 25 members including elected and appointed members. The members represent the range of medical specialties and teaching bodies and include lay members appointed by the Minister for Health and Children.

The country notes that the Medical Council has established an Education and Training Committee that is responsible for developing the standards and structure for undergraduate medical education. The Committee is composed of 13 members and meets four times a year.

PART II: Accreditation/Approval Standards

The entity within the foreign country that is responsible for evaluating the quality of medical education in the country and has authority to accredit/approve medical schools should have standards comparable to the following:

1. Mission and Objectives

(a) **The educational mission of the medical school must serve the general public interest, and its educational objectives must support the mission. The medical School's educational program must be appropriate in light of the mission and objectives of the school.**

(b) **An essential objective of a program of medical education leading to the M.D. (or equivalent) degree must be to prepare graduate to enter and complete graduate medical education, qualify for licensure, provide competent medical care, and have educational background necessary for continued learning.**

Ireland does not address whether it requires its medical colleges to develop a mission and objectives but instead cites an example of the mission and objectives that has been established by one medical college that described its mission in educating students and in preparing doctors to provide superior medical care to individuals within Ireland and overseas. Department staff believes that each medical college has established a mission and objectives but is uncertain whether the Medical Council has a standard that requires medical schools to develop a mission with associated objectives.

In its response to the staff analysis the Medical Council noted that there is no requirement for medical schools to develop a mission or objectives although some have chosen to do so. The country also noted that all medical schools are committed to delivering a "first class" medical education program.

2. Governance

(a) **The medical school must be legally authorized to provide a program of medical education in the country in which it is located.**

(b) **There must be an appropriate accountability of the management of the medical school to an ultimate responsible authority external to and independent of the school's administration. This external authority must have sufficient understanding of the medical program to develop policies in the interest of both the medical school and the public.**

The country notes that there are 5 medical colleges in Ireland. Three of these colleges were established under the Irish Universities Act; one college was established under a charter by Elizabeth I in 1592; and one college was established under a charter granted by King George III in 1784. Legislation passed by the Parliament establishes that each college is accountable to the Department of Education & Science, the Higher Education Authority, and the Central Applications Office.

The country noted that the external accountability authorities, independent of the school's administration that reviewed the management within medical schools were the University Government Authority and the Government Department of Education &

Science. The Medical Council noted that Parliament establishes the relationships between the universities and government agencies. Each university is legally and financially accountable to a University Governing Authority, which is accountable to the state. The Medical Council works with the university and the medical school in assessing the quality of the medical education program. However, the Medical Council did not identify any standard that requires that the management of the medical schools be accountable to outside authorities.

3. Administration

(a) The administration of the medical school must be effective and appropriate in light of the school's mission and objectives.

(i) There must be sufficient administrative personnel to ensure the effective administration of admissions, student affairs, academic affairs, hospital and other health facility relationships, business and planning, and the other administrative functions that the medical school performs.

(ii) The chief academic officer of the medical school must have sufficient authority provided by the institution to administer the educational program. That individual must also have ready access to the university president or other university official charged with final responsibility for the school, and to other university officials as are necessary to fulfill the responsibilities of the chief academic officer's office.

(iii) In affiliated institutions, the medical school's department heads and senior clinical faculty members must have authority consistent with their responsibility for the instruction of students

In responding to this section, the country referred to the administrative structure of one of its medical schools. Ireland noted that the administrative structure of this institution was governed by the University Governing Authority that is subject to the requirements of the Higher education Authority and the Department of Education & Science. The institution cited stated that it was headed by a Dean who is normally a medical doctor. The country did not address whether the chief academic officer of the medical school has authority to administer the medical education program nor did it provide information as to whether that individual had access to the university official in charge of the institution. Further, the country did not address the issue of whether the medical school's department heads and senior clinical faculty members in affiliated institutions have authority for the instruction of students. Department staff could not locate any standards that addressed the areas described in this section.

(b) The chief academic official of the medical school must be qualified by education and experience to provide leadership in medical education.

The Medical Council noted that the chief academic official of the medical school is the Dean who is selected and appointed by the members of the faculty. The Dean is always a tenured senior academic. The country also submitted the regulations that govern the administrative structure of one of its medical schools in responding to this section. Those regulations note that the Dean of the medical school is nominated by the Provost of the institution and appointed by the institution's University Council. However, the country also stated that there is no education or experience requirement to be appointed as a Dean. There was no information provided on whether the Medical Council requires the chief academic officials of the country's medical schools to be qualified by education and experience.

