



Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin

Quality Review of the School of Medicine

3-5 February 2020

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Table of Contents

1.	Reviewers' Report	1
2.	Response from the Head of the School of Medicine	7
3.	Response from the Dean of the Faculty of Health Sciences	10



External Review of the School of Medicine, Trinity College Dublin

February 2020

The panel wish to thank all of those who contributed to the review which took place on the 3rd to the 5th of February 2020, particularly the Vice Provost, the Faculty Dean, the Head of School, the Quality Office and for the provision of all the detailed documentation and superb support.

The panel were particularly pleased to meet the representatives of the major Health Service partners including the Chief Executives and consultants. Members of the college administration have been generous with their time and the staff provided excellent support.

Trinity College Dublin (TCD) is an ancient, higher education institution leading in Ireland and with a high international reputation. Its Medical School is held in high esteem and has made major contributions to medical science and to practice around the world. All members, affiliates and alumni of TCD evinced pride in its heritage and in their institution.

Over the last decade TCD has been impacted profoundly by a substantial reduction in Government financial support and the general economic climate. This in turn has contributed to a relative decline in international rankings, e.g. QS, Times Higher Education; and availability of funding for research and education. This has also reduced the scope for flexibility and compromised the ability to respond to challenges or seize opportunities.

The Medical School is a valuable and valued component of the College with a strong history of outstanding leadership from past and present Heads of School and a collegial group of academic and professional staff.

As such the panel considered a review of the School with a focus on governance to be timely not least in recognition of the urgency to respond to the prevailing research opportunities and the changing dimension of education including the need for curriculum reform.

The subsequent observations follow the “**Terms of Reference for the Quality Review of the School of Medicine Quality Review**”

The appropriateness of the School’s Governance structures and resourcing (funding, staffing and physical infrastructure) in terms of managing the School’s undergraduate and postgraduate courses, its research mission and its ability to deliver plans for research and educational development, diversification of education provision, current contracted relationships and new international engagement.

The Undergraduate medical curriculum remains in a traditional format with clear separation between pre-clinical and clinical studies, although the recent introduction of earlier clinical experience is a positive step. The panel felt that there is a need for a major reform of the curriculum in order to maintain a competitive position. Given the many and diverse responsibilities of the Head of School, this would be best delivered by appointing a Director of Medical Education to work with



the current Director of Undergraduate Teaching and Learning who has responsibility for curricular reform. The Director of Medical Education should be a substantive post with sufficient faculty and administrative resources and an adequate term of office to accomplish this mission.

Whilst recognising the constraints the health care partners are operating under, the panel were particularly concerned about the School's dependency on the commitment and goodwill of staff within the hospital partners, which is not unique for Trinity College. This is further compounded by very limited access to community services, now considered to be an essential part of medical training. While the medical programme does not deliver direct clinical care, education and research demonstrably improve patient outcomes. In contrast to the model at many other universities, the Head of School does not represent TCD on hospital boards and other governance structures, reducing the profile of medical education and research. Whilst consultants spoke of the high quality of the students and the educational programmes, there is minimal financial support or recognition of their contributions. The students reported variable experiences across the hospitals, as evinced by various sources including accreditation visits, interviews with the panel and national survey data. Robust reporting of negative student experience in clinical settings is critical so that it can be addressed.

The School also delivers valuable programmes in physiotherapy, occupational and radiation therapy which are also oversubscribed and fulfil an important role in training staff relevant to health service delivery. We were impressed by the quality and commitment of the leaders of these programmes, but the panel had limited interaction with students or other faculty members of these programmes.

The School has a small number of PhD students relative to numbers of academic staff, which can only limit research productivity. The faculty spoke highly of the quality of the students and the mentorship and laboratory resources including core facilities. However, funding for graduate students has been and continues to be limiting. Furthermore, availability of progression for graduate students and postdoctoral scientists to academic posts was highlighted as a major impediment to the capacity building. Investment in research at TCD may help relieve this problem.

