

U.S. Department of Education

Staff Analysis  
of the Standards Used by

**Ireland**  
For the Evaluation of Medical Schools

Prepared June 2009

Background

The National Committee on Foreign Medical Education and Accreditation (NCFMEA or Committee) first determined at their March 1997 meeting that Ireland's standards and processes for accrediting medical schools that offer programs leading to the Medical Doctorate degree (M.D.), or equivalent degree, were comparable to those used in the United States. The Committee reaffirmed Ireland's determination of comparability in September 2003.

The NCFMEA also reviewed and accepted status reports on Ireland's accrediting activities in September 2004 and January 2008. Both reports refer to the Irish Medical Council's (IMC or Council) official<sup>1</sup> change of standards in 2005 to the World Federation for Medical Education's Global Standards for Quality Improvement in Medical Education (WFME Standards). This report reflects the first comprehensive review of Ireland's comparability to the standards and processes used to evaluate medical schools in the United States since the IMC adopted the WFME standards.

Summary of Findings

Based on the information provided by Ireland, it appears that the country's system for accrediting medical schools remains comparable to that used in the United States. The country uses the WFME standards to evaluate its six medical schools (Royal College of Surgeons in Ireland, University College Dublin, University College Cork, National University of Ireland, Galway, the University of Dublin - Trinity College and University of Limerick). Graduates may apply to register as medical practitioners upon satisfactory recommendation of the Dean following completion of the first postgraduate year (known as the Intern Year) when the intern receives a Certificate of Experience. Under the Medical Practitioners Act 2007, the process for issuing a Certificate of Experience is currently under review. Ireland has no national curriculum or national medical school exit examination.

The WFME standards are comprehensive in scope and encompass the evaluation of a medical school's mission and objectives, educational programme, assessment of

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<sup>1</sup> Ireland first evaluated medical schools on a non-binding trial basis under the "basic" standards of the WFME in 2003. Site team findings became binding in 2005 when medical schools were evaluated under both the "basic" and "quality" categories of the WFME standards.

students, students, academic staff/faculty, educational resources, program evaluation, governance and administration, and continuous renewal. The Council has a thorough monitoring and reevaluation process whereby monitoring visits to a medical school occur typically on an annual basis and more frequently for provisionally accredited programmes. Reevaluation visits occur every three years.

In 2007, the Council released a report to the public regarding its national and strategic recommendations for medical education in Ireland. Based on the Council's review of five medical schools in 2003, two notable trends in Irish medical education are widespread curriculum development and reform, and the incorporation of international best practices. These trends are reflected in Ireland's adoption of the WFME standards and are further elaborated in the "Educational Program" section of the NCFMEA guidelines.

### Staff Analysis

#### **PART I: 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 statutory and independent body that oversees medical education in the Republic of Ireland. The Medical Practitioners Act 1978 was repealed by the Medical Practitioners Act 2007 which stipulates that, "The object of the Council is to protect the public by promoting and better ensuring high standards of professional conduct and professional education, training and competence among registered medical practitioners." The Act clearly states the Council's authority to "approve programmes of education and further education necessary for the purposes of registration and continued registration."

The Medical Practitioners Act 2007 also expands the Council's power to make rules and to issue guidelines, as well as to "do all things necessary and reasonable to further its object, and perform its functions in the public interest." The Council has 25 members including elected and appointed members. The members represent the range of medical specialties and medical education bodies, as well as members who "are not and never have been medical practitioners in the State or another jurisdiction."

In its narrative, Ireland noted the Medical Council's dual role in conducting in depth on-site inspections of medical schools in order to confirm compliance with the minimum allowable standards for its operation, while acting as a quality enhancement authority by identifying and encouraging above average standards and good practice.

In addition, the Medical Council is a member of the International Association of Medical Regulatory Authorities, which aims to support medical regulatory authorities worldwide in protecting the public interest by promoting high standards for physician education, licensure and regulation, and facilitating the ongoing exchange of information among medical regulatory authorities.