(c) The medical school may determine the administrative structure that best suits its mission and objectives, but that structure must ensure that the faculty is appropriately involved in decisions related to--

(i) Admissions;

(ii) Hiring, retention, promotion, and discipline of faculty; and

(iii) All phases of the curriculum, including the clinical education portion;

Ireland notes that admission to a medical school is determined by a student's academic achievement; however, opportunity exists for consideration of students that fall outside of the admissions criteria and in such cases the faculty has mandated that the Dean makes an admissions decision in consultation with the Admissions Office.

Faculty appointments and promotions are governed by the university and University Governing Authority and are not under the purview of the Council. The Medical Council notes that the faculty are consulted in the hiring, retention, promotion and discipline of Faculty staff. The country did not cite any standards that require faculty involvement in these issues.

Regarding the curriculum, the Medical Council states that the Core Curriculum Committee within each university is composed of faculty members from each department and therefore, the faculty does have input into the development of the curriculum. The country did not cite any standards.

(d) If some components of the educational program are conducted at sites that are geographically separated from the main campus of the medical school, the school must have appropriate mechanisms in place to ensure that--

(i) The educational experiences at all geographically separated sites are comparable in quality to those at the main campus; and

(ii) There is consistency in student evaluations at all sites.

The Medical Council noted that all clinical sites are conducted in either teaching hospitals or community-based centers. Teaching hospitals are accredited by several agencies including the Irish Health Services Accreditation Board, the Department of Health & Children, and the Medical Council. The Medical Council inspects each teaching hospital as it relates to postgraduate training. Each inspection conducted by the Council takes into consideration the staffing, financial management and administration of each hospital. The community-based centers are linked to the Irish Health Boards but are not accredited.

The country also cited the process used by one medical school to respond to this section. The Council noted that the faculty of the medical school visit the facilities of all off-campus clinical training sites to ensure that similar training and evaluation of students is conducted at these sites. The Council also stated that on-site teams visit at least one off-site clinical site to ensure that there are not excess numbers of students and that students have access to library resources. Ireland did not provide any information regarding the standards the Medical Council has regarding these issues. However, Department staff could not locate any standards that require medical schools to ensure that the educational experiences at geographical separated sites are comparable to those at the main campus or that require consistent student evaluations at all sites.

4. Educational Program

(a) Duration: The program of education leading to the M.D. (or equivalent) degree must include at least 130 weeks of instruction, scheduled over a minimum of four calendar years.

The country states that medical education is five or six years in length and must be at least 5,500 hours of training in length as required by European Union (EU) regulations.

(b) Curricular Content: The medical school's curriculum must provide students with general professional education, i.e. the knowledge and skills necessary to become a qualified physician. At a minimum, the curriculum must provide education in the following:

(i) The sciences basic to medicine, including—

(A) The contemporary content of those expanded disciplines that have traditionally been titled anatomy, biochemistry, physiology, microbiology and immunology, pathology, pharmacology and therapeutics, and preventive medicine; and

(B) Laboratory or other practical exercises that facilitate the ability to make accurate quantitative observations of biomedical phenomena and critical analyses of data.

(ii) A variety of clinical subjects, including at least the core subjects of internal medicine, obstetrics and gynecology, pediatrics, surgery, and psychiatry and, preferably, family medicine.

Note 1: Medical schools that do not require clinical experience in one or another of the above disciplines must ensure that their students possess the knowledge and clinical abilities to enter any field of graduate medical education.

Note 2: Clinical instruction must cover all organ systems and include aspects of acute, chronic, continuing, preventive, and rehabilitative care.

Note 3: The medical school's program of clinical instruction must be designed to equip students with the knowledge, skills, attitudes, and behaviors necessary for further training in the practice of medicine.

Note 4: Instruction and experience in patient care must be provided in both ambulatory and hospital settings.

Note 5: Each required clinical clerkship (or equivalent) must allow the student to undertake thorough study of a series of selected patients having the major and common types of disease problems represented in the clerkship.

(iii) Disciplines that support the fundamental clinical subjects, such as diagnostic imaging and clinical pathology.

(iv) Ethical, behavioral, and socioeconomic subjects pertinent to medicine.

