University College Dublin

REVIEW GROUP REPORT

Periodic Quality Review

UCD School of Medicine

April 2016

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Key Findings of the Review Group

The Review Group has identified a number of key findings in relation to areas of good practice operating within the School and areas which the Review Group would highlight as requiring future improvement. The main section of this Report sets out all observations, commendations and recommendations of the Review Group in more detail. A list of all commendations and recommendations is set out in Appendix 1.

Examples of Good Practice

The Review Group identified a number of commendations, in particular:

- The School Strategy is supported by committed academic leads (Division and Section Heads), who drive the Strategy through an effective committee structure which seems to be well understood by them. This includes the development of a good Teaching and Learning Committee structure to deliver and strategically plan courses, led by an Associate Dean of Programmes & Educational Innovation and a strategic focus for research themes led by the Associate Dean for Research and Innovation.

- Faculty and staff are commended on their commitment to the School of Medicine, and to UCD; specifically their continued commitment and achievement through the economic downturn. A collegial environment has been created, with all staff working towards the same goal, at a time of University restructuring.

- There is a dedicated team of programme leads and co-ordinators across the pre-clinical and clinical curricula. This has given rise to a continuous cycle of review and renewal of curriculum development, reflected especially in the enhancement project led by a programme enhancement champion.

- Teaching and learning excellence are clearly areas of pride in the School of Medicine. The Review Group were impressed with Associate Dean P&EI's leadership in providing a strategic vision and developing a QA cycle of reviewing the functions of the education committees and its programmes. There has been extraordinary effort and commitment by the School in dealing with the complexity of the various undergraduate and postgraduate courses and programmes. The establishment of an excellent governance and monitoring committee structure to identify and implement educational development for the School has been key to this.

- The Research Strategy has been extraordinarily effective. A number of research groups are flourishing; the grant income has grown progressively and the publication output on a per capita basis is impressive.

- New School initiatives evidenced excellent communications and governance structures, for example, the research and teaching agreements with affiliated hospitals are an exemplary model of how engagement with clinical partners should work. In particular, the Review Group

supported the agreement with the School's sole private affiliated hospital and would encourage exploration of possible partnerships with other private providers (see also 3.27).

Key Recommendations for Future Improvement

The full list of recommendations is set out in Appendix 1, however, the Review Group would suggest that the following be prioritised:

- Relationships between associated institutes and the School need to be clarified. This includes clarification around whether the resourcing and governance of institutes should occur at the School, College or University-level. In the interests of stability and continuity with the current momentum of bridging the work of research institutes with that of the School (through, for example, the Research and Innovation Committee), the Review Group recommends that the University gives this consideration as a matter of priority.

- The balanced approach of the School of Medicine recruitment strategy should be maintained and, within the School, there should be transparency in staff recruitment decisions. More widely, appointments that balance teaching and research requirements in the School should be prioritised. Consideration should be given to a clinical appointments track to support this.

- Given the size of the School, a dedicated School level strategy is required to tackle inequalities in gender representation at senior level.

- The School should conduct a survey of specialist lecturers to ensure that the induction programme is meeting their needs. The School should also ensure the following supports are in place for specialist lecturers based in the teaching hospitals:

  – an academic-co-ordinator.

  – a more comprehensive tailored induction programme.

  – appropriate management of their career development including mentorship, clarity around teaching responsibilities, continuing professional development (CPD) and supports for research associated CPD.

- The Review Group recommends that the School, in conjunction with the College and University, develop an investment strategy to improve/expand student facilities on hospital and other clinical sites and explore the possibility of investment to enable clinical attachments in the private wards in the main hospitals.

- The space allocation to the Radiography Division is inadequate and should be addressed as a matter of priority. The allocation of space in the Health Sciences Centre was not consistent – for example, senior staff shared office space in Radiography but there was empty space elsewhere.

- Ensure all students enrolled on doctoral level programmes (MD and PhD) follow a structured pathway (including doctoral panels and stage transfers) co-ordinated at School level and in line with UCD norms and regulations.

- The School should prioritise research themes underpinned by matrices related to publications, grant income and international reputation, compiled with the assistance of UCD Research. This includes maximising current strengths including the potential of the UCD Conway Institute.

- The Review Group endorse the development and promotion of research in medical education and, specifically, in the development of new technologies, and recommends that the School build on its strengths in this area.

- The School should identify a number of strong research partners within U21 and further the School's research strategies by delivering joint research symposia / workshops or developing PhD/PI exchange programmes. The School should also consider tripartite research partnerships with U21 or other higher-ranking Universities in areas of mutual expertise.

1. Introduction and Overview of UCD School of Medicine

Introduction

1.1 This Report presents the findings of a quality review of the School of Medicine, University College Dublin, which was undertaken on 12-15 April 2016. The School response to the Review Group Report is attached as Appendix 2.

The Review Framework

1.2 Irish Universities have collectively agreed a framework for their quality review and quality improvement systems, which is consistent with both the legislative requirements of the Qualifications and Quality Assurance (Education and Training) Act 2012, and international good practice (e.g. Standards and Guidelines for Quality Assurance in the European Higher Education Area, 2015). Quality reviews are carried out in academic, administrative and support service units.

1.3 The purpose of periodic review is to assist the University to assure itself of the quality of each of its constituent units, and to utilise learning from this developmental process in order to effect improvement, including:

- To monitor the quality of the student experience, and of teaching and learning.

- To monitor research activity, including: management of research activity; assessing the research performance with regard to: research productivity, research income, and recruiting and supporting doctoral students.

- To identify, encourage and disseminate good practice, and to identify challenges and how to address these.

- To provide an opportunity for units to test the effectiveness of their systems and procedures for monitoring and enhancing quality and standards.

- To encourage the development and enhancement of these systems, in the context of current and emerging provision.

- To inform the University's strategic planning process.

- The output report provides robust evidence for external accreditation bodies.

- The process provides an external benchmark on practice and curriculum.

- To provide public information on the University's capacity to assure the quality and standards of its awards. The University's implementation of its quality procedures enables it to demonstrate how it discharges its responsibilities for assuring the quality

and standards of its awards, as required by the Universities Act 1997 and the Qualifications and Quality Assurance (Education and Training) Act 2012.

The Review Process

1.4   Typically, the review model comprises four major elements:

- Preparation of a self-assessment report (SAR)

- A visit by a review group (RG) that includes UCD staff and external experts, both national and international. The site visit normally will take place over a two or three day period

- Preparation of a review group report that is made public

- Agreement of an action plan for improvement (quality improvement plan) based on the RG report's recommendations. The University will also monitor progress against the improvement plan

Full details of the review process can be found on the UCD Quality Office website: www.ucd.ie/quality.

The Review Group

1.5   The composition of the Review Group for the UCD School of Medicine was as follows:

- Professor Dympna Devine, UCD School of Education (Chair)

- Professor Colm O'Donnell, UCD School of Biosystems and Food Engineering, (Deputy Chair)

- Professor Doris Young, University of Melbourne, Australia (Extern)

- Professor Alan Jardine, University of Glasgow, Scotland (Extern)

1.6   The Review Group visited the School from 12-15 April 2016 and held meetings with School faculty and staff; undergraduate and postgraduate students; the SAR Co-ordinating Committee; other University staff, including the College Principal. The site visit schedule is included as Appendix 3.

1.7   In addition to the Self-assessment Report, the Review Group considered additional documentation provided by the School and the University during the site visit.

Preparation of the Self-assessment Report (SAR)

1.8   The UCD School of Medicine Self-assessment Report Coordinating Committee (SARCC) was established in October 2015 and met in October 2015, January 2016 and February 2016 to

oversee the preparation of the Report and its use in the Site Visit. Members of the School Executive (which includes Associate Deans and Heads of Academic Sections) and the School Management team were invited to nominate members to the Committee at meetings between July and October 2015. In addition to nominees identified through this process and to ensure the SARCC was representative of constituencies within the School, the School Quality Team also invited colleagues to participate in its activities. At the first meeting of the SARCC, a drafting subgroup was identified to prepare an initial draft of the Report for consideration by School Executive, Management Team and SARCC. The membership of the SARCC is set out in Appendix 3.

