



Trinity College Dublin

Coláiste na Tríonóide, Baile Átha Cliath

The University of Dublin

**Report to Council on the Quality
Review of the B.Sc. in Human
Nutrition and Dietetics.**

26-27 November 2015

Reviewers:

Professor Miguel Leon-Sanz (Complutense University of Madrid)

Dr Fiona McCullough (University of Nottingham)

Internal Facilitator:

Professor Pauline Sloane, Trinity College Dublin

Dr Kevin Lalor, DIT



Institiúid Teicneolaíochta Átha Cliath
Dublin Institute of Technology



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BSc in Human Nutrition and Dietetics

Programme Review

26th and 27th November 2015

External Reviewers

Professor Miguel Leon-Sanz & Dr Fiona McCullough

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Dublin Institute of Technology & Trinity College Dublin**

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1. Executive Summary

Prof Miguel Leon-Sanz and Dr Fiona McCullough attended the Programme review on 26 and 27 November 2015, along with Associate Professor Pauline Sloane, Trinity Internal Facilitator, and Dr Kevin Lalor, DIT Internal Facilitator.

The Terms of Reference for the review were:

1. To assess the effectiveness of the governance between Trinity College Dublin, the University of Dublin and the Dublin Institute of Technology with respect to the delivery of the Joint Programme of the Bachelor of Science in Human Nutrition & Dietetics;
2. To review the programme curriculum and comment on the academic standards, the appropriateness of the learning outcomes, and the alignment of the programme learning outcomes with a Level 8 Award on the National Framework of Qualifications;
3. To review and comment on the procedures that support the quality assurance of Teaching, Learning and Assessment on the programme including the quality assurance of student experience and of teaching staff.

The Reviewers participated in a variety of meetings, allowing detailed discussion and exploration for improvement. Future-proofing the programme in the light of new competition and further developing and enhancing the dietetics education provision in the future was also addressed.

The programme continues to be delivered across DIT and Trinity and the strengths of both Institutions contribute to the development of dietitians with strong employability skills and competence.

The most recent review was in 2009 and since then significant changes in dietetics across Europe have occurred. There is a much greater emphasis on patient safety and outcome-focused care. Patient-centred care and the importance of the workforce functioning efficiently and effectively as a multi-disciplinary team to provide holistic care has improved the standing of dietitians within healthcare.

The programme team was actively seeking to respond to employment market and regulatory changes, and appropriate and innovative module changes were proposed.

External examiner reports indicate that the standards within the programme provision are very good, and the reviewers agree that the Award provision from this training is of very good quality.

The placement learning phase of the Award is crucial. The introduction of CORU Statutory Regulation in Ireland in 2015 has required a small increase in placement learning to meet the same threshold of 1000 hours as currently expected within the UK.

The programme consistently provides the main workforce for the dietetics service in Ireland. Graduates find employment and develop in service further.

2. Strategic development and Planning

2.1 The effectiveness of the Programme in achieving the objectives outlined in the Programme Document.

There are 12 specific programme objectives, ranging from providing graduates with a foundational knowledge of the disciplines upon which human nutrition and dietetics are based, through to enabling the graduates to register with the Dietitians Registration Board (CORU).

The degree curriculum covers all aspects required to meet these aims and is complemented by the clinical placement periods.

The review has confirmed that the Programme is fully achieving the objectives outlined in the programme document.

2.2 How well the Programme is supporting and facilitating the Institution's Strategic Plan

The vision of the School of Biological Sciences at DIT is to produce high-quality graduates in Sciences and Health by providing practice-based, professional and career-oriented teaching, learning and research, which is underpinned by key strategic and structure engagement with partners.

The School of Medicine, within Trinity, provides medical and 5 other programmes within health science education, including dietetics. Trinity is the highest ranked University in Ireland, being renowned for intellectual rigour, excellence, interdisciplinary and research-led teaching.

Hence both Institutions have the potential to complement the other and provide a top quality provision.

The introductory review meeting with Senior management was comprehensively attended by all key leaders from both Institutions. Staff passionately and unanimously conveyed that the dietetics programme was supporting and facilitating both Institutions' strategic plans. It was also confirmed that both Institutions had entered the current review committed to working together and continuing the joint provision of this Programme in the future.