(v) Communications skills integral to the education and effective function of physicians, including communication with patients, families, colleagues, and other health professionals.

The Medical Council states that the "Faculty" teaches all of the subject matter areas outlined in these sections including both basic sciences and clinical training. It then referred to one medical school's curriculum and noted that that school provided "discreet and whole courses in Ethics as applied to medicine, behavioral sciences, and socio-economic subjects pertinent to medicine." It also noted that this medical school also provided instruction in social and preventative medicine, socio-economics, Health Care overseas, and communications skills. In its application the Medical Council noted

that basic and clinical sciences are being integrated within the undergraduate curricula. The country also stated that in the first two years there is a strong emphasis on anatomy, biochemistry, physiology, pathology, pharmacology and therapeutics, and information technology.

The standards, identified as Medical Council Statements, issued in 1997, 1998, 2000, and 2001 identified the principle aims of undergraduate education and identified the knowledge and skills that graduates should obtain during their education including such areas as:

- Understanding human development.
- Diagnosing and managing common and acute and chronic disease.
- Understanding the important effects of social, psychological, environmental and cultural influences on health and disease.
- Understanding the complementary roles of the hospital, the community, and the public health medicine.
- Eliciting, interpreting and recording an appropriate clinical history and examination.
- Exercising sound clinical judgment in formulating diagnostic and management plans.
- Performing common clinical procedures
- Working effectively as a team.
- The aetiology, pathogenesis, natural history, diagnosis and management of common acute and chronic diseases.
- Strategizing disease prevention and health promotion.
- Communicating effectively with patients, relatives and colleagues.
- Recognizing and maintaining the dignity of individual patients.
- Having an awareness of the ethical principles and the medico-legal basis of practice.

The standards also note that medical schools must have a core curriculum that includes contributions from all departments within the school and foundation courses that "include all of the methods and content needed to lay the foundations for lifelong service and learning." The standards also reference clinical training but do not provide any specific guidance regarding the length of the training or the clerkships that medical students must take.

The Medical Council recommended, in their 1998 Statement on Medical Education, that the intern year be incorporated into the six-year undergraduate medical program. The Medical Council noted that it has since determined that internship year would not become part of the undergraduate program. The council did note that several key developments have begun to be included in the internship year. These include:

- Appointment of intern tutors in each hospital.
- Appointment of intern coordinators in each medical school.
- The development of a national intern contract by employers.

- Introduction of an intern logbook and reflective diary.
- Requiring specified teaching time for each intern.
- Requiring a review of an intern's performance at the end of each rotation.
- Requiring each medical school Dean to sign a Certificate of Experience upon completion of the intern year.
- Requiring each teaching hospital to achieve accreditation by the Medical Council in order to offer intern training. Accreditation is only approved upon inspection of the facilities and teaching program of each hospital.
- Requiring that intern training include rotations in general practice, emergency medicine, radiology, and obstetrics and gynecology.
- Requiring all interns to complete a national survey.

The Medical Council stated that all students take 30 months of clinical training during their undergraduate program and that the core clinical teaching program consists of rotations in internal medicine, general surgery, psychiatry, pediatric medicine, emergency medicine, general practice, obstetrics and gynecology, otorhinolarynogology, anesthetics, and ophthalmology. Additional rotations are available in public health medicine, genito-urinary medicine, genito-urinary surgery, neurology, neurosurgery, palliative medicine, orthopedics, forensic medicine and medicine for the elderly. All clinical faculty must have a teaching program with clearly understood learning objectives as well as the skills and behavioral objectives that students are expected to learn. Reforms have been introduced by medical schools that incorporate problem-based learning, student-oriented teaching, and critical reasoning into the clinical training program. Such reforms are intended to address the need for physicians to access, analyze, and incorporate new information into their practice as a result of the rapid pace of new technology and information emerging within the field of medicine.

Although Ireland stated that students are required to take clerkships in all of the clinical areas identified in the questionnaire, there were no standards or policies that outlined what clinical areas students are required to take. The self-study questionnaire that all medical schools are required to complete prior to a visit showed that schools must identify the number of clinical hours each student completes in medicine, surgery, obstetrics and gynecology, pediatrics, public health, general practice, therapeutics and pharmacology, psychiatry, and pathology. Additionally, the questionnaire also requires schools to identify the number of hours students must take in communication skills.