The University

1.9   University College Dublin (UCD) is a large and diverse university whose origins date back to 1854. The University is situated on a large modern campus about 4 km to the south of the centre of Dublin.

1.10   The University Strategic Plan (to 2020) states that the University's mission is: "to contribute to the flourishing of Dublin, Ireland, Europe and the world through the excellence and impact of our research and scholarship, the quality of our graduates and our global engagement; providing a supportive community in which every member of the University is enabled to achieve their full potential".

The University is currently organised into six colleges and 37 schools:

- UCD College of Arts and Humanities

- UCD College of Business

- UCD College of Engineering and Architecture

- UCD College of Health and Agricultural Sciences

- UCD College of Social Sciences and Law

- UCD College of Science

1.11   As one of the largest universities on the island of Ireland, UCD supports a broad, deep and rich academic community in Science, Business, Engineering, Health Sciences, Agriculture, Veterinary Medicine, Arts, Law, Celtic Studies and Social Sciences. There are currently more than 26,000 students in our UCD campus (approximately 16,300 undergraduates, 7,800 postgraduates and 2,200 Occasional and Adult Education students) registered on over 70 University degree programmes, including over 6,300 international students from more than 121 countries.   The University also has over 5,400 students studying UCD degree programmes on campuses overseas.

UCD School of Medicine

1.12   Encompassing the professional disciplines of Medicine and Radiography, the UCD School of Medicine is one of six schools within the UCD College of Health & Agricultural Sciences. The School delivers six principal undergraduate programmes, over fifty graduate-level programmes and has an extensive research portfolio with grants. The School is large and geographically dispersed, with over 397 staff and 428 affiliated staff based at 9 principal locations (three in Belfield; six clinical sites), as well as a range of other clinical sites. It delivers 79 academic programmes (comprising 713 modules) to 2,465 students.

1.13   The Medical School was founded in 1854, while the School of Radiography was established in 1934. The latter was one of the world's first four training centres for Radiographers and since 2005 has been fully integrated within the UCD School of Medicine.

1.14   The School's mission is "*to improve healthcare in Ireland and around the world by educating and training health professionals and biomedical scientists who together form a community that is driven by a commitment to service, enquiry, and continuous health improvement*".

2. Organisation and Management

2.1   The School of Medicine is a very complex School with many stakeholders. Particular challenges in recent years include the wider context of transition and change in the Health Service in the Republic of Ireland, as well as internal restructuring in the University. The School's governance structure has undergone 3 major changes in 10 years and the most recent restructuring at College level was still in a transitional phase at the time of the Review Group site visit.

2.2   The identity and focus of the School has been maintained due to strong leadership from the Head of School. An appropriate management structure has been developed that reflects the diversity and size of the School, supported by a good and effective communication system through its website and other social media such as twitter etc.

2.3   Ireland experienced a significant financial downturn from 2008, which resulted in reduced funding for universities and the introduction of a National Employee Control Framework which limited staff promotion and recruitment. The School responded to the financial downturn and the freeze on staff appointments by diversifying and increasing its annual fee income and growing its international student cohort. It developed a graduate entry (partial and full fee paying) medical course and new innovative graduate coursework programmes. Research income was also increased through the setting up of the UCD Charles Institute of Dermatology and seeking opportunities to partner with the UCD Conway Institute.

2.4   The School is ambitious for continued improvement in the quality of its programmes and international reputation. To implement the School's plans, including its Research Strategy, strategic appointments and staff promotions are required. The National Employment Control Framework has negatively influenced the staff/student ratio (as in other UCD

schools) and the School believes that this creates a potential reputational risk to the School. For a world-class medical school, a key concern must be the School's capacity to have a staff:student ratio in line with best international practice. This is especially important for professional accreditation, rankings and the recruitment of high-calibre staff and students.

2.5   The School also indicated that it is disadvantaged by the new University budget model in which: appointments must be made on the basis of additional income obtained, rather than projected income; positions frozen due to budgetary cuts in recent years cannot now be replaced; and only 40% of additional income generated, but all of the programme-associated costs, is returned to the School. The School believes that the new University funding model will limit further growth for the School. The Review Group acknowledges the challenging resource environment for the School and wider University and related concerns around staff:student ratio, while also being mindful of the greater autonomy to Schools in matters of budget allocation and recruitment, associated with the new University budget model.

Commendations

2.6   The School has developed a distinctive global brand, reinforced through an impressive School prospectus and marketing strategy. UCD Medical School is an internationally recognised entity.

2.7   There is strong and cohesive leadership evident from the Dean, with strong alignment between School plans and UCD's Strategic Plan.

2.8   The School has developed a stable structure that facilitates the focus of the School around excellence in clinical and pre-clinical disciplines, contributing to its high international ranking.

2.9   There is a collegial spirit amongst faculty and staff who have shown considerable resilience through multiple changes to University, College and School structures.

2.10   The School Strategy is supported by committed academic leads (Division and Section Heads), who drive the Strategy through an effective committee structure which seems to be well understood by them. This includes the development of a good Teaching and Learning Committee structure to deliver and strategically plan courses, led by an Associate Dean of Programmes & Educational Innovation and a strategic focus for research themes led by the Associate Dean for Research and Innovation.

2.11   The School has made successful efforts at broadening reach and integration of communication systems, not only through committee structures, but also through the use of social media, newsletter and a redesigned website. This has contributed to a strong identity as well as connecting adjunct faculty, alumni and clinical/outreach staff to the School.

2.12   Effective strategic planning has given rise to impressive growth in fee income from diversifying student cohorts, graduate course work programmes and research funding.

Recommendations

2.13   While the School has a good international Marketing Strategy, it should consider further increasing its international market for undergraduate/graduate/research higher degree programmes, especially in growth markets such as China and India.

2.14   The School should consider developing structures to cope with wider health care reform and sustain readiness to adapt to a system in transition.

2.15   Relationships between associated institutes and the School need to be clarified. This includes clarification around whether the resourcing of institutes should occur at the School, College or University-level. In the interests of stability and continuity with the current momentum of bridging the work of research institutes with that of the School (through, for example, the Research and Innovation Committee), the Review Group recommends that the University gives this consideration as a matter of priority.

2.16   The School should develop a space allocation and capital works development plan.

2.17   Further improve strategic co-ordination across the School by:

-    the introduction of an academic lead for graduate taught programmes to monitor the diverse programmes on offer.

-    the appointment of a senior faculty lead to oversee supports for Research degree students including both MD and PhD degree students.

-    clarifying the roles of Head of Subject, Head of Section and Head of School.

-    providing section heads with more authority, where possible.

-    ensuring clearer communication of future strategic development and priorities to all School faculty and staff.

-    improving transparency of the workload model implementation at section level.

-    providing clarity around staff recruitment and prioritisation, resource allocation/division of School budget to sections.

2.18   Further improve communication systems across the School. This could include:

-    setting up a forum/group for co-ordination of multiple quality review/accreditation processes;

-    instituting a formal committee structure to co-ordinate e-Learning initiatives, building on the excellent work already being done; and

-    establishing a forum for support staff to improve lines of communication between the range of support functions and the School senior management/executive committee.

3. Staff and Facilities

3.1   The Review Group met with staff from all parts of the School – including faculty and staff – as well as staff from the UCD Charles and Conway Institutes, the UCD Health Sciences Centre, Radiography and Diagnostic Imaging, clinical staff on the St Vincent's Hospital Campus, and staff from central University services that interact with the School of Medicine. The Review Group also toured many of the School's facilities, including the UCD Health Sciences Centre, the UCD Charles and Conway Institutes, and the St Vincent's Hospital Campus.

3.2   The School of Medicine has made appointments aligned to the School's Recruitment Strategy, which recognises the importance of leadership in research, education and clinical/preclinical disciplines. This is a balanced approach, which the Review Group felt underpinned the research and professional roles of the School.