2.3 Consideration of College-wide initiatives in both Institutions, in the strategic planning process for the programme

Consideration of college wide initiatives in both Institutions to some extent have been taken into account.

The Programme is underpinned by a General Agreement between DIT and Trinity, covering responsibilities, quality assurance and assessment regulations, administrative and financial arrangements, publicity and validity of the Agreement making it a legally binding arrangement covering termination and intellectual property.

Both Institutions also have organisational flowcharts to guide the Governance of the Joint programme delivery.

The Trinity/DIT Joint Course Co-ordinating Committee (chaired by TCD) has involved four staff from each Institution and has met on a regular basis since October 2014, but did not meet for a period of 2 years prior to that. Hence the committee appeared to meet in an ad hoc /on demand basis prior to October 2014. However

more frequent meetings and contact had occurred over the last 12 months in preparation for the present review, which the reviewers considered a positive development. The Programme Committee (chaired by DIT) responsible for the quality assurance and day to day running of the programme meet on a regular basis.

Further mapping and sharing of support with learning and teaching should be investigated. Additional relevant discussion is contained within Section 5.

2.4 Consideration of external influences such as Government policy, funding restrictions etc in the strategic planning process for the programme.

The strategic planning has included external influences such as CORU Statutory Regulation, funding restrictions and the impact of any competitor courses.

2.5 How well potential and perceived risks to the Programme are managed

The senior management team convey a strong intention to protect the programme and desire to manage potential and perceived risks in an efficient and timely manner. The module changes proposed at the Review seeks to reduce the impact of such risks.

2.6 How the programmes strategic planning process could be improved

The reviewers concluded that the proposed change to three Governance Committees will streamline the decision making process that support for example term start and finish dates, committee meeting dates, regulations etc. as there is currently a degree of variation around these processes. In addition it is hoped that it will reduce duplication of effort related to the organisation of, for example, two Open Days, the resourcing of two Admissions Offices etc., and facilitate the smoother implementation of College-wide processes such as Blackboard.

Academic staff conveyed the view that this lack of clarity resulted in longer than necessary or unacceptable delays and that more dedicated resource on managing the Governance was desirable. The reviewers concur with this view, that additional Administrative support should be considered.

3. Programme governance and management

3.1 The effectiveness of the governance and management structure of the Programme to optimise the operation of the programme across both Institutions and enables it to fulfil its mission

The reviewers note the recent staffing changes. The experience and vision of the Programme Director was notable. DIT provides the Programme Director, together with the delivery of the majority of the modules by DIT staff, which form part of the historical and long standing agreement. The programme has in place Year tutors from DIT for each year of the programme, which add a positive dimension to programme management. A few examples were provided of staff networking and sharing resources across institutions. The reviewers feel this dialogue is to be welcomed and should be nurtured, encouraged and spread more widely.

3.2 The effectiveness of programme's decision making structures

The review concluded that overall programme decision making structures are functioning effectively. The reviewers recommend that this aspect of programme management is kept under regular review, during the forthcoming transition period with the introduction of the new programme.

3.3 The effectiveness of reporting lines and relationships

Discussions with staff clarified that reporting lines are understood by staff and working relationships overall and especially within both Institutions are effective. Relationships across Institutions could be further nurtured and developed to optimise the impact of the whole team contribution to the programme delivery. As with any large organisation, people management is one of the most challenging aspects to deliver consistently well. Review meetings with staff, demonstrated some tension between some teaching staff at DIT and Trinity.

3.4 Suggested means by which the programme governance could be improved

The reviewers recommend that attention is given to the interface decisions between Institutions. Further clarity of processes, roles and responsibilities could be disseminated with additional flow charts, staff training and team briefing events.

4. Programme Structure and syllabus

4.1 The effectiveness by which the current programme structure facilitates the delivery of the curriculum and support the Programme key mission

The programme key mission is to deliver Registered Dietitians into the healthcare workforce and other related employment including the food industry, nutraceutical companies, research and private practice.

During the review, the justification of the imminent changes to the programme, in terms of module changes, reduction in wet practicals, reduction in amount of assessment, focus on skills required for placement and the introduction of professional practice module within each year, as well as the slightly increased length of placement was clearly explained and defended. The reviewers are of the opinion that these changes represent significant added value in terms of student learning and preparedness for placement and ultimately employment.