There is an opportunity to review and restructure the PG taught programmes, many of which have small numbers of students and a high administrative burden. Restructuring of modules could respond to market opportunities more effectively.

The current leadership structure overseeing the educational programmes is highly distributed and diffuse, thereby limiting a robust programme for improvement and posing risks for accreditation. Focused leadership, particularly the recommended Director of Medical Education position should address this issue.

The physical environment for pre-clinical teaching was broadly excellent with the panel particularly impressed with the anatomy facilities. We did not visit the clinical environment but we understand



that there is a lack of clinical skills and simulation facilities, which are critical to contemporary medical and health professional training.

TCD School of Medicine's research reputation is particularly high in areas such as immunology. The panel noted the external research funding of 20 million euros annually, which is low in comparison to many international competitors, in large part reflecting the funding available in Ireland. The lack of available academic posts for both junior and senior research faculty is a concern. The panel were pleased to note the success of the TCD-led Irish Clinical Academic Training programme but considers that overall there are insufficient clinical academic training posts to build a cadre of high-quality clinician scientists. Development of an equivalent programme in TCD to include other allied health professionals would be very valuable. There is some resource invested in existing clinical lecturer posts, which the panel would suggest are reviewed to ensure more appropriate balance between research opportunities and support to teaching and clinical work in order to meet better the objectives of the School. We noted the USSHER scheme for tenure track positions is valuable and is an excellent model for future investments which are needed.

The School of Medicine currently has seven research themes, which is a large number for a relatively small school. There is a need to focus and prioritise. There is currently a funding opportunity in the cancer space which could build on current strengths and engage disciplines across the college as well as key health partners. Without a stronger alliance with the hospital partners such an alliance will be difficult to realise. The leadership of the Head of School should be acknowledged and supported in the development of the cancer initiative. Additional funding will be needed for new appointments, trainees and infrastructure and the panel is pleased that this is being recognised in philanthropic and government discussions.

The panel noted successes in other cross-Faculty initiatives and recognise that the Institutes provide a model for building interdisciplinary research and critical mass to a level that will be internationally competitive. In the current model, it would appear that the Head of School has limited opportunity for input into TCD priority areas. This also restricts the profile of the School of Medicine. The current management structure of faculties, schools and institutes carries the inherent risk of a lack of coordination of efforts to deliver research at scale and to construct high quality, research-led education programmes.

The fitness – for – purpose of the School Governance and Management structures to deliver the School Mission and Strategy and respond to Faculty and College structures and strategies; the internal and external environment and emergent risks and opportunities nationally and internationally

The panel acknowledges that the size and complexity of Medical Schools can make them difficult to accommodate within the typical academic structures of the university. This can be addressed either by the School of Medicine having faculty status, the faculty always being led by a clinical academic



position or by recognising the additional responsibilities and relationships of the Head of School within the current structures of the College. The last option is favoured. Although the Head of School is already invited to participate in the Executive Officers Group, more engagement with the upper levels of TCD administration is recommended.

The current faculty structure seems to be favourable to the School of Medicine's budget and to its autonomy in delivering its educational programmes. It might, however, not be as optimal for the involvement of the SOM in the strategic priorities of the College, or the School's external relationships, partnerships and profile. This is not simply due to the fact that the Head of School is not clinically active in the major teaching hospitals. Indeed, the appropriate level of engagement is not that of a clinical practitioner. As an example, the Head of School is not on any of the boards of key health partner organisations leading to diffusion of influence and lack of clear messaging. The vesting of the College's reputation in a single individual strengthens the hand of the College but this vesting must be accompanied by a presence within the senior leadership of the College.

The effective development and prosecution of a strategic plan for cancer research will require, in addition, representation by the Head of School in discussions with external funders, industry partners, philanthropic supporters and international collaborators. Alignment between the Head of School up to the Provost and governing board of the College is, in our view, critical. The panel strongly advises that strengthening the relationship between the Head of School and the leadership of the university and external partners is at least as important as any internal School reorganisation.