The Council also stated that medical schools are required to teach communication skills, legal medicine, clinical ethics, and behavioral sciences (psychology and sociology).

(c) Design, Implementation, and Evaluation:

(i) There must be integrated responsibility by faculty within the medical school for the design, implementation, and periodic

evaluation of all aspects of the curriculum, including both basic sciences and clinical education.

(ii) The medical school must regularly evaluate the effectiveness of its medical program by documenting the achievement of its students and graduates in verifiable ways that show the extent to which institutional and program purposes are met. The school should use a variety of measures to evaluate program quality, such as data on student performance, academic progress and graduation, acceptance into residency programs, and postgraduate performance; the licensure of graduates, particularly in relation to any national norms; and any other measures that are appropriate and valid in light of the school's mission and objectives.

The Medical Council states that each medical school is responsible for the design, implementation and evaluation of its own curriculum. The country notes that the faculty are part of the institution's Core Curriculum Committee that is responsible for the development of the curriculum. The Council noted that each school's faculty "has ultimate responsibility for ensuring that teaching programs achieve the required standards." Further, the Council states that it requires that institutions implement student assessment methods that maintain a balance of:

- Frequent assessments.
- Formative and summative assessments.
- Peer and criterion referenced assessments.
- Valid and reliable assessments.
- Routine use of senior local faculty and external examiners.

The use of external examiners assures that the medical education program is comparable to other Irish and international standards. External examiners are selected on the basis of their education and experience and appointed by each institution's academic council. To support the contention that the medical education in Ireland is comparable to that of other countries, the Council cited a five-year data gathering effort conducted by the Canadian Medical Council on how well graduates from Irish medical schools performed on qualifying examinations taken in Canada. However, the Council did not discuss what the data revealed. The Medical Council also noted that senior international medical educators have been a part of the medical school inspection teams since 2001.

The Council also cited the procedures used by one medical school tracks student performance using a secure database. This institution also identifies students with weaknesses and provides remediation. It notes that this institution tracks student performance until graduation. The Council did state earlier in its application that each medical school conducts its own examinations that allow a student who passes them to register to practice and that there is no central licensing examination in Ireland.

Department staff notes that the self-study questionnaire that all medical schools are required to complete prior to a site visit require the identification of the pass and fail rates for each class of students in the six year program. However, no written standards could be found that require faculty involvement in designing, implementing, and evaluating the curriculum or assessing the effectiveness of the medical program.

5. Medical Students

(a) Admissions, Recruiting, and Publications

(i) The medical school must admit only those new and transfer students who possess the intelligence, integrity, and personal and emotional characteristics that are generally perceived as necessary to become effective physicians.

(ii) A medical school's publications, advertising, and student recruitment must present a balanced and accurate representation of the mission and objectives of its educational program. Its catalog (or equivalent document) must provide an accurate description of the school, its educational program, its admissions requirements for students (both new and transfer), the criteria it uses to determine that a student is making satisfactory academic progress in the medical program, and its requirements for the award of the M.D. degree (or equivalent).

(iii) Unless prohibited by law, student records must be available for review by the student and an opportunity provided to challenge their accuracy. Applicable law must govern the confidentiality of student records.

The Medical Council noted that the Central Applications Office, an agency within the Department of Education & Science, sets the minimum test score that students must achieve on their final examinations from secondary school in order to apply for medical school. For example, in 2002, students must have scored a minimum of 575 points out of 600 in order to apply to medical school. Selection to medical school is then determined by rank ordering all the test scores and selecting the students with the highest scores. There are a limited number of spaces available for older students from the EU who can compete for entrance into medical school based on their high school grades, college work, work record, a personal statement, and an interview. Non-EU students can compete for entrance to the medical schools based on their college grades, scores on the Medical College Admission Test or equivalent scores, a personal statement, references, and a personal interview. There are also a limited number of spaces for students with exceptional circumstances. The Medical Council also stated that four of the five medical schools admit the majority of their student based on

academic achievement. The fifth medical school has an admissions policy of accepting one-third of its students from Irish origin and two-thirds from overseas. Of the overseas students, half of them must be from developing countries.

The country also cited the admissions procedures used at one medical school. At this institution admissions requirements are agreed upon between the faculty of the medical school and the university. Students are admitted based on their academic achievement; however, opportunity exists for the medical school dean to admit students because of exceptional circumstances.