3.3   As set out in section 2 above, a significant issue for the School is the funding challenges posed by the economic environment in the Republic of Ireland, and the impact on salaries, recruitment, staff:student ratio and funding for education. The moratorium on new faculty and staff appointments has affected certain key clinician scientist positions such as clinical pathology, microbiology.

3.4   The gender profile of the School is skewed with gender inequalities that are especially pronounced with respect to female Associate Professors/full Professors. This is at odds with the University's strategic objective 5 to "attract and retain an excellent and diverse cohort of students, faculty and staff" which sets out the University's plans to "promote gender balance and equality of opportunity among students and employees" and the University's engagement with the Athena SWAN Charter.

3.5   The freeze on promotion has resulted in delayed career progression and a work force with proportionately large numbers of faculty and staff in lower grades. This has had a particular impact on younger and female staff. There has also been a lack of promotion opportunities for teaching intensive faculty, who make a substantive contribution to the School. The University is introducing a new promotion process, initially for faculty and members of technical staff. The Review Group did not have the opportunity to review the promotion criteria set out in the new process and encourages equal recognition of excellence in teaching and clinical teaching as in research.

3.6   Clinical teaching in hospitals is critically dependent on "grace and favour" commitments by clinical staff, who show strong loyalty to UCD. Such arrangements cannot be relied upon indefinitely, and may not withstand changes to the clinical programme, reorganisation of the Health Services in the Republic of Ireland, or changes in the student demographic (for example a dramatic increase in overseas student numbers). If Health Service reorganisation or external factors put pressure on teaching, including clinical teaching, the School should have strategies in place to address such an eventuality.

3.7   Specialist lecturers (of which there are up to 50) based in the teaching hospitals appear to be in a tenuous position on temporary contracts with an uncertain career trajectory. A key issue appears to be the lack of appropriate representation (academic lead) at School-level for this group regarding, *inter alia*, career development and teaching responsibilities. The School runs a 2-day Special Lecturers Induction Programme for this cohort, with the aim of orientating them to UCD teaching programmes and to provide them with guidance on best practice in teaching and learning and student support. There is scope to tailor this induction programme to better meet the needs of this group.

3.8   The increase in students, which has significantly grown overseas income to UCD, appears to have increased the number of students on clinical sites, above that which is ideal for quality clinical teaching and student satisfaction. This is a risk to the future of the clinical programme.

3.9   There is a workload allocation model in place in the School but it does not seem to be adhered to and/or is not working well.

3.10   Currently, there is no annual formal faculty and staff development and appraisal framework. A new faculty and staff development and performance management system is being developed by the University, however, and is scheduled to be rolled out in Autumn 2016.

Commendations

3.11   Faculty and staff are commended on their commitment to the School of Medicine, and to UCD; specifically their continued commitment and achievement through the economic downturn. A collegial environment has been created with all staff working towards the same goal, at a time of University restructuring.

3.12   The Review Group was very impressed by the high quality of facilities available in the UCD Health Sciences Centre and the associated Conway and Charles Institutes and Systems Biology Ireland. The research facilities available in these institutes are world class.

3.13   Clinical training is provided by clinical staff in hospitals and in the community. The Review Group was impressed by the organisation and engagement of adjunct faculty.

3.14   The Review Group commend the creation of, and rationale for, a Teaching Innovation space in the UCD Conway Institute and the appointment of dedicated staff, including an educational technologist, to consolidate work in this area.

Recommendations

Staff

3.15   Many processes and organisational roles are critically dependent on a small number of, or individual, faculty or staff, with associated risks. These critical areas should be identified, and additional faculty or staff appointed (or deputies created) to cover in the event of

illness. Examples include IT/eLearning development and the organisation of clinical teaching on sites off campus.

3.16 The balanced approach of the School of Medicine recruitment strategy should be maintained and, within the School, there should be transparency regarding staff recruitment decisions. More widely, appointments that balance teaching and research requirements in the School should be prioritised. Consideration should be given to a clinical appointments track to support this.

3.17 Given the size of the School, a dedicated School level strategy is required to tackle inequalities in gender representation at senior level.

3.18 The new University promotion processes should ensure:

3.18.1 promotion opportunities for members of administrative staff.

3.18.2 that faculty promotion criteria reflect the excellence and innovation in the teaching-intensive and clinical staff in a similar manner to research-intensive staff.

3.19 The University should consider renaming "support staff" to "professional staff" to give due recognition and valuing of their management and other technical skills and qualifications.

3.20 Strategies should be explored and put in place to underwrite and sustain clinical teaching and protect clinical teaching time. This could include consideration of formalising financial or mutually beneficial arrangements.

3.21 The School should conduct a survey of specialist lecturers to ensure that the induction programme is meeting their needs. The School should also ensure the following supports are in place for specialist lecturers based in the teaching hospitals:

- an academic-co-ordinator.

- a more comprehensive tailored induction programme.

- appropriate management of their career development including mentorship, clarity around teaching responsibilities, continuing professional development (CPD) and supports for research associated CPD.

3.22 The Review Group recommend that the School of Medicine consider the introduction of some form of reward and recognition system for excellence in teaching and research.

3.23 The Review Group recommends that the new University Staff Development and Performance Management System should include mentoring for faculty and staff. The process should support and develop faculty and staff, aid career development and facilitate promotion.

3.24   The School should engage with the new Staff Development and Performance Management System and the Review Group recommends the appointment of a senior faculty lead (for example, Assistant Dean of Equity and Staff Development) to implement the programme at School level.

3.25   Support for an international office function at School level should be considered, given the increasing numbers of international students across the School.

Facilities

3.26   The University has a comprehensive Campus Development Plan. In conjunction with the UCD Vice-President for Campus Development and UCD Estates Services, the School should develop and implement a School-specific streamlined and planned system for upgrading facilities and securing capital works funding.

3.27   The Review Group recommends that the School, in conjunction with the College and University, develop an investment strategy to improve/expand student facilities on hospital and other clinical sites and explore the possibility of investment to enable clinical attachments in the private wards in the main hospitals.

3.28   The space allocation to the Radiography Division is inadequate and should be addressed as a matter of priority. The allocation of space in the UCD Health Sciences Centre was not consistent – for example, senior staff shared office space in Radiography but there was empty space elsewhere.

3.29   Students reported that there was inadequate study space, especially during out of standard University hours and term time. The Review Group recommend that the School consider reallocation of space to this end.

3.30   The quality and availability of IT facilities – and videoconferencing – and the support for these is inconsistent across clinical sites, posing a risk to the quality of the teaching and the student experience. Investment in staff and facilities should be a priority.

3.31   In clinical sites, consideration should be given to sharing the clinical research centre resources across all clinical specialities.

4. Teaching and Curriculum

4.1   Curriculum development in the School builds on the strength of the various academic centres and divisions. The School also seizes opportunities to grow revenue by offering graduate entry medical programmes as well as partnering with the Royal College of Surgeons in Ireland (RCSI) to establish Penang Medical College (PMC). Having to meet the standards set by the University and all the accreditation bodies is not an easy task, and the School has met all the standards of the various Professional Colleges and achieved international benchmarking.

4.2 The appointment of an Associate Dean of Programmes and Educational Innovation (ADP&EI) has provided leadership to co-ordinate the many varied pre-clinical and clinical courses, as well as establishing a quality review cycle for its programmes. A dynamic teaching and learning environment is evident. The ADP&EI role is also able to review and develop strategic plans for educational innovation. The campus and off-campus education committees appear to be functioning very well and include student representatives.

4.3 The Review Group noted that the students' response rates to the University student survey were very low in many of the subjects delivered. A small number of clinical modules were rated poorly and in such instances, this should receive consideration by the School Teaching & Learning Committee.

4.4 Recruitment and oversight processes should be the same for the PhD, MD and other doctoral level programmes. Currently, there is no academic lead to oversee supervisor responsibilities and mentorship for all Doctoral level PhD students. Supports (seminars etc.) offered to PhD students at the UCD Conway Institute and those based in the UCD Health Sciences Centre appear to be disjointed.

4.5 Biomedical Health & Life Sciences (BHLS) students are neither science, nor medical students, and there appears to be a lack of clarity over their identity as a cohort. They reported that they feel that they do not receive the same level of support and recognition from faculty, as other student cohorts within the School because of this.