The SOM's detailed self-assessment report identifies a number of different models which would simplify the internal structure of the school and reduce the number of direct reports to the head of school, replacing rather than adding an administrative layer. The panel does not recommend the separation of the research and educational programmes in a future model. Any reorganisation could provide a simplified administrative structure that delivers increased efficiency and effectiveness. This would also improve oversight for issues like quality of education, accreditation, and tracking research performance and metrics. The panel noted strong support and engagement with faculty members and leaders in the process however greater consultation and discussion will be needed before landing on a final model. One particular issue is that the therapy disciplines do not see benefit in consolidating in the models proposed so far since they have such diverse interdisciplinary relationships. It is evident that the large number of disciplines and departments and structure is not optimal and has inherent risks. Balancing academic autonomy with improved operations whilst a challenge will be necessary.

Another example is that delivery of the clinical academic research and educational mission relies upon a relatively small number of senior clinical academics, many of whom have extensive clinical commitments. There is a need to increase numbers of staff aiming to meet targets suggested by previous external review. Consultants in the hospitals contribute to teaching largely through goodwill. Their contribution could be better recognized by the university and the hospitals through



academic promotion, teaching awards, in addition to financial and administrative support. This is further strained by increasing student numbers. The panel noted a high reliance on staff in training positions to deliver the academic programs. Consultants consistently acknowledged with pride the quality of the students and the College. The learning environment, however, in the clinical settings could be improved by these recommendations to leading to greater consistency of student experience. It is evident that there remain abundant opportunities to foster clinical research which would be mutually beneficial to the College and health partners: these should be actively explored.

TCD has thrived through successful recruitment of high-quality international students and development of excellent international partnerships e.g. the Singapore initiative in physiotherapy. This is dependent on reputation, e.g. rankings, which are largely driven by research metrics and achievements. If research productivity is not improved, both ranking and international student recruitment are at significant risk. This has evident implication for the budget and future investment in the school. Similarly, an increase in clinical students will be heavily reliant on hospital placement underscoring the importance of not only maintaining but enhancing the clinical learning environment.

RECOMMENDATIONS

1. The Head of School should appoint a Director of Medical Education to lead the MB ChB programme. This post should be of sufficient duration to implement and embed a revised curriculum across all five years. The postholder should be supported by a dedicated team, which needs to include administrative, academic and clinical staff.
2. The profile of medical and health professional education will be significantly enhanced by the Head of the School of Medicine representing the College on the boards of key hospital partners. Specifically, we recommend the Provost nominate the Head of School to the Board of St. James' and other hospital partners in this academic year.
3. The postgraduate taught programmes should be reviewed and restructured, to develop a smaller number of pathways with greater shared teaching and increased resilience. Increased funding for postgraduate research students is needed.
4. While the physical environment for pre-clinical teaching was excellent, facilities for clinical skills and simulation need to be developed.
5. There is a need to build capacity across the School of Medicine. In particular, there is a need for a review of the clinical lecturer posts to ensure competitiveness, an increase in research-focused clinical academic training positions and support for new tenure-track basic science pathways, e.g. the USSHER lectureship scheme.
6. Focus and prioritise research themes within the School of Medicine and align and engage with the hospital partners e.g. as in the current cancer initiative.
7. Strengthen the position of the Head of the School of Medicine through recognition as Dean (or other title) and inclusion in the senior leadership of the College. There is precedent here



with the Dean of the Dental School and the Dean of the Business School. Beyond Executive Officers meetings, the Head of School (Dean) needs to be a member of the College Planning Group.

8. The internal structures of the School of Medicine should be streamlined, but this requires further consultation to ensure the balance between academic autonomy and improved administration. This should allow delegation of some tasks from the Head of the School of Medicine.
9. To strengthen educational and research programmes and opportunities for international students, the relationships between the College and the key hospitals need to be further enhanced. This will require increased recognition and support of hospital staff teaching within the School of Medicine programmes.
10. The international reputation of the School of Medicine is strong but could be at risk from falling rankings. Measures to address these rankings, especially through strengthening both clinically-facing and basic science research, should be an urgent priority. Recommendations throughout this report address this need more specifically.