4.2 Confirmation that the current syllabus is relevant and reflects the desired graduate attributes.

The recent graduates attending the review, expressed the view that the end point was very focused on employment in the health service. This is understandable as the clinical placements are solely in this setting. Employment into the health service sector is strong, so clearly graduates are well equipped to competently undertake the roles expected of them. Both Institutions should be commended for this success. However with ongoing transformation in the healthcare workforce and in-patient stays shortening, the need for dietitians to work more flexibly is indicated. To reinforce to students the broad range of Transferrable Skills, with nutritional

assessment, treatment, education, monitoring, and strong written and oral communication skills is helpful. The reviewers recommend an increased focus on other employment routes, as recent graduates also raised this suggestion to further improve the programme. Examples include a greater emphasis on broader management issues, skills development for community dietetics, the additional considerations required with becoming a free-lance dietitian and how working in an environment with a private company, such as Nutricia, varies from the public sector healthcare provision.

4.3 The effectiveness of the programmes assessment and examination processes

The overall assessment load has been reduced and the reviewers welcome this change. Academic staff articulated the anticipation that the standard of work produced would be enhanced (facilitating deeper student learning). This change is in keeping with an assessment rationalisation process being undertaken by many institutions in the UK. The modes and models of assessment are also been reviewed. Examples of this and underpinning rationale was less clear to the reviewers, mainly due to the fact these changes are just beginning to roll out. Case-based learning/problem-based learning, peer-to-peer learning are already embedded in some areas, but will be expanded.

4.4 The processes in place to assure academic standards are adequate

The reviewers conclude that adequate processes are in place to assure academic standards. The external examiner reports (both nutrition examiner and dietetics examiner) were notably complimentary about the standard of the provision. This should be celebrated by staff at both institutions. The reviewers encourage academic staff to consider involving the dietetics external examiner in placement related decisions, as this is standard practice at many other Institutions.

4.5 How the structure of the course and syllabus could be improved

The current syllabus is well designed and should deliver the programme enhancements envisaged, through the improved understanding of students pre-placement, from the delivery of more applied material in the classroom. Education and support for practice educators will further complement this, by enhancing the overall quality of the learning opportunities on placement.

5. Programme Administration

5.1. The appropriateness of structures, systems and staffing to support the administration of the programme;

The Programme Administration structure is based on staff coming from both Institutions, from the School of Biological Sciences in DIT and from the School of Medicine in Trinity College Dublin. They participate in the Programme Committee and the Joint Co-ordinating Committee (JCC). This structure assures that both Institutions work together and share in decisions for the Programme. They provide support for student administration and support services.

As the Programme is running across DIT and Trinity, some administrative difficulties have arisen. The Self-Assessment Report points to some examples. But this is a very good indication that the managers of this Programme have identified particular weaknesses in its Administration and have proposed solutions for them. It can be predicted that more disconnections or inefficiencies can occur in the future, but there is an active approach to discover them and find a solution for them. In consequence, we can consider that the Programme Administration is adequate in general terms.

The Practice Education Co-ordination based in the School of Medicine has a part-time administrator allocated to co-ordinating the practice placements and this administrator also organises and minutes both the Programme Committee and the JCC meetings. As we mention in different occasions in this Reviewer Report, the Programme may be considered as understaffed for the correct management of the coordination of Practice Placements and this task should be duly analysed and supported.

Another point to be taken into consideration is how the flow of information from professionals can reach the different Management Committees. Communication is always a complex issue in organizations, but the fact that this is a Programme run by two institutions adds further difficulty to this issue. Therefore, it would be very interesting to strengthen channels of communication between staff, students, practice educators and managers of the Programme. These channels will make sure that both Institutions are informed at the same time.

Finally, due to the joint management of the Programme, it is necessary to establish clear terms of reference of the Committees and to define who needs to be involved in these Committees making decisions. Although this relates more to Governance, already discussed, it has an influence on Administration as well.

5.2. The role of the programme administration in the management of advertisement, recruitment, provision of advice to students, courts of examiners and the appeals process.