Commendations

4.6 The level of engagement with the curriculum by the clinical teaching and research staff in the hospitals, GPs and community groups.

4.7 There is a dedicated team of programme leads and co-ordinators across the pre-clinical and clinical curricula. This has given rise to a continuous cycle of review and renewal of curriculum development, reflected especially in the enhancement project, led by a programme enhancement champion.

4.8 The School established a number of support programmes and services including the clinical tutor induction programme. The introduction of technology has also enhanced and co-ordinated learning across teaching sites.

4.9 Teaching and learning excellence are clearly areas of pride in the School of Medicine. The Review Group were impressed with Associate Dean P&EI's leadership in providing a strategic vision, and developing a QA cycle of reviewing the functions of the education committees and its programmes. There has been extraordinary effort and commitment by the School in dealing with the complexity of the various undergraduate and postgraduate courses and programmes. The establishment of an excellent governance and monitoring committee structure to identify and implement educational development for the School has been key to this.

4.10   The School of Medicine is strong in delivering innovative medicine related undergraduate/postgraduate programmes, with continuous curriculum development and assessment. This track record of teaching and learning innovation is also evident in embracing new technologies and delivering the nation's only Radiography training course. The establishment of a medical education research agenda to showcase the diverse medical education programmes is to be commended.

4.11   The School is to be commended for its long-standing engagement with top teaching hospitals, General Practice (GP) primary care clinics and academic centres.

4.12   The School is to be commended for its student centred emphasis, innovation in pedagogies, eLearning and recognition of excellence in student awards etc.

Recommendations

4.13   The School should consider establishing subcommittees in eLearning and inter-professional education and practice, to implement its strategies for health professional training.

4.14   Undertake ongoing curriculum review and new course development to meet future health professional needs, including overarching inter-disciplinary health programmes. e.g. Masters of Ageing, Mental Health Science etc.

4.15   The School should develop strategies to improve student response rate in University course evaluation especially in the clinical setting. The School should engage student leaders to do this, including focus group discussions, as often (junior) students on committees are reluctant to voice their opinions. It is also necessary that the School develop a systematic feedback loop, especially for poorly rated modules.

4.16   The School should be prepared to discontinue 'low subscribed courses' and reallocate faculty to other roles in strategic growth areas.

4.17   Consider developing a new Faculty Development Programme for clinical staff in hospitals and the community e.g. teach the teachers programme, Graduate Certificate/Diploma/Masters in excellence in clinical teaching.

4.18   Consider the introduction of mentorship and leadership programmes for students, including international students.

4.19   More detailed and formalised assessment feedback should be provided to students. The School should also ensure students are aware of the purpose of course evaluations, and close the feedback loop in student evaluations, by seeking student views on how to do this e.g. what does 60% mean in clinical competence in the Gastrointestinal (GI) topic?

4.20   Ensure all students enrolled on doctoral level programmes (MD and PHD) follow a structured pathway (including doctoral panels and stage transfers), co-ordinated at School level, and in line with UCD norms and regulations.

4.21   The specific needs of Biomedical Health & Life Sciences (BHLS) (40 students) students ought to be addressed and supported as a cohort. This is especially the case for those who wish to pursue a research career rather than as a pathway to General Entry Medicine (GEM).

4.22   There needs to be a more distinct alignment between programme goals and module objectives, which should be clearly communicated to students, for example, some Radiography students need clarification on why they have to take subjects such as human psychology.

4.23   The School needs to ensure that easily accessible, structured supports for international students, including PhD students, are in place.

4.24   The GEM pathway is financially challenging for students who lack state funded support. The School should consider patterns of equity, entry pathways for disadvantaged students and the supports required to facilitate the recruitment of under-represented students

4.25   The School should consider establishing a teaching academy to reward and recognise teaching dedication and excellence for staff in clinical practice. In addition, a non-threatening peer review programme for teachers to support and enhance teaching excellence should be introduced.

5. Research Activity

5.1   Over the last 7-8 years, the School and University have suffered from the economic downturn, limiting investment in research. In the few years prior to this, UCD had invested heavily, with external support, in the UCD Conway Research Institute which provides core expertise and facilities for biomedical research.

5.2   As a consequence of 5.1, the Research Strategy has focussed on the development of internal talent, with limited external appointments, and opportunistic targeting of funding opportunities.

5.3   The School currently has 11 academic research centres and 12 research groups. While the quality and breadth of activity is impressive, the School should regularly review and assess the viability of these centres and groups and ensure that they are in alignment with the School's Research Strategy.

Commendations

5.4   Despite the observations above, the School Research Strategy has been extraordinarily effective. A number of research groups are flourishing; the grant income has grown progressively and the publication output on a per capita basis is impressive.

5.5   Under the leadership of the Dean, the effective relationship between the School and the UCD Conway Institute has strengthened, facilitating research activity through the collaboration.

5.6   The Review Group commend the creation of Clinical Research Facilities on St Vincent's and Mater University Hospital campuses.

Recommendations

5.7   The School should prioritise research themes underpinned by matrices related to publications, grant income and international reputation, compiled with the assistance of UCD Research. This includes maximising current strengths including the potential of associated research institutes and centres.

5.8   The Review Group recommend that UCD facilitate strategic recruitment to strengthen and develop existing research programmes.

5.9   The Review Group endorse the development and promotion of research in medical education and, specifically, in the development of new technologies, and recommends that the School builds on its strengths in this area.

5.10   The School should regularly review the viability of its research centres and groups to ensure that they are in alignment with the School's Research Strategy.

6. Management of Quality and Enhancement

6.1   The School of Medicine engages with a variety of approaches to evaluate the quality of the outputs of the School. Their management and quality enhancement processes includes, *inter alia*, engagement with external accreditation processes, student feedback, closing the feedback loop, External Examiner reports, an effective committee structure, quality review of programmes and a Staff-Student Liaison Committee.

6.2   The School engaged in a positive and constructive manner with this periodic quality review process, and the documentation provided to the Review Group was excellent. The School endeavoured to be as inclusive as possible in their engagement with the review process, which worked well.

6.3   In general, the management of quality and enhancement was found to be of a high standard. Faculty, staff and students all were committed to maintaining high standards, as well as the efficient operation of the School with the best possible outcomes.

Commendations

6.4   The appointment of a Director of Strategic Development in the School is to be commended.

6.5   The financial planning and support processes are comprehensive.

6.6   Accreditation by professional organisations is an important external validation of the quality of the educational programmes in the School and the delivery of learning outcomes.

Recommendations

6.7   The School engages with a number of different accreditation and review processes and there is a need for a co-ordination function among these processes.

7. Support Services

7.1   The School engages with a wide variety of supports and services provided by other UCD units including UCD - International, Research, IT Services, Human Resources, Library, T&L, Estate Services, Finance and Registry. The Review Group was satisfied from evidence provided in the Self-assessment Report and in meetings during the site visit that, for the most part, the School has a positive relationship with University support units.

7.2   The School also provides excellent supports to staff and students in many areas, including student recruitment and strategic planning. There is scope to ensure that there is clear alignment between School and University-provided services, to reduce possible overlap and confusion for end-users (students and staff).

7.3   The School has appointed a dedicated International Relations Manager to manage the School's international activities. They also receive support from the UCD International Office.   It is important that the responsibilities of both are clearly defined and communicated, in particular, to take advantage of possible synergies between School activities and new UCD recruitment and marketing initiatives, for example, those in China and India.

7.4   The School also engages with supports provided off-site at its teaching hospitals. These supports generally appear to be effective. As many School staff and students are based off-site, it can be challenging to harmonise the support provision on and off-campus. For example, employment contracts for staff such as clinical lecturers, based on teaching hospital sites do not always fit within the typical UCD recruitment processes and procedures. In addition, it was noted that laboratories in the teaching hospitals are not open 7-days a week, which does not meet student requirements.

7.5   Due to the volume of the School's information, communication and technology (ICT) requirements, and in light of the variability of provision on and off-campus, improved communication between the School and UCD IT Services would be encouraged by the Review Group.