However, Department staff could not locate any written standards used by the Medical Council that addresses the area of admissions.

Ireland has passed a Freedom of Information Act that requires institutions to allow students access to their records; however, the Medical Council did not address the issue of whether students have an opportunity to challenge the accuracy of the information contained in their record. The country was also silent on the issues of publications, advertising, student recruitment, and catalogues.

(b) Evaluation of Student Achievement

(i) The medical school faculty must establish principles and methods for the evaluation of student achievement, including the criteria for satisfactory academic progress and the requirements for graduation.

(ii) The medical school's evaluation of student achievement must employ a variety of measures of student knowledge, competence, and performance, systematically and sequentially applied throughout the medical program, including the clinical clerkships.

(iii) The medical school must carefully monitor the progress of students throughout their educational program, including each course and clinical clerkship, must promote only those who make satisfactory academic progress, and must graduate only those students who successfully complete the program.

The Medical Council states in its application that all medical schools assess student learning at the end of each year and that students must pass the examinations to progress to the next year. Certain courses are considered to be "hurdle" courses that students must pass to continue their medical studies. Repeated failures in these "hurdle" examinations will result in the student being removed from the medical school. The Medical Council also notes that "summative assessments" are made by the faculty. Ireland's application noted that a variety of student assessment methods are used including essay papers, modified essay questions, multiple-choice questions, and

structured clinical examinations. Further, each school has a policy that allows students to appeal exam grades and a policy that addresses opportunities for student to repeat examinations.

The country also cited one medical school's assessment practices that ensured that student achievement in the basic sciences and clinical training was assessed throughout their entire medical education program. The Medical Council also noted that this institution's assessment process is comparable to all other medical schools within the country.

The self-study questionnaire that medical schools must complete prior to an on-site visit requires each school to describe the process used to identify students with academic problems and the process used to assist those students. Data on pass/fail/repeated courses is also reviewed and monitored by the Medical Council and form a basis for exploration by on-site team reviewers during inspections of the institution.

Although the agency's standards address broad areas of knowledge and practice that medial graduates should possess, Department staff could not locate within the standards any specific reference to measuring student achievement, or monitoring the progress of students throughout their medical program.

(c) Student Services

Students must have access to preventive and therapeutic health services, including confidential mental health counseling. Policies must include education, prevention, and management of exposure to infectious diseases during the course of the educational program.

The Medical Council stated that all medical students have access to comprehensive health and counseling services. Ireland also noted that all universities offer a wide range of sports and recreational facilities. The country also stated that the faculty of one medical school is committed to providing health and counseling services to its medical students. It also stated that academic support is provided through a mentor network; however, such networks are not in the review criteria established by the Council. The self-study questionnaire asks medical schools to describe their academic mentoring network. No information was given regarding the country's accreditation/approval standards for this section.

6. Resources for the Educational Program

(a) Finances: The medical school must have adequate financial resources for the size and scope of its educational program.

(b) Facilities:

(i) The medical school must have, or be assured use of, physical facilities and equipment, including clinical teaching facilities, that are quantitatively and qualitatively adequate for the size and scope of the educational program, as well as the size of the student body.

(ii) The medical school should be encouraged to conduct biomedical research and must provide facilities for the humane care of animals when animals are used in teaching and research.

No information was given regarding how the Medical Council ensures that medical schools have adequate financial resources. In the summary report of the visits conducted by the Medical Council in 2001, one of the findings stated that medical education suffered from "chronic under funding." Universities receive block grants from the Higher Education Authority who in turn decide the allocation each program will receive. The Medical Council noted that the funding per student that medical schools receive is well below that of other countries and stated that if funding were not received from non-EU students the schools would not be able to meet their mission. The Medical Council stated that the funding issue will be one of several addressed in a Forum on Undergraduate Medical Education that will occur in the near future. The members of the Forum will include representatives from the Department of Education & Science, the Department of Health & Children, the Higher Education Authority, each medical school, and the Medical Council. A report will be developed after the conclusion of the Forum and will be forwarded to the government before the end of 2003.

The country did not state whether it requires medical schools to ensure that medical schools have adequate funding to accomplish their mission.