Both institutions participate in recruitment events organized by themselves and third parties. Possible inconsistencies in information to potential candidates derived from DIT and Trinity have been identified by JCC. This has given the opportunity to share information and images to be used for such events. The Reviewers applaud the efforts to standardize the information and improve consistency.

The recruitment of students to the Programme may be damaged by uncertain employment prospects for graduates resulting from staff cuts or non-replacement of retiring or resigning staff in the University sector and the HSE, and a traditional lack of availability of non-HSE roles. An estimation of the needs of these Graduates in Ireland will be welcome. This undertaking is not easy to accomplish due to the notable exchange of graduates in and out of the country. Irish graduates are working in Australia, Canada, UK, and USA, but British graduates are also in Irish positions.

As we discuss in other sections of this report, students feel more closely linked to DIT than to Trinity. They will approach to DIT lecturers more frequently than to Trinity ones. However, exam and appeal processes are well defined, they run mostly in parallel in DIT and Trinity, depending on the Stage and focus of potential

problems.

5.3. *Possible improvements to the administration of the Programme*

There have already been many efforts to achieve a seamless integration of DIT and Trinity in this common Programme. Outwardly the Programme is run smoothly and students do not perceive difficulties in the collaboration of both Institutions. However, it is always important to align and share the Education Projects of both DIT and Trinity. The new Joint Strategic Management Committee has to manage the inter-institutional relationship and the relationship with key external stakeholders.

There are different issues that could be better unified between both Academic Institutions such as mismatches of term start and finish dates, different regulations, parallel committees with a different timetable and separate meetings, duplication of effort, such as two Open Days, two Admissions Offices, different criteria for student cases, exam records, awards.

Back office support would make communication and coordination easier, but a better definition of who is responsible for these tasks, both in DIT and Trinity, would be advisable. The differences in academic cycle in DIT and Trinity require a good harmonization to maintain a good operation of the Programme.

In the governance algorithm it is also important to identify duplications and if possible to avoid them.

6. Quality assurance (QA)

6.1 *The effectiveness of processes for review of content, relevance, curriculum design and delivery;*

There is a serious interest in promoting Quality Assurance (QA) of the administration of the Programme. Quality assurance and assessment regulations are covered under the General Agreement between DIT and Trinity signed by the President of DIT and the Vice Provost of Trinity on 22nd October 2013 and lasts for seven years. One of the missions of the Programme Committee is maintaining QA. In the future, it is planned that the Programme Committee will report to the Joint Strategic Management Committee.

As this is a joint Programme, all procedures in relation to programme validation, review, monitoring, evaluation and modification must comply with the quality assurance procedures of DIT and Trinity.

DIT is responsible for the quality assurance process applied to the programme and ultimately reports annually to the Quality and Qualifications Ireland (QQI). Trinity also includes quality reporting statistics on this Programme in the Senior Lecturer Annual Report and in the Annual Institutional Quality Report to Quality and Qualifications Ireland (QQI).

The Joint Coordinating Committee and Programme Committees operate to ensure consistent QA across both institutes and that regulations compatible with both institutions are applied to the Programme.

However, as each institution has their own Quality Assurance Office, with different procedures and follow-up actions, it is vital to coordinate them. Quality Officers report to the respective Institutions. But they need to talk each other, discuss the issues and their alternatives in parallel between them, avoiding pushing the topics

independently through different committees of each institution, etc.

QA methodology includes collecting information at module level and at Programme level. In the first case, student feedback forms (Q6a) on individual modules in DIT are available electronically to be filled in by students. The feedback is currently only available to the lecturer(s) teaching the module. The lecturer collates the feedback and provides it to the Programme Director on a Q6b form, which will be incorporated into the Q5 Annual Monitoring report. The Q5 is prepared by the Programme Committee and signed off by Head of School for submission to the Quality Assurance Office in DIT. Copies of the Q5 report are provided to the Trinity School of Medicine for inclusion in its Annual School Quality Report.

In addition to the module-by-module process, a separate programme level survey is carried out by the Quality Assurance Office via the Q6c form. This information is collated centrally by the DIT Quality Assurance Office and is forwarded to the Head of School.

The Programme Committee representatives of DIT and Trinity identify and solve any issues regarding overlapping of teaching content. Repetition and overlap is not something that was raised by students. Design is such that overlap is low.