Commendations

7.6   In general, there are excellent School support structures for students.

7.7   University support services are generally very good.

Recommendations

7.8   Optimise synergies between services at University-level and School-level, particularly in the areas of:

- Teaching and Learning, including educational technology.

- International student recruitment, engagement and marketing.

- Information, communication and technology (ICT) provision.

7.9   UCDHR should put in place processes and procedures to govern the approval process for atypical and off-campus employment contracts, including industrial collaborations. The appointment of a dedicated HR recruitment liaison based in the School to deal with atypical contracts for staff such as clinical lecturers, would be a positive step to addressing issues with these contracts.

7.10   The School should invite a representative of UCD IT Services to sit on the relevant School committee.

7.11   Opening hours for off-campus facilities should be reviewed and benchmarked against best practice elsewhere, nationally and internationally.

8. External Relations

8.1   The School has an extensive network of national and international external relations with an effective, award-winning website, a strong social media presence and a good Communications Strategy. The School approach to developing its national and international presence is positive and effective.

8.2   The Review Group met with representatives from University teaching hospitals (public and private), the Medical Council of Ireland, the Health Service Executive (HSE) and public bodies including the Health and Social Care Professional Council (CORU), All Ireland Cooperative

Oncology Research Group (ICORG), Debra Ireland and the National Rehab Hospital. Feedback from external stakeholders highlighted the School's strengths in training, outreach, research, development and, especially, patient advocacy.

8.3 The School produces high-quality prospectuses and brochures. The School's international strategies are very well articulated in the School marketing material, however, it seems to be primarily used for recruiting international students from different countries. There is an opportunity to ensure that School information is also available for other existing and/or prospective partners, for example, the School's engagement with external and international research partners could be communicated more effectively. In the material available, it was unclear to the Review Group who the School's international partners are, and in what strategic areas of education or research collaboration they are engaged.

Commendations

8.4 Feedback from external stakeholders highlighted the School's excellence in patient advocacy.

8.5 New School initiatives evidenced excellent communications and governance structures, for example, the research and teaching agreements with affiliated hospitals are an exemplary model of how engagement with clinical partners should work. In particular, the Review Group supported the agreement with the School's sole private affiliated hospital and would encourage exploration of possible partnerships with other private providers (see also 3.27).

8.6 The School has developed an excellent reputation which attracts international students to come to the UCD School of Medicine to undertake various programmes. This has substantively increased the cultural diversity of faculty, staff and students in the School. The success of the Penang Medical College initiative is especially impressive in this respect.

8.7 The School's engagement with national and international alumni and membership of U21 leadership in health education is to be commended.

Recommendations

8.8 The School should consider building strategic sustainable research partnerships in areas of common themes and excellence e.g. Skin Centre in Singapore.

8.9 The School should identify a number of strong research partners within U21, and further the School's research strategies by delivering joint research symposia / workshops or developing PhD/PI exchange programmes. The School should also consider tripartite research partnerships with U21 or other higher-ranking Universities in areas of mutual expertise.

UCD School of Medicine – Full List of Commendations and Recommendations

This Appendix contains a full list of all commendations and recommendations made by the Review Group for the UCD School of Medicine and should be read in conjunction with the specific chapter above. *(Please note that the paragraph references below refer to the relevant paragraphs in the report text).*

A. Organisation and Management

<u>Commendations</u>

2.6   The School has developed a distinctive global brand, reinforced through an impressive School prospectus and marketing strategy. UCD Medical School is an internationally recognised entity.

2.7   There is strong and cohesive leadership evident from the Dean, with strong alignment between School plans and UCD's Strategic Plan.

2.8   The School has developed a stable structure that facilitates the focus of the School around excellence in clinical and pre-clinical disciplines, contributing to its high international ranking.

2.9   There is a collegial spirit amongst faculty and staff who have shown considerable resilience through multiple changes to University, College and School structures.

2.10   The School Strategy is supported by committed academic leads (Division and Section Heads), who drive the Strategy through an effective committee structure which seems to be well understood by them. This includes the development of a good Teaching and Learning Committee structure to deliver and strategically plan courses, led by an Associate Dean of Programmes & Educational Innovation and a strategic focus for research themes led by the Associate Dean for Research and Innovation.

2.11   The School has made successful efforts at broadening reach and integration of communication systems, not only through committee structures, but also through the use of social media, newsletter and a redesigned website. This has contributed to a strong identity as well as connecting adjunct faculty, alumni and clinical/outreach staff to the School.

2.12   Effective strategic planning has given rise to impressive growth in fee income from diversifying student cohorts, graduate course work programmes and research funding.

<u>Recommendations</u>

2.13   While the School has a good international Marketing Strategy, it should consider further increasing its international market for undergraduate/graduate/research higher degree programmes, especially in growth markets such as China and India.

2.14   The School should consider developing structures to cope with wider health care reform and sustain readiness to adapt to a system in transition.

2.15   Relationships between associated institutes and the School need to be clarified. This includes clarification around whether the resourcing of institutes should occur at the School, College or University-level. In the interests of stability and continuity with the current momentum of bridging the work of research institutes with that of the School (through, for example, the Research and Innovation Committee), the Review Group recommends that the University gives this consideration as a matter of priority.

2.16   The School should develop a space allocation and capital works development plan.

2.17   Further improve strategic co-ordination across the School by:

-    the introduction of an academic lead for graduate taught programmes to monitor the diverse programmes on offer.

-    the appointment of a senior faculty lead to oversee supports for Research degree students including both MD and PhD degree students.

-    clarifying the roles of Head of Subject, Head of Section and Head of School.

-    providing section heads with more authority, where possible.

-    ensuring clearer communication of future strategic development and priorities to all School faculty and staff.

-    improving transparency of the workload model implementation at section level.

-    providing clarity around staff recruitment and prioritisation, resource allocation/division of School budget to sections.

2.18   Further improve communication systems across the School. This could include:

-    setting up a forum/group for co-ordination of multiple quality review/accreditation processes;

-    instituting a formal committee structure to co-ordinate e-Learning initiatives, building on the excellent work already being done; and

-    establishing a forum for support staff to improve lines of communication between the range of support functions and the School senior management/executive committee.

B. Staff and Facilities

<u>Commendations</u>

3.11   Faculty and staff are commended on their commitment to the School of Medicine, and to UCD; specifically their continued commitment and achievement through the economic downturn. A collegial environment has been created with all staff working towards the same goal, at a time of University restructuring.

3.12   The Review Group was very impressed by the high quality of facilities available in the UCD Health Sciences Centre and the associated Conway and Charles Institutes and Systems Biology Ireland. The research facilities available in these institutes are world class.

3.13   Clinical training is provided by clinical staff in hospitals and in the community. The Review Group was impressed by the organisation and engagement of adjunct faculty.

3.14   The Review Group commend the creation of, and rationale for, a Teaching Innovation space in the UCD Conway Institute and the appointment of dedicated staff, including an educational technologist, to consolidate work in this area.

<u>Recommendations</u>

Staff

3.15   Many processes and organisational roles are critically dependent on a small number of, or individual, faculty or staff, with associated risks. These critical areas should be identified, and additional faculty or staff appointed (or deputies created) to cover in the event of illness. Examples include IT/eLearning development and the organisation of clinical teaching on sites off campus.

3.16   The balanced approach of the School of Medicine recruitment strategy should be maintained and, within the School, there should be transparency regarding staff recruitment decisions. More widely, appointments that balance teaching and research requirements in the School should be prioritised. Consideration should be given to a clinical appointments track to support this.

3.17   Given the size of the School, a dedicated School level strategy is required to tackle inequalities in gender representation at senior level.

3.18   The new University promotion processes should ensure:

3.18.1   promotion opportunities for members of administrative staff.

3.18.2   that faculty promotion criteria reflect the excellence and innovation in the teaching-intensive and clinical staff in a similar manner to research-intensive staff.

3.19   The University should consider renaming "support staff" to "professional staff" to give due recognition and valuing of their management and other technical skills and qualifications.