Documentation:

Appendix 1: Medical Practitioners Act 1978

Appendix 2: Medical Practitioners Act 2007

## **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.**

Standard 1, "Mission and Objectives" of the WFME Global Standards stipulates that a medical school must define its mission and objectives and describe the educational process resulting in a medical doctor that is competent at a basic level. These processes must be an appropriate foundation for further training in any branch of medicine. The mission and objectives of a medical school should also "encompass social responsibility, research attainment, community involvement, and address readiness for postgraduate medical training."

In its narrative, the Medical Council affirmed that all medical schools in Ireland produce graduates with the knowledge, skills and attitudes to be competent doctors upon graduation. The country also emphasized that public representation and patient safety are priorities for the Council; this emphasis is also reflected in the 2007 Act which reconstituted the Council with a non-medical majority to ensure that the public is well represented.

There is no national curriculum or national medical school exit examination in Ireland; all medical programmes and schools in Ireland must be accredited by the Medical Council in order for their graduates to obtain registration.

Documentation:

Appendix 2: Medical Practitioners Act 2007

Appendix 4: World Federation for Medical Education Global Standards for Quality Improvement in Medical Education: European Specifications 2007

Appendix 5: Review of Medical Schools in Ireland: A Report to the Public

## **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.**

Standard 8, "Governance and Administration" of the WFME Standards stipulates that governance structures and functions of the medical school must be defined and reflect representation from academic staff, students and other stakeholders. Under the Medical Practitioners Act of 2007, the Medical Council is the external authority to which the medical schools are accountable.

Other entities to which medical schools in Ireland are accountable are the Department of Education and Science, which, under the Universities Act of 1997, accredits all universities in Ireland. The Irish Universities Quality Board also conducts quality assurance for universities.

Documentation:

Appendix 3: Universities Act 1997

Appendix 2: Medical Practitioners Act 2007

Appendix 4: World Federation for Medical Education Global Standards for Quality Improvement in Medical Education: European Specifications 2007

## **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**

Standard 8, "Governance and Administration," stipulates that "administrative staff of the medical school must be appropriate to support the implementation of the school's educational programme and other activities and to ensure the good management and deployment of its resources." There is also a standard that medical schools have a "clear line of responsibility and authority for the curriculum and its resourcing, including a dedicated educational budget."

**(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 stated in their narrative that it does not specify the qualifications for a chief academic official; these are stipulated by the individual university. The Council provided a sample description from a medical school that describes the roles and qualifications for the role of the Dean which includes previous appointment at the level of Professor, Personal Professor, Senior Lecturer or Lecturer.

- (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;**

Standard 2.7, Program Management, of the WFME standards stipulate that a curriculum committee must be given responsibility and authority for planning and implementing the curriculum, and that the staff, students and other stakeholders should be represented on this committee. Standard 5, Academic Staff/Faculty, outlines requirements for the recruitment and development of faculty and staff. Admission to a medical school in Ireland is determined either by a student's academic achievement demonstrated by high scores on the Leaving Certificate examination (Ireland's high school exit exam or equivalent) or by obtaining a primary degree and sitting relevant aptitude tests.

- (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 stated in their narrative that all medical schools offer part of the medical education programme at geographically separated clinical training sites. The Medical Council affirms that it visits these clinical training sites and applies the WFME criteria as part of its accreditation process. Standard 6.2, Clinical Training Resources, stipulates that a medical school must ensure adequate clinical experience and the necessary resources and that facilities for clinical training "should be developed to ensure clinical training which is adequate to the needs of the population in the geographically relevant area."

Documentation:

Appendix 4: World Federation for Medical Education Global Standards for Quality Improvement in Medical Education: European Specifications 2007

#### **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.**

Ireland has been a member of the EU since 1973 and therefore subscribes to the 5500 hours of theoretical and practical training, provided by, or under the supervision of, a university or a body similar to a university. The school leaver entry programmes in medical schools in Ireland are five year programmes. The Medical Council has provisionally accredited four graduate entry programmes in the Royal College of Surgeons, University of Limerick, University College Cork and University College

Dublin. All of these are four year programmes. RCSI, UCC and UCD also run five year programmes.