The country's application stated that medical schools have facilities that cover a broad range of courses and clinical experiences. It was also stated that no specific standards exist that cover facilities but that inspection teams (on-site reviewers) review all the facilities at medical schools including laboratories, computer-aided learning laboratories, clinical facilities, teaching rooms, lecture halls, the library, and information technology facilities. The Council also stated that it would propose minimum standards covering medical school facilities at the Forum (discussed above). A review of the summary of visits conducted by the Medical Council in 2001 revealed that on-site teams reviewed the facilities at the medical schools.

(c) Faculty:

(i) Members of the medical school's faculty must be appropriately qualified to teach in a medical program leading to the M.D. (or equivalent) degree and effective in their teaching. The faculty must be of sufficient size, breadth, and depth to provide the scope of the educational program offered.

(ii) The medical school should have policies that deal with circumstances in which the private interests of its faculty or staff may conflict with their official responsibilities.

The Medical Council stated that the qualifications of the faculty are determined by the university administration, the university faculty, the Department of Health and Children, and the Department of Education and Science. The Medical Council states that each school is expected to have a sufficient number of faculty to meet its teaching, administrative, and research mission. The size and composition of the faculty are assessed during on-site reviews. Ireland noted that candidates for senior faculty positions must be reviewed by an Assessment Board prior to selection. The composition of the Board is determined by a subcommittee of the Academic Council of the University and approved by both the faculty and the full membership of the Academic Council. Associate Professors and Statutory Lecturers must have a higher degree, appropriate postgraduate training, a proven record in teaching, conducted research, and published articles in their field. However, Department staff could not locate accreditation/approval standards in the documents submitted by the Medical Council.

(d) Library: The medical school must have a library sufficient in size, breadth, and depth to support the educational program and adequately and professionally staffed.

Ireland's application states that each medical school must have a well-stocked library that is accessible to all students. There must also be a separate library for the faculty of the medical school. Additionally, affiliated teaching hospitals and hospitals used for teaching clerkships must also have a library. Department staff notes that a review of the summary of the Medical Council's visits conducted in 2001 revealed that libraries were reviewed by the team. The report states that not all schools had adequate library space. However, Department staff could not locate any accreditation/approval standards that the Medical Council uses to evaluate libraries.

(e) Clinical Teaching Facilities The medical school should have affiliation agreements with each teaching hospital or clinical facility it uses that define the responsibilities of each party.

Ireland notes that the requirement's for clinical facilities are based on "traditional customs and practices" but did not discuss what those customs and practices were. The country did state that clinical facilities used by medical schools are all adequate. The Medical Council noted that on-site team members review at least one clinical site to ensure that there are not an excessive number of students at the site and that students have access to library facilities.

PART III: <u>Accreditation/Approval Processes and Procedures</u>

The entity within the foreign country that is responsible for evaluating the quality of medical education in the country and has authority to accredit/approve medical schools should have processes and procedures for granting accreditation/approval to medical schools that are comparable to the following:

1. Site Visit

The accreditation/approval process must include a thorough on-site review of the school (and all its geographically separated sites, if any) during which sufficient information is collected to determine if the school is in fact operating in compliance with the accreditation/approval standards. This review should include, among other things, an analysis of the admission process, the curriculum, the qualifications of the faculty, the achievement of students and graduates, the facilities available to medical students (including the training facilities), and the academic support resources available to students.

The Medical Council initially conducted visits every five years; however, in recent years visits have occurred more frequently. Prior to the visits, medical schools must complete a questionnaire that collects information on the number of students admitted each year, financial resources, hours spent in clinical teaching, a discussion on how curriculum is developed, final examination results for each student year, the student-to-faculty ratio, mechanisms for feedback from students, faculty development, and information on the intern program. Each two-day visit requires the team to review the previous visit report; meet with senior university management, senior hospital management, departmental staff and students, conduct a review the library, teaching facilities, and clinical sites; and assess student services, the mentoring program, and student living accommodations. At the end of the visit the team generates a report that identifies recommendations to improve the medial education program that is forwarded to the universities and the Medical Council.

2. Qualified On-Site Evaluators, Decision-Makers, and Policy-Makers

The accreditation/approval process must use competent and knowledgeable individuals, qualified by experience and training in the basic or clinical sciences, responsible for the on-site evaluation, policy-making, and decision-making.