3.20   Strategies should be explored and put in place to underwrite and sustain clinical teaching and protect clinical teaching time. This could include consideration of formalising financial or mutually beneficial arrangements.

3.21   The School should conduct a survey of specialist lecturers to ensure that the induction programme is meeting their needs. The School should also ensure the following supports are in place for specialist lecturers based in the teaching hospitals:

- an academic-co-ordinator.

- a more comprehensive tailored induction programme.

- appropriate management of their career development including mentorship, clarity around teaching responsibilities, continuing professional development (CPD) and supports for research associated CPD.

3.22   The Review Group recommend that the School of Medicine consider the introduction of some form of reward and recognition system for excellence in teaching and research.

3.23   The Review Group recommends that the new University Staff Development and Performance Management System should include mentoring for faculty and staff. The process should support and develop faculty and staff, aid career development and facilitate promotion.

3.24   The School should engage with the new Staff Development and Performance Management System and the Review Group recommends the appointment of a senior faculty lead (for example, Assistant Dean of Equity and Staff Development) to implement the programme at School level.

3.25   Support for an international office function at School level should be considered, given the increasing numbers of international students across the School.

Facilities

3.26   The University has a comprehensive Campus Development Plan. In conjunction with the UCD Vice-President for Campus Development and UCD Estates Services, the School should develop and implement a School-specific streamlined and planned system for upgrading facilities and securing capital works funding.

3.27   The Review Group recommends that the School, in conjunction with the College and University, develop an investment strategy to improve/expand student facilities on hospital and other clinical sites and explore the possibility of investment to enable clinical attachments in the private wards in the main hospitals.

3.28   The space allocation to the Radiography Division is inadequate and should be addressed as a matter of priority. The allocation of space in the UCD Health Sciences Centre was not consistent – for example, senior staff shared office space in Radiography but there was empty space elsewhere.

3.29   Students reported that there was inadequate study space, especially during out of standard University hours and term time. The Review Group recommend that the School consider reallocation of space to this end.

3.30   The quality and availability of IT facilities – and videoconferencing – and the support for these is inconsistent across clinical sites, posing a risk to the quality of the teaching and the student experience. Investment in staff and facilities should be a priority.

3.31   In clinical sites, consideration should be given to sharing the clinical research centre resources across all clinical specialities.

C. Teaching and Curriculum

Commendations

4.6   The level of engagement with the curriculum by the clinical teaching and research staff in the hospitals, GPs and community groups.

4.7   There is a dedicated team of programme leads and co-ordinators across the pre-clinical and clinical curricula. This has given rise to a continuous cycle of review and renewal of curriculum development, reflected especially in the enhancement project, led by a programme enhancement champion.

4.8   The School established a number of support programmes and services including the clinical tutor induction programme. The introduction of technology has also enhanced and co-ordinated learning across teaching sites.

4.9   Teaching and learning excellence are clearly areas of pride in the School of Medicine. The Review Group were impressed with Associate Dean P&EI's leadership in providing a strategic vision, and developing a QA cycle of reviewing the functions of the education committees and its programmes. There has been extraordinary effort and commitment by the School in dealing with the complexity of the various undergraduate and postgraduate courses and programmes. The establishment of an excellent governance and monitoring committee structure to identify and implement educational development for the School has been key to this.

4.10   The School of Medicine is strong in delivering innovative medicine related undergraduate/postgraduate programmes, with continuous curriculum development and assessment. This track record of teaching and learning innovation is also evident in embracing new technologies and delivering the nation's only Radiography training course.

The establishment of a medical education research agenda to showcase the diverse medical education programmes is to be commended.

4.11   The School is to be commended for its long-standing engagement with top teaching hospitals, General Practice (GP) primary care clinics and academic centres.

4.12   The School is to be commended for its student centred emphasis, innovation in pedagogies, eLearning and recognition of excellence in student awards etc.

Recommendations

4.13   The School should consider establishing subcommittees in eLearning and inter-professional education and practice, to implement its strategies for health professional training.

4.14   Undertake ongoing curriculum review and new course development to meet future health professional needs, including overarching inter-disciplinary health programmes. e.g. Masters of Ageing, Mental Health Science etc.

4.15   The School should develop strategies to improve student response rate in University course evaluation especially in the clinical setting. The School should engage student leaders to do this, including focus group discussions, as often (junior) students on committees are reluctant to voice their opinions. It is also necessary that the School develop a systematic feedback loop, especially for poorly rated modules.

4.16   The School should be prepared to discontinue 'low subscribed courses' and reallocate faculty to other roles in strategic growth areas.

4.17   Consider developing a new Faculty Development Programme for clinical staff in hospitals and the community e.g. teach the teachers programme, Graduate Certificate/Diploma/Masters in excellence in clinical teaching.

4.18   Consider the introduction of mentorship and leadership programmes for students, including international students.

4.19   More detailed and formalised assessment feedback should be provided to students. The School should also ensure students are aware of the purpose of course evaluations, and close the feedback loop in student evaluations, by seeking student views on how to do this e.g. what does 60% mean in clinical competence in the Gastrointestinal (GI) topic?

4.20   Ensure all students enrolled on doctoral level programmes (MD and PHD) follow a structured pathway (including doctoral panels and stage transfers), co-ordinated at School level, and in line with UCD norms and regulations.

4.21   The specific needs of Biomedical Health & Life Sciences (BHLS) (40 students) students ought to be addressed and supported as a cohort. This is especially the case for those who wish to pursue a research career rather than as a pathway to General Entry Medicine (GEM).

4.22   There needs to be a more distinct alignment between programme goals and module objectives, which should be clearly communicated to students, for example, some Radiography students need clarification on why they have to take subjects such as human psychology.

4.23   The School needs to ensure that easily accessible, structured supports for international students, including PhD students, are in place.

4.24   The GEM pathway is financially challenging for students who lack state funded support. The School should consider patterns of equity, entry pathways for disadvantaged students and the supports required to facilitate the recruitment of under-represented students

4.25   The School should consider establishing a teaching academy to reward and recognise teaching dedication and excellence for staff in clinical practice. In addition, a non-threatening peer review programme for teachers to support and enhance teaching excellence should be introduced.

D. Research Activity

Commendations

5.4   Despite the observations above, the School Research Strategy has been extraordinarily effective. A number of research groups are flourishing; the grant income has grown progressively and the publication output on a per capita basis is impressive.

5.5   Under the leadership of the Dean, the effective relationship between the School and the UCD Conway Institute has strengthened, facilitating research activity through the collaboration.

5.6   The Review Group commend the creation of Clinical Research Facilities on St Vincent's and Mater University Hospital campuses.

Recommendations

5.7   The School should prioritise research themes underpinned by matrices related to publications, grant income and international reputation, compiled with the assistance of UCD Research. This includes maximising current strengths including the potential of associated research institutes and centres.

5.8   The Review Group recommend that UCD facilitate strategic recruitment to strengthen and develop existing research programmes.

5.9   The Review Group endorse the development and promotion of research in medical education and, specifically, in the development of new technologies, and recommends that the School builds on its strengths in this area.

5.10   The School should regularly review the viability of its research centres and groups to ensure that they are in alignment with the School's Research Strategy.

E. Management of Quality and Enhancement

<u>Commendations</u>

6.4   The appointment of a Director of Strategic Development in the School is to be commended.

6.5   The financial planning and support processes are comprehensive.

6.6   Accreditation by professional organisations is an important external validation of the quality of the educational programmes in the School and the delivery of learning outcomes.

<u>Recommendations</u>

6.7   The School engages with a number of different accreditation and review processes and there is a need for a co-ordination function among these processes.

F. Support Services

<u>Commendations</u>

7.6   In general, there are excellent School support structures for students.

7.7   University support services are generally very good.

<u>Recommendations</u>

7.8   Optimise synergies between services at University-level and School-level, particularly in the areas of:

- Teaching and Learning, including educational technology.

- International student recruitment, engagement and marketing.

- Information, communication and technology (ICT) provision.