**(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) 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.**

Under Standard 2.3, Basic Biomedical Sciences, basic biomedical sciences “typically include anatomy, biochemistry, physiology, biophysics, molecular biology, cell biology, genetics, microbiology, immunology, pharmacology, and pathology.” Though the standards are not prescriptive regarding the lab portion of the basic sciences curriculum, under 2.3 the standard states that, “Proper integration between basic medical sciences and clinical sciences and skills should be assured.”

Documentation:

Appendix 4: World Federation for Medical Education Global Standards for Quality Improvement in Medical Education: European Specifications 2007

**(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.**

Under Standard 2.5, Clinical Sciences and Skills, the Medical Council stipulates that a medical school “must ensure that students have patient contact and acquire sufficient clinical knowledge and skills to assume appropriate clinical responsibility upon graduation.” The clinical sciences component of a medical programme would include subjects such as, internal medicine, surgery, anaesthesia, diagnostic imaging, clinical pathology, emergency medicine, general practice, obstetrics and gynecology, laboratory medicine, pediatrics, pathological anatomy and psychiatry.”

Clinical subjects are evaluated relative to standard 1.4, which requires a medical school to “define the competencies that students should exhibit on graduation in relation to their subsequent training and future roles in the health system.”

In its narrative, the Council further stated that it encourages early patient contact and places a particular emphasis on the professionalism of students and encourages use of primary care settings.

Documentation:

Appendix 4: World Federation for Medical Education Global Standards for Quality Improvement in Medical Education: European Specifications 2007

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

Standard 2.5 lists disciplines that support the fundamental clinical subjects and includes both diagnostic imaging and clinical pathology.

Documentation:

Appendix 4: World Federation for Medical Education Global Standards for Quality Improvement in Medical Education: European Specifications 2007

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

Under Standard 2.4, Behavioural and Social Sciences and Medical Ethics, a medical school “must identify and incorporate in the curriculum the contributions of the behavioural sciences, social sciences, medical ethics and medical jurisprudence that enable effective communication, clinical decision making and ethical practices.” Ireland further elaborated in its narrative that contributions of the behavioural and social sciences and medical ethics should be adapted to scientific developments in medicine, to changing demographics and cultural contexts, and to the health needs of society. The Medical Council has placed particular emphasis on this standard in its evaluation of medical programmes.

Documentation:

Appendix 4: World Federation for Medical Education Global Standards for Quality Improvement in Medical Education: European Specifications 2007

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

Emphasis on communication skills are embedded throughout the WFME standards on Clinical Sciences and Skills and Curriculum Structure, Composition and Duration. In the Medical Council’s 2007 Report to the Public, the Council assessed whether the content and delivery of the undergraduate medical programme prepared graduates to undertake the internship. The Council found that students responded positively to revised curricula which provided earlier and more integrated exposure to clinical skills. According to their review, the Council stated that interns expressed that “the students they have contact with are much better prepared clinically than they themselves have been, and have stronger communication skills.” The interns attributed this to a reduction in lecture-based teaching and increased exposure to patients, and simulated patients, at an undergraduate level. The narrative and the report affirms the Medical Council’s support of this apparent enhancement of clinical and communication skills.

Documentation:

Appendix 4: World Federation for Medical Education Global Standards for Quality Improvement in Medical Education: European Specifications 2007

Appendix 5: Review of Medical Schools in Ireland 2007: A Report to the Public

**(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.**

Standard 2.7, Programme Management, stipulates the constitution of a curriculum committee that has the authority to implement the curriculum and to secure the objectives of the medical school. Representation on the committee should include staff, students and other stakeholders. Standard 7.3, Student Performance, stipulates that student performance must be analyzed in relation to the curriculum and the mission and objectives of the medical school. Student performance “should also be used to provide feedback to the committees responsible for student selection, curriculum planning and student counseling.” The student performance standard of the WFME provides examples of measures that may include information about “average study duration, scores, pass and failure rates at examinations, success and dropout rates, student reports about conditions in their courses, as well as time spent by the students on areas of special interest.” Standard 9 of the WFME, Continuous Renewal, stipulates that there must be procedures for regular review and updating of a medical school's structure and functions.