A problematic area for QA is Practice Placement. With the auditing system currently in place, regarding the evaluation of Practice Placement, it is difficult to know what is happening in every Placement site. There are many sites, particularly for PPB. Size and clinical activity can also be very different among sites.

It would be wise to develop a better formal auditing process, but there is also a need to increase the number of people doing this job. The Practice Education Coordinator cannot visit all Placement sites, although she tries to reach as many sites as possible. She receives standardized forms filled out by Practice Placement Educators and the results are sent forward to the Exam Board.

It is not easy, but the programme has to achieve consistency and updated content of imparted education and clinical practice in the different teaching settings, particularly among PPs. Continuous Education accreditation is not required from PPEs and depends on their interest of developing their own education.

Based on the opinions of very experienced Placement Educators, it would be desirable to plan how to progress governance of sites, QA issues, and accreditation of the sites and follow up or periodic audit of the sites.

6.2 The ways in which the quality of teaching and learning is assessed and reviewed.

As mentioned before, students can give their views regarding Quality of teaching with the Q6a forms and this information is finally incorporated into the Q5 form. Teaching and learning during Practice Placements are more difficult to evaluate. The learning during PPs is assessed in several blocks of one or two weeks. Students' progress is monitored over time. It is different for each PP site/stage (PPB vs PPC). The assessment looks at skills rather than patient types, progress from basic to advanced competencies, and understanding of evidence based clinical practice. In principle, evaluation criteria are well defined for each Placement, but the quality of this definition is variable among the 3 Stages with PPs and therefore there is room for improvement. For PP C there is a 'Guidelines for Progression' tool, and it could be considered to extend this idea to other PPs. For PP B new assessment and

competencies forms will be further developed. Efforts to facilitate that professional judgment is objective and fair across different PP sites are welcome and PPEs are very positive about them.

In some of the PPs, students receive in advance the learning objectives they have to achieve by the end of week. There is also written documentation of the achievements and students receive a copy of this. Students may complain that there is too much of a paper trail, but it is important for collecting evidence.

Eventually, the assessment for the Student is a “Yes/No Competent” whether he/she is consistently and independently able to do something that is pre-specified in the learning outcomes. The ECTS credits (pass/fail) related to the practice placement (PPB and PPC) are decided by two persons, the local PPE and the PEC (see below).

6.3 Methods used to elicit feedback from students, other internal stakeholders and external stakeholders such as employers, funding agencies, external examiners etc.

The role of External Examiners is very much valued. They basically work on assessing the quality of the graduates, main curriculum, course exams and research projects, but they do not assess Practice Placement directly. They do assess student dietetic clinical knowledge in viva voce examinations. Given the substantial weight in the whole curriculum, PP procedures could also benefit from this type of review. Apart from this, the report of the External Examiners confirm the excellent standards of teaching and assessment of students and the need to maintain the number of Lecturers to avoid a work overload that would damage the quality of the Programme.

As we will describe below, Students’ voice is represented in the different Committees planning and administering the Curriculum.

Dietetic workforce has also been involved in evaluating the Programme, looking at fitness for purpose, potential changes, etc. There has been a constructive input from a CORU Review.

INDI representatives are also active in the processes of quality assurance through their participation on the Programme Committee and JCC. INDI collaboration in placements would be very beneficial for the Programme. On top of that, INDI could help more, for example, supporting fully-fledged graduates, attracting more participants to continuous education activities where they can get credits, producing guidance statements and other documentation, etc.

The role of Industry in shaping the Programme is less well defined and some comments from Graduates point out to a less optimal training in management, organization and sales skills.

6.4 Quality of teaching & learning.

A good initiative has been to invite guest lecturers to deliver specific content. With the improvement of the economic conditions in Ireland, DIT has started to offer whole time lecturing positions on a permanent basis in the last year. That will attract better qualified applicants and reassure the morale of the Faculty.

Reviewers observed a split between the theoretical teaching and the practice placement teaching. Lecturers have some contact with Practice Placement

Educators. Although the programme was designed with input from placement educator focus groups, PEC, educators etc. some Lecturers expressed that they do not check out if the content of the lectures was coincident with the day to day learning obtained in the Practice Placement