7.9   UCDHR should put in place processes and procedures to govern the approval process for atypical and off-campus employment contracts, including industrial collaborations. The appointment of a dedicated HR recruitment liaison based in the School to deal with atypical contracts for staff such as clinical lecturers, would be a positive step to addressing issues with these contracts.

7.10   The School should invite a representative of UCD IT Services to sit on the relevant School committee.

7.11   Opening hours for off-campus facilities should be reviewed and benchmarked against best practice elsewhere, nationally and internationally.

G. External Relations

Commendations

8.4   Feedback from external stakeholders highlighted the School's excellence in patient advocacy.

8.5   New School initiatives evidenced excellent communications and governance structures, for example, the research and teaching agreements with affiliated hospitals are an exemplary model of how engagement with clinical partners should work. In particular, the Review Group supported the agreement with the School's sole private affiliated hospital and would encourage exploration of possible partnerships with other private providers (see also 3.27).

8.6   The School has developed an excellent reputation which attracts international students to come to the UCD School of Medicine to undertake various programmes. This has substantively increased the cultural diversity of faculty, staff and students in the School. The success of the Penang Medical College initiative is especially impressive in this respect.

8.7   The School's engagement with national and international alumni and membership of U21 leadership in health education is to be commended.

Recommendations

8.8   The School should consider building strategic sustainable research partnerships in areas of common themes and excellence e.g. Skin Centre in Singapore.

8.9   The School should identify a number of strong research partners within U21, and further the School's research strategies by delivering joint research symposia / workshops or developing PhD/PI exchange programmes. The School should also consider tripartite research partnerships with U21 or other higher-ranking Universities in areas of mutual expertise.

UCD School of Medicine – Response to the Review Group Report

As a School which is subject to continuous ongoing external accreditation of our programmes, we enthusiastically welcomed this University quality review of our organisation, as the School did when it volunteered for the first review under the current quality framework. The School recognises the importance of our periodic self-assessment and external critique to our ambition to be among the top Medical Schools in Europe. We are pleased with the thorough and thoughtful engagement by the Review Group and we are delighted to reflect on their recommendations and observations.

We offer the following initial response to the recommendations made by the Review Group. The School will incorporate our responses into the School's Quality Improvement Plan, which we hope to implement during the coming academic year (2016/2017) and beyond.

Research Institutes / School Relationship

Relationships between associated institutes and the School need to be clarified. This includes clarification around whether the resourcing and governance of institutes should occur at the School, College or University-level.

The School strongly endorses this recommendation and the Review Group's recommendation that the University should consider these relationships as a matter of priority. It is the School's consistent view that Research Institutes or Centres should be as integrated with their affiliated Schools as possible (and in some cases, such as the Charles Institute or Systems Biology Ireland, fully integrated into the School), as this provides the best opportunity to maximise synergies and ensures that our research ambition is fully realised in a sustainable manner. The current arrangements where Research Institutes are independent during their initial period of funding, but become largely unfunded and under-resourced thereafter, is not in the best interests of either the Research Institutes or the Schools.

Balanced Recruitment Strategy

The balanced approach of the School of Medicine recruitment strategy should be maintained and, within the School, there should be transparency in staff recruitment decisions. More widely, appointments that balance teaching and research requirements in the School should be prioritised. Consideration should be given to a clinical appointments track to support this.

The School has maintained a multi-annual staff plan since 2006, which is periodically reviewed with the Head of School in consultation with the relevant Section Leaders. Hence, we believe that there is adequate transparency with respect to the planned School positions. However, as we discussed with the Review Group, the University (College, Research Institutes, VP for Research, Innovation & Impact) has over recent years, advanced a number of strategic research recruits in response to

funding opportunities which arise. The School strongly supports the contention that there needs to be a balance between teaching and research requirements, and that these priorities are best set by the School. We support the view that a clinical appointments track should be developed. Such positions have been included in the School's staff plan, but development has been constrained in recent years due to budget restrictions. We also note that the establishment of such posts is not entirely within the gift of the University, as they require approval by the Health Services Executive (in the case of publicly funded hospitals) or private hospital partners. However, when such partnership funding is agreed with clinical partners, it is strategically of the utmost importance that the University co-invest in such posts, including the required infrastructure to support them.

Gender Representation at Senior Level

Given the size of the School, a dedicated School level strategy is required to tackle inequalities in gender representation at senior level.

The School is committed to ensuring that there is good gender representation at senior levels for academic, research and professional staff. We note that there is excellent gender balance across each of these categories and that 70% of staff hired within the past 5 years have been female. We note that of the 23 Full Professors or Professors appointed or promoted within the last 10 years, only 7 of the appointees were female. However, there were no female applicants for a number of competitions, and so we need to encourage more applications from female staff, as well as guard against any unconscious bias.

We are happy to develop a specific School strategy, and will be guided by the University's strategic initiatives in the area of Equality, Diversity, and Inclusion. We believe that prioritising recruitment at junior academic ranks, combined with an effective University promotions system that gives equal priority to teaching excellence, may offer the best route to addressing inequalities at senior academic levels.

Supporting Special Lecturers/Clinical Tutors

The School should conduct a survey of specialist lecturers to ensure that the induction programme is meeting their needs. The School should also ensure the following supports are in place for specialist lecturers based in the teaching hospitals:
- *an academic-co-ordinator.*
- *a more comprehensive tailored induction programme.*
- *appropriate management of their career development including mentorship, clarity around teaching responsibilities, continuing professional development (CPD) and supports for research associated CPD.*

We are pleased to see that the Review Group recognises the critical importance of this staff cohort to our teaching and research programmes. We note, however, that the University systems seem to struggle to manage this staff cohort, which exhibits a high natural turnover due to tutor progression within the non-consultant hospital doctor training pathways. The School will continue to advocate for this staff cohort through the provision of academic coordination and mentoring support. The School notes that the Review Group commended our two-day Clinical Tutor Induction programme,

which has been in place for the past six years, and is academically coordinated by the School's Director of Clinical Education.

Space Allocation

The space allocation to the Radiography Division is inadequate and should be addressed as a matter of priority. The allocation of space in the Health Sciences Centre was not consistent – for example, senior staff shared office space in Radiography but there was empty space elsewhere.

The School recognises the inconsistencies in space allocation across the UCD Health Sciences Centre, the sharing of offices by senior School academics, and the particular space challenges faced within the Radiography & Diagnostic Imaging Section. We note that the UCD Health Sciences Centre is home to a number of Schools and units, and while rational space allocation has been applied within the UCD School of Medicine, the space currently allocated to the School is not proportional to its staff. We would support a College-wide review of space allocation, and we note that a College of Health & Agricultural Sciences Buildings Committee has recently been established. The School has offered several solutions to the University that would provide better utilisation of currently vacant research space by relocating specific academic groups.

School Investment Plan

The Review Group recommends that the School, in conjunction with the College and University, develop an investment strategy to improve/expand student facilities on hospital and other clinical sites and explore the possibility of investment to enable clinical attachments in the private wards in the main hospitals.

The School strongly endorses the recommendation that the School develop an investment strategy to improve and expand student facilities on our clinical sites. We believe that such investment is in the University's best interests, as it is vital to our relationships with our clinical partners and to our international reputation. Also, we have sought to optimise utility of private hospitals, within our current resource constraints.

The School has previously developed detailed capital investment priorities to support existing and expanded teaching and research infrastructure, both on and off campus. However, despite respectfully working with various College structures, none of the School priorities have received any investment, forcing the School to rely on its own resources to maintain existing facilities.

We note that in their post-Review briefing to the School staff, the Review Group highlighted the urgent need to invest in both people and facilities, in terms of both strategic capital investment and budget allocation.

Supporting Doctoral Students

Ensure all students enrolled on doctoral level programmes (MD and PhD) follow a structured pathway (including doctoral panels and stage transfers) co-ordinated at School level and in line with UCD norms and regulations.

It is the School's expectation that all doctoral level programmes coordinated by the School operate in line with UCD norms and regulations. The Review Group highlighted the appointment of a senior academic leader to oversee supervisor responsibilities and mentorship. The School will seek to develop this role as a matter of priority. We note that a large number of our MD and PhD students are supervised across a large number of clinical sites by adjunct faculty and that we may need to extend the academic support infrastructure to ensure that this activity is better supported.