Furthermore, under the Universities Act of 1997, universities are required to undertake quality assurance and improvement measures aimed at improving the quality of education provided on a continual basis. The Council also expects that medical schools adapt instructional methods, taking into account new developments in educational theories, adult learning, methodology and active learning principles.

According to Ireland's narrative, medical schools commonly engage outside consultants with expertise in medical education to undertake additional external reviews which the Council reviews when it evaluates the school, although these experts do not have the power to accredit the programme. The Council also stated that each medical school conducts its own examinations that allow a student who passes them to graduate and to apply to register to practice as an intern. There is no central licensing examination in Ireland.

Documentation:

Appendix 4: World Federation for Medical Education Global Standards for Quality Improvement in Medical Education: European Specifications 2007

## 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.**

Standard 4.1, Admission Policy and Selection, outlines requirements for medical schools to have an admission policy that includes a clear statement on the process of selecting students.

National medical school admissions standards in Ireland were changed in 2009. For students in the European Union (EU), application to a primary degree medical programme includes: a minimum academic standard in the final secondary school (high school) exit examinations (Leaving Certificate or equivalent); meeting entry requirements specific to the medical programme, and passage of the Health Professional Admissions Test (HPAT), which measures a candidate's logical reasoning and problem solving skills, as well as non-verbal reasoning and the ability to understand the thoughts, behavior and/or intentions of people.

In addition, there are access programmes in place for socially and educationally disadvantaged students which permit admission to a limited number of students who have the minimum academic requirements but who have not achieved the requirements in the secondary school (high school) exit examinations (Leaving Certificate). Non-EU students must meet examination standards of their country of origin that are equivalent to the Irish Leaving Certificate, and may also undergo an interview process.

Application requirements for all students seeking entry to graduate medical programmes include: a minimum of a Second Class, First Division (2.1) in their primary honours degree in any subject, and also reach a threshold score on either the Graduate Australian Medical School Admission Test (GAMSAT) or Medical College Admission Test (MCAT). These tests are not national requirements.

Students have access to their own academic records under the Freedom of Information Act of 1997 and the Data Protection Act of 1988. Ireland stated that standards for advertising are overseen by the Advertising Standards Authority and that the Medical Council has no role in evaluating advertising and publications used by the medical school.

Documentation:

Appendix 4: World Federation for Medical Education Global Standards for Quality Improvement in Medical Education: European Specifications 2007

**(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.**

Standards 3, Assessment of Students, details requirements for the evaluation of assessment methods and the relation between assessment and learning. The Medical Council evaluates whether a medical school has defined and stated the methods used for assessment of its students, including the criteria for passing examinations, as well as a medical school's evaluation of assessment methods and the development of new assessment methods. The standard stipulates that assessment must test student achievement of learning objectives and competences, and that assessment practices should include all domains: knowledge, skills and attitudes.

According to Ireland's narrative, under the Irish Universities Act of 1997, Irish universities are required to establish academic councils to oversee statutes, "relating to the academic affairs of the university, including the conduct of examinations, the determination of examination results, the procedures for appeals by students relating to the results of such examinations and the evaluation of academic progress." Additionally, the country stated that when the Council assesses evaluation methods, "assessment policies and processes of medical schools must be demonstrably robust if the medical school and programme is to be approved."

Documentation:

Appendix 3: Universities Act 1997

Appendix 4: World Federation for Medical Education Global Standards for Quality Improvement in Medical Education: European Specifications 2007

### **(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 in Ireland have access to medical staff, student counselors, an international student officer, a disability officer, and other services, depending on the needs of the student. Standard 4.3, Student Support and Counselling," and Standard 4.4, Student Representation, outline requirements for the provision of student services by medical schools.