Peter Clayton

Pamela Davis

Richard Trembath

Moira Whyte

Trevor Young



Head of School response to the External Quality Review of the School of Medicine, Trinity College Dublin 3rd-5th February 2020

12th May 2020

The School of Medicine wishes to thank the review panel and all those who contributed to the review which took place on the 3rd - 5th of February 2020. The highly experienced panel were thorough, insightful and positive and the report will be of considerable assistance to the School in mapping out its future. Taken together with the October 2018 Medical Council Accreditation report, recently published, it provides the School with extensive external guidance as it develops its strategic plan, 2020-2025. The following is the Head of School's initial response to the report, as it seeks to work with the Dean of Health Sciences and other College officers in responding to the specific recommendations. It will finish with some remarks on the likely impact of the Covid-19 crisis on the School's activities and ability to respond to the recommendations. The terms of reference were specific and requested the panel to focus on the governance of the School in relation to its academic mission and its ability to manage its external relationships.

Position of the Head of School within the University

The panel discussed strengthening of the School's internal and external relationships. The School of Medicine contributes a significant proportion of all College research income and research outputs, and broadly speaking, life sciences are strong. For example, the MESH term 'Medicine' identifies more than 40% of College peer reviewed publications. Through its longstanding Non-EU undergraduate medical programme, the School contributes strongly to fee income to the College, and along with its other health professional courses, has the capacity to grow further. Due to its size and complexity, becoming a Faculty of Medicine is one option that has been discussed at School level and within the panel, but is not favoured by either as a separate entity to the current Health Sciences Faculty structure. However, internal and external relationships have been identified by the panel as requiring strengthening and the School looks forward to discussions with College officers as to how this might happen, including applying the status of a Dean of Medicine to the Head of School, and considerations as to representation of the College by the Head of School on governance boards of external bodies.

Hospital and Health Service partnerships

The UK and North American panel members were used to a very different relationship between their School's and Health Service partners. The panel expressed concern that the School, as with other medical and health science schools in Ireland, has no contractual relationship with its Hospital and Health Service partners. The panel have proposed a number of ways in which these partnerships could be improved, both at individual hospital level and in relation to the Hospital Group structures, and the School strongly supports these recommendations



Funding model

Significant investment and growth by Schools in College has occurred, at least in part, outside the current BBM model. The School of Medicine has an existing investment plan that has the capacity, in part, to address some of the deficits outlined by the panel and by the Irish Medical Council. The School looks forward to discussion with the Chief Finance Officer and other College Officers as to the potential to adjust the parameters of the model underlying the existing plan to underpin urgent investment requirements of the School. Any future College funding models should take into consideration the considerable additional requirements in operating a successful Medical School. A strong Medical School and Health Science Faculty will be of critical value to the success of the College as a whole as it develops in a difficult funding environment, one that has become much more challenging as the country navigates through and emerges from the Covid-19 crisis.

Strengthening the education mission of the School

Although not specifically within its terms of reference, remarks by the panel are similar to, and reflect the recommendations from the recently published report from the Irish Medical Council following an accreditation panel visit in October 2018. The underlying difficulty here is that in contrast to other jurisdictions, the balance of income, and its disposition between the Education and Research missions of the School, in a resource poor environment, has to be carefully managed, as neither is sufficient. The remarks in relation to this by the panel, and the concerns raised by the Irish Medical Council, are fully accepted by the School which, as part of its strategic plan 2020-2025, will seek to strengthen the governance and management of Education within the School and fully renew the curriculum, and closely related to that, its engagements with Hospital and Health Service partners. Additional investment in positions in Education and in association with the School's representation and participation in the Dublin Midlands Hospital group are already part of the existing School of Medicine investment plan and should be progressed even in the context of the current funding crisis. The inherent delays in replacing clinical academic positions is ongoing and of considerable risk to the School and the School, College and Health Service partners will work together to take steps to streamline and improve the process.