The Medical Council notes that teams are composed of Medical Council members, content experts, and senior staff from medical schools that are not affiliated with the school being visit. Although the Medical Council did not provide formal policies or discussed such policies in their application that outlined the use qualifications of on-site team members, decision-makers, or policy-makers, the documentation provided by the Council regarding visits that have been conducted indicated that the Council did use qualified personnel.

3. Re-evaluation and Monitoring

The accreditation/approval process must provide for the regular reevaluation of accredited/approved medical schools in order to verify that they continue to comply with the approval standards. The entity must also provide for the monitoring of medical schools throughout any period of accreditation/approval granted to verify their continued compliance with the standards.

The 1997 Statement on Medical Education required annual inspections of medical schools for a "period" of time to ensure compliance with the reforms outlined in the Statement. Since then, it has conducted periodic inspections that continue today. A document outlining a summary of the findings from all the visits conducted in 2001 was submitted by the Medical Council as documentation that such visits were conducted.

The Council also noted that it has adopted the World Federation for Medical Education's Global Standards for Quality Improvement (WFMEGSQI) as a basis for further inspections beginning in 2003. The 2003 WFMEGSQI inspection findings will be non-binding but inspections beyond 2003 will require medical schools to adhere to the WFMEGSQI standards. Finally, the Council noted that when the WFMEGSQI inspections become binding, performance during the inspections would be linked to accreditation. The Council did not provide any information on the standards outlined in the WFMEGSQI. Further, Department staff could not locate any standards that required such visits.

4. Substantive Change

The accreditation/approval process must require medical schools to notify the appropriate authority of any substantive change to their educational program, student body, or resources and must provide for a review of the substantive change by the appropriate authority to determine if the school remains in compliance with the standards.

The application states that medical schools are required to consult with the Medical Council to obtain its consent if they are planning major changes to their educational programs. The Council's Education and Training Committee reviews proposed changes. However, the Medical Council's accreditation/approval standards do not address substantive change.

5. Controls against Conflicts of Interest and Inconsistent Application of Standards

The accreditation/approval process must include effective controls against conflicts of interest and inconsistent application of the accreditation/approval standards.

The Medical Committee notes that the following practices are in place to ensure conflicts of interest are not encountered. These include:

- Not allowing individuals to serve as reviewers of schools with which they have an affiliation.
- Medical Council members may not participate in any discussions on a school with which they have an affiliation.
- If a Council Member believes that a conflict of interest may exist, he/she must declare that to the full Council for discussion to determine if a conflict of interest does exist.

The Medical Council notes that several practices are in place to ensure consistent application of the standards.

- On-site reviewers often make multiple visits thus enhancing the inter-rater reliability of the reviewers.
- The focus of the visits to all schools is established in advanced, thus allowing the reviewers to evaluate the same areas at different schools, which contributes to consistency in the evaluation process.
- All information obtained from the schools is standardized.
- All visits were undertaken within a short period of time, which allows reviewers to apply the criteria consistently.

6. Accrediting/Approval Decisions

The accreditation/approval process must ensure that all accreditation/approval decisions are based on the accreditation/approval standards. It must also ensure that the decisions are based, in part, on an evaluation of the performance of students after graduation from the medical school.

Although the Medical Council provides broad guidelines on the medical education program to its universities and conducts site visits to evaluate the quality of education offered at the universities, it did not provide any information on what power it has to accredit or approve medical schools and what actions it can take if a medical school does not comply with the Council's recommendations.

The Medical Council notes that its process ensures that the training received at medical schools adequately prepares graduates to enter the field of medicine. However, the Council also notes that "as yet, the information generated is not formally linked to the process of accrediting individual medical schools."

Documentation:
Medical Council Discussion Document on Medical Education, 1996
Medical Council Statement on Medical Education, 1997
Medical Council Statement on Intern Education, 1998
Medical Council Statement on Intern Education, 2000
Medical Council Review of Medical Schools in Ireland, 2001
Medical Practitioners Act, 1978

Current Members of the Medical Council's Education and Training Committee
List of people who participated in the round of Medical Council visits to the five Irish Medical schools in October/November 2001
Questionnaire issued to each Irish medical school by the Medical Council in advance of the 2001 round of visits
Statutes relating to Department, Schools and Faculties at the University of Dublin (Trinity College)
Structures of Governance and Management, Faculty of Health Sciences, University of Dublin (Trinity College)
Response to Medical Council recommendations, Faculty of Health Sciences, University of Dublin (Trinity College)