Research Prioritisation Exercise

The School should prioritise research themes underpinned by matrices related to publications, grant income and international reputation, compiled with the assistance of UCD Research. This includes maximising current strengths including the potential of the UCD Conway Institute.

In its strategic plan, the School has set itself a priority to conduct an objective external Research Evaluation Exercise for main research groups and benchmark the School's research profile against leading international comparators. The School agrees that maximising the potential of the UCD Conway Institute is central to our research ambition and notes that this highlights the critical importance the Review Group's first recommendation.

Medical Education Research

The Review Group endorse the development and promotion of research in medical education and, specifically, in the development of new technologies, and recommends that the School build on its strengths in this area.

The School is pleased to note the Review Group's endorsement of the development and promotion of research in Medical Education, which has been a priority for the School since our appointment of an Associate Dean for Programmes and Educational Innovation. We note, however, that our efforts in this domain have been hampered by both resource and space constraints. The School will continue to advocate for this research and for research/teaching linkages more generally, as these are essential to strengthening our educational quality and international reputation.

Seeking International Research Collaborations

The School should identify a number of strong research partners within U21 and further the School's research strategies by delivering joint research symposia / workshops or developing PhD/PI exchange programmes. The School should also consider tripartite research partnerships with U21 or other higher-ranking Universities in areas of mutual expertise.

The School agrees strongly with the recommendation that the School should seek to enhance research collaborations with Universitas 21 and other higher-ranking Universities in areas of mutual expertise. We recognise that many of our international research connections are mediated through individual academic staff rather than through formal School partnerships. We hope that the research assessment exercise will allow us to build a detailed picture of our current international research linkages and help identify where formal School-School collaborations should be established.

UCD School of Medicine – Self-assessment Report Co-ordinating Committee Membership

Name	Constituency 1	Constituency 2
Prof Walter Cullen, Chair	General Practice, Forensic & Legal Medicine	Associate Professors & Professors
Prof Patrick Murray, Head of School	Medicine & Medical Specialties	Associate Professors & Professors
Dr Aoife Canney	Biomedical Sciences	Clinical Tutors
Dr Audrey Melvin	Medicine & Medical Specialties	Clinical Tutors
Dr Cliona McGovern	General Practice, Forensic & Legal Medicine	Lecturer & Senior Lecturers
Dr Karina Knight	Surgery & Surgical Specialties	Clinical Tutors
Dr Leo Lawler	Medicine & Medical Specialties	Clinical Faculty
Dr Louise Rainford	Diagnostic Imaging	Lecturer & Senior Lecturers
Dr Paddy Mallon	Medicine & Medical Specialties	Lecturer & Senior Lecturers
Dr Peter Doran	Research Institutes or Centres	Lecturer & Senior Lecturers
Dr Shane Foley	Diagnostic Imaging	Lecturer & Senior Lecturers
Dr Sinead Murphy	Women's & Children's Health	Lecturer & Senior Lecturers
Dr Stuart Bund	Biomedical Sciences	Lecturer & Senior Lecturers
Mr Gary Perry	Technical Staff	Teaching Support Staff
Mr Paul Harkin	Administrative Staff	Senior Administrative Staff
Ms Amanda O'Neill	Technical Staff	Research Support Staff
Ms Barbara Cantwell	Administrative Staff	Administration Managers
Ms Gina Mullins	Administrative Staff	SEA & EA Staff
Ms Jacintha Vallely	Administrative Staff	SEA & EA Staff
Ms Judy Farrell	Administrative Staff	SEA & EA Staff
Ms Kasia Guaghan	Administrative Staff	Administration Managers
Ms Margaret Tiuchta	Administrative Staff	Administration Managers
Ms Stephanie Begley	Administrative Staff	Administration Managers
Prof Denis Shields	Research Institutes or Centres	Associate Professors & Professors

Name	Constituency 1	Constituency 2
Prof James Jones	Biomedical Sciences	Associate Professors & Professors
Prof Jason Last	Biomedical Sciences	Associate Professors & Professors
Prof John M Ryan	Medicine & Medical Specialties	Clinical Faculty
Prof Malcolm Kell	Surgery & Surgical Specialties	Clinical Faculty
Prof Michael Turner	Women's & Children's Health	Associate Professors & Professors

UCD School of Medicine

Quality Review Site Visit - 12-15 April 2016

TIMETABLE

PRELIMINARY MEETING: Tuesday, 12th April 2016

TIME	ITEM
17.00-19.00	RG meet in the hotel to review preliminary issues and confirm work schedule and assignment of tasks for the site visit
19.30	Dinner for the Review Group hosted by the UCD Director of Quality

DAY 1: Wednesday, 13th April
Venue: Charles Boardroom, UCD Charles Institute

TIME	ITEM
08.45-09.30	Private meeting of Review Group (RG)
09.15-10.00	Meeting with **College Principal**
10.00-10.15	**TEA/COFFEE BREAK**
10.15-11.00	Meeting with **Head of School, Associate Deans and Section Heads**
11.00-11.15	RG review key observations
11.15-12.00	Meeting with **SAR Coordinating Committee** and **SAR Writing Group**
12.00-12.30	RG review key observations
12.30-13.30	**WORKING LUNCH with External Stakeholders**
13:30-13.45	RG review key observations
13.45-14.45	Meeting with representative of **Teaching, Learning and Curriculum**
14.45-15.00	RG review key observations

TIME	ITEM
15.00-15.45	Meeting with **UCD Programme Leads**
15.45-16.00	**TEA/COFFEE BREAK**
16.00-17.15	Meeting the **School Research Committee**
17.15-17.30	RG review key observations
17.45-18.30	Meeting with **Support Staff Representatives**
18:45	RG depart

DAY 2: Thursday, 14th April
Venue: Charles Boardroom, UCD Charles Institute

TIME	ITEM
08.30-09.00	Private meeting of Review Group (RG)
09:00-10:15	**Tour of School facilities** on Belfield Campus including UCD Health Sciences Centre, UCD Charles Institute and UCD Conway Institute
10.15-10.30	**TEA/COFFEE BREAK**
10.30-11.15	Meeting with representative group of **Postgraduate Students and recent Graduates**
11.15-11.30	RG review key observations
11.30-12.15	Meeting with relevant **Representatives of University Support Services including: UCD Library, UCD Estate Services, UCD Bursar's Office, UCD International, UCD HR, UCD IT Services**
12.15-12.30	RG review key observations
12:30-13.15	**LUNCH**
13.15-14.15	Meeting with representative group of **Undergraduate Students and UCD:Penang Medical College students**
14.15-14.30	RG review key observations
14.30-15.15	Meeting with **recently appointed members of staff**
15.15-15.30	**TEA/COFFEE BREAK**
15.30-16.45	Meeting with **Head of School, Director of Strategic Development, College Finance Manager, College HR Partner** and **College Team** to discuss School's resources

TIME	ITEM
16.45-17.00	RG private meeting – review key observations
17.00-17.15	Tea/coffee break
17.15-18.45	RG available for private individual meetings with staff
19.00	RG depart

DAY 3: Friday, 15th April
Venue: Charles Boardroom, UCD Charles Institute

TIME	ITEM
08:00-09:00	Facilities tour St Vincent's University Hospital
09:00-09:45	Travel
09:45-10:00	**TEA/COFFEE BREAK**
10.00-10.30	Meeting with **Section Heads**
10.30-11.00	Meeting with **Head of School** to clarify any outstanding issues
11.00-12.30	RG begin preparing draft RG Report
12.30-13.15	**LUNCH BREAK**
13.15-15.00	RG finalise first draft of RG Report and feedback commendations and recommendations
15.00-15.30	Meeting with **Head of School** to feedback initial outline commendations and recommendations
15.30-15.45	**TEA/COFFEE BREAK**
16.00-16.15 *Room B006*	Exit presentation from RG external member to all available staff of the unit.
16.30	Review Group depart