Postgraduate education, PhDs and research activity

The panel note that in comparison to similar Schools in other jurisdictions, postgraduate education and research activity is modest, but has potential to grow. The School agrees that PhD numbers are low, by international standards, but this is largely a sectoral problem, and the panel remarked positively on the Irish Clinical Academic Training (ICAT) programme as a potential model for additional clinical training programmes across all healthcare professionals. The School is currently working on its research strategy and the remarks from the panel are helpful, particularly in relation to a focus on strengths, while encouraging organic growth in emerging areas. The panel's remarks on the Cancer Institute plans are in



full agreement with the School's views on leadership and engagement by the HoS as this development progresses.

Physical infrastructure

The School moved into the building on Pearse Street (known, perhaps not ideally, as the TBSI building), in 2011. The resources for the undergraduate teaching are noted as excellent, but investment in clinical teaching space on hospital sites, especially in clinical skills and simulations, has not kept pace and is dispersed and inadequate. The School looks forward to discussions with the Bursar and College officers to develop plans to invest in this vital infrastructure, that will be even more relevant in relation to the impact of Covid-19 and the restrictions that it will place on direct student interactions with patients now and into the future.

Impact of Covid-19

The financial implications are stark and will likely lead to a funding climate as severe if not worse than the financial crisis in 2008. The crisis has placed health professionals and scientists, preclinical and clinical, in the spotlight and has highlighted the importance of the School and the Faculty of Health Sciences in the training of future generations of healthcare staff. School and Faculty staff have contributed enormously to the clinical and scientific response to the virus, with many staff in leadership positions within the HSE, advising on the management of the pandemic and leading research activities to better understand the virus and the impact of the pandemic on society. This engagement should be encouraged and supported and will strengthen the School, Faculty and College's value to society in future years. There is now an even stronger argument for preserving investment in medical and health science education, in health research, and in a better partnership between the sectors for the benefit of patient care and society.

10th May 2020

RESPONSE TO SCHOOL OF MEDICINE QR REPORT – DEAN OF THE FACULTY OF HEALTH SCIENCES

I very much welcome the concise report of the Quality Review team, and the reviewers' recommendations will provide a useful road map for the school going forward. I am tremendously grateful to the panel members for their time, consideration and thoughtful suggestions. In this response, I will restrict my comments on those elements of the report which may be incorporated into the school's implementation plan, while acknowledging the innovative suggestions to strengthen the positioning of the Head of School within the University's ecosystem. The review focussed primarily on the organisational structure and hierarchy in medicine which is one of the University's most complex schools, and the panel concluded that some essential restructuring should be implemented to increase the school's competitiveness and efficiency of operations.

I am delighted that the panel had the opportunity to meet so many representatives from the School and wider college and hospital communities and to include their feedback into their report. The Review team was particularly impressed with the leadership of the School, supported by an excellent administrative team, and I resoundingly endorse this finding.

It is perhaps noteworthy that the main elements of the panel's report are geared towards:

- The undergraduate medical curriculum
- Organizational Structure and
- Postgraduate & Research activity,

and there is little by way of recommendations or feedback for the therapy courses or BSc in Human Health & Disease.

Teaching and Curriculum

While the undergraduate medical curriculum was not listed within the terms of reference of the review, the school highlighted a need for restructuring of the staff assigned to curricular redevelopment. In response, the panel drew our attention to a need for a major reform of the undergraduate medicine curriculum in order to maintain a competitive position. In light of the recent Medical Council visit and its report, this point is well made and it appears a substantial overhaul of the curriculum is needed. It is sensible that a dedicated team with appropriate experience and seniority be charged with this onerous task, and I will engage with the school to bring this about.

Physical Teaching Environment

The panel commended the physical environment for pre-clinical teaching, but highlighted that facilities for clinical skills and simulation need to be expanded and further developed. There has been significant investment in pre-clinical facilities by both the School and Faculty and we continually strive to present a state-of-the-art facility for our students. The Faculty has provided a resource to kick-start a drive towards Interprofessional Learning (IPL) across the schools within the Faculty with a view to strong integration of IPL within the medical curriculum as well as the auxiliary courses.