Documentation:

Appendix 4: World Federation for Medical Education Global Standards for Quality Improvement in Medical Education: European Specifications 2007

### **(d) Student Complaints**

**The medical school must have written policies for addressing student complaints related to the areas covered by the agency's accreditation standards and processes. The student consumer information provided by the medical school to students must include the school's policies for addressing student complaints as well as the name and contact information for the accrediting/approval entity to which students can submit complaints not resolved at the institutional level.**

The Irish Universities Act of 1997 requires universities to have policies governing the rights of students to make complaints, including appeal of examinations results. Also,

under Standard 7.2, Teacher and Student Feedback, the Council verifies that teacher and student feedback is systematically sought, analyzed, and responded to.

Documentation:

Appendix 3: Universities Act 1997

Appendix 4: World Federation for Medical Education Global Standards for Quality Improvement in Medical Education: European Specifications 2007

## 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.**

All six medical schools in Ireland are financed by both the state and by private donations. Standard 6.1, Physical Facilities, stipulates requirements for sufficient physical facilities and that the curriculum can be delivered adequately. The standard also provides for the regular updating and extension of facilities to match developments in educational practices. Standard 6.2, Clinical Training Resources, outlines requirements for clinical training facilities, and Standard 6.4, Research, requires medical schools to have a policy that fosters a relationship between research and education, and to describe the research facilities and areas of research priorities at the institution. While the standards do not directly provide for the humane care of animals when animals are used in teaching and research, medical schools are required to foster a “safe learning environment” which would include, “protection from harmful substances, specimens and organisms, and provision of vaccinations, laboratory safety regulations, etc.”

Documentation:

Appendix 4: World Federation for Medical Education Global Standards for Quality Improvement in Medical Education: European Specifications 2007

**(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 in its narrative that it does not specify the size of the faculty of a medical school, nor the qualifications for appointment to the faculty, but that it evaluates whether the faculty are sufficient to deliver the programme and whether there are opportunities for staff development. Standard 5.2, Staff Policy and Development, outlines requirements regarding faculty, and ensures that the medical school has, “a staff policy which addresses a balance of capacity for teaching, research and service functions, and ensures recognition of meritorious academic activities, with appropriate emphasis on both research attainment and teaching qualifications.”

The Medical Council does not specify what constitutes a faculty conflict of interest between personal and professional interests. Though it did not provide any examples documenting a medical school’s policy, the Council stated in their narrative that universities and medical schools have policies with regard to faculty conflict of interest.

Documentation:

Appendix 4: World Federation for Medical Education Global Standards for Quality Improvement in Medical Education: European Specifications 2007

- (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 stated that it visits medical school libraries as part of its assessment to ensure that they are “sufficient in size and depth to support the educational programme.” It further recommends that all students have access to online journals and that wireless internet access is available to students. Evaluation of library facilities falls under Standard 6.1, Physical Facilities, and Standard 6.3, Information Technology.

Documentation:

Appendix 4: World Federation for Medical Education Global Standards for Quality Improvement in Medical Education: European Specifications 2007

- (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 stated that it encourages agreements between medical schools and clinical teaching sites, many of which are in place. These agreements are typically approved by the senior management of the university and the Board of Management of the clinical site. In general, agreements specify the amount of hours contracted for teaching, the use of clinical and education space in the hospital for purposes of clinical teaching, and the rights and responsibilities of students, hospital staff, and medical staff. The Council is not involved in the negotiation or approval of affiliation agreements.

### **PART III: Accreditation/Approval Processes and Procedures**

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 accreditation/approval process must include an on-site review of all core clinical clerkship sites.

- (a) At sites that have never been visited by an accreditor whose standards are comparable, the accreditor must conduct an on-site review within 12 months of the accreditation review of the school.**
- (b) At sites that have been reviewed previously and approved by an accreditor whose standards are comparable, the accreditor must conduct an on-site review at least once during the accredited period.**
- (c) At new sites (sites opened during the accredited period and that have never been visited previously), the accreditor must conduct an on-site review within 12 months of the placement of students at those sites.**

**NOTE: If an accrediting body is accrediting multiple schools that use a common core clinical clerkship site, where that site has a single coordinator responsible for the educational experience of students from the multiple schools, and where the accrediting body, whenever it visits that site, interviews students from all schools, then that site does not need to be visited more than once during the accredited period.**