The Faculty will continue to work with the Schools to address the need for enhanced clinical skills suites. This is particularly relevant considering the ongoing Covid-19 pandemic, and the Faculty will support all public health measures proposed in order to ensure the safety of students and staff while striving for quality in the student experience.

Hospital Partners

The panel drew our attention to the School's dependency on the commitment and goodwill of staff within the hospital partners. This is further compounded by limited access to community services, now considered to be an essential part of medical training. Whilst Trinity School of Medicine is not unique in this practice in the Irish context, it is noteworthy that the Faculty has supported moves to better engage with our clinical partners and to acknowledge teaching and research contributions through initiatives such as the re-introduction of a Clinical Academic Promotions Process.

The panel have made several suggestions through which they posit the School might better engage with clinical partners. It should be noted however, that the Provost commissioned a working group in 2017, to explore bi-lateral mechanisms through which operational partnerships might be improved and I look forward to continuing the work of this group to maximise synergies with our hospital partners.

The Role of the Head of School

The panel has made a series of recommendations that would heighten the profile of the Head of School. It is certain that the School of Medicine is complex and makes a tremendous contribution to the educational, outreach and research missions of the university. However, I would caution that the recommendations may be written to resonate with the timeframe of the current head of school. The additional tasks and duties proposed may not seamlessly transition to future heads of school, unless additional supports are put in place to assist with the increased academic and strategic functions proposed. In the past the role has been occupied by practitioners with clinical commitments which mitigate the available time for administrative duties. In any implementation of the panel's proposals, it will be important to factor in succession issues and ensure the role does not diminish in attractiveness to those wishing to retain a clinical profile.

School Organisation

The panel endorses a simplification the internal structure of the school and reduction of the number of direct reports to the head of school, replacing rather than adding an administrative layer. I acknowledge the complex organisational structure within the school that can impose bureaucratic logjams and would value the opportunity to work with the school to streamline the administrative scaffolding that underpins activity. I welcome the school's ambition to balance academic autonomy and improved administration. I welcome that the Head of School continues his comprehensive discussion with the current School Executive and beyond to support a consensus progression to any new structure. I would also suggest that cognisance be paid to the management resources that will be required to support any internal restructuring of the school disciplines and administration.

Postgraduate Taught Courses, Research

The panel suggested that postgraduate taught programmes should be reviewed and restructured, to develop a smaller number of pathways with greater shared teaching and increased resilience. I endorse this suggestion and look forward to working with the School to develop a suite of adaptive, responsive courses geared towards the requirements of an agile workforce. I will work with the school to ensure that any review

of Post Graduate courses aligns to College wide initiatives occurring in this space and is in harmony with College's Strategic Plan.

The panel drew attention to the relatively low number of PhD students in comparison with international schools. However, this likely reflects a disinclination in support for basic research activities by national funders.

They were complimentary of the ICAT programme and the school is to be complimented for its initiative in spearheading this national programme. I support the expansion of the programme, but caution against a wholesale revision of the clinical lecturer/registrar posts. The clinical work done by these postholders enhances the relationship with our teaching hospitals, and provides clinical support to the consultants upon whom we depend to deliver our teaching mission.

The report suggests streamlining the thematic research priorities of the school to maximise impact. I look forward to working with the school as they prepare their strategic report for 2020-25 in maximising their research potential. The suggestion of a mechanism to direct all student and staff projects to the agreed research themes along with a peer review process to assure quality and high success rates for grant applications is also welcomed.

Conclusion

In summary, I welcome the input from the external panel which affords me the opportunity to acknowledge the School of Medicine as a valuable and valued component of the University with a strong history of outstanding leadership from past and present Heads of School and a collegial group of academic and professional staff. I look forward to engaging positively with the school as they develop and execute their implementation plan.



Orla Sheils
Dean- Faculty of Health Sciences