In its narrative, the Medical Council stated that it conducts comprehensive site visits to a medical school and under Section 88 (2)(f) of the Medical Practitioners Act 2007, the Council is required to “inspect places in the State where training is provided to persons undertaking training for a basic medical qualification, for the purposes of medical education and training standards,” prior to making accreditation decisions. The Council states that site visits evaluate the links between the clinical training facilities and the university or medical school campus. Accreditation may be unconditional, conditional (with recommendations for improvement), or withheld. As provided in the “Guidelines for Assessors,” periods of accreditation are typically three years, at which time the evaluation cycle repeats itself.

The documentation also outlines the evaluation process which includes meetings with medical school staff and students, and a review of the medical school’s admission process, the curriculum, the facilities, and the academic support services, as they are elaborated in the WFME standards.

Documentation:

Appendix 6: Information for Assessors

Appendix 7: Information for Medical Schools

Appendix 8: World Federation for Medical Education Questionnaire

## **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 evaluations of medical schools, policy-making, and decision-making.**

As stated in the Council’s narrative, an accreditation team typically includes the Chair, Council members that are registered medical practitioners, non-medical members, an external assessor, and a Medical Council staff member. Teams may also include content experts and other external experts such as members from the WFME, Canadian accreditation bodies, and the General Medical Council (UK) Education and Training Committee. Members of patient focus groups have also participated to represent the public interest. Team members receive training during a “Medical Council Education Day” when they are provided with an overview of the accreditation process and expectations of them as assessment team members.

Documentation:

Appendix 9: Slides from Medical Council Education Day

Appendix 10: Role of the Chairman

### **3. Re-evaluation and Monitoring**

**The accreditation/approval process must provide for the regular re-evaluation 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.**

As stated in the Council's narrative, basic medical programmes in Ireland are accredited for a period of three years with interim monitoring visits. The interval between monitoring visits varies and may take place as frequently as every few months. Ireland's documentation showed that monitoring visits typically occur annually but for new, provisionally accredited programmes they may occur more frequently.

As part of its accreditation visit, the Council meets privately with students to hear their feedback and concerns they may have about the medical school. These are then raised by the Council to the school in its visiting report. The Council stated that it monitors whether the concerns are addressed by the school. The Council also considers student satisfaction surveys and medical schools' responses to the surveys when considering a school's accreditation. There is no formal process by which the Council investigates complaints directly from students.

Documentation:

Appendix 6: Information for Assessors

Appendix 7: Information for Medical Schools

### **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.**

According to its narrative, medical schools must notify the Council in writing and outline the nature of the proposed change. The Council then reviews the documentation and re-visits the school to assess the impact of the 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 Council stated in its narrative that, as public members, the Council operates within the guidelines of the Ethics in Public Office Act of 1995 which requires a Council member to declare any situation that they believe would cause a conflict of interest in the execution of their duties.

## **6. Accrediting/Approval Decisions**

**It is recognized that circumstances within a country may appropriately result in diverse institutional missions and educational objectives. However, those circumstances can never justify the accreditation of a substandard program of medical education leading to the M.D. degree. The accreditation/approval process must ensure that all accreditation/approval decisions are based on compliance with 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.**

The Medical Council evaluates schools based on the WFME Standards. The Council submitted training materials and a sample monitoring report to demonstrate how they make decisions based on the standards. According to its narrative, as appropriate the Council obtains information from medical schools on the examination performance of students and discusses its concerns with the medical school.

The Medical Council has not established student performance outcome measures after graduation from medical school or student performance outcome requirements for schools. Graduates become registered medical practitioners after they are signed off by the Dean of the medical school as being of a satisfactory standard following the intern year.

### Documentation:

Appendix 4: World Federation for Medical Education Global Standards for Quality Improvement in Medical Education: European Specifications 2007

Appendix 9: Slides from Medical Council Education Day

Appendix 10: Role of the Chairman

Appendix 11: Sample Monitoring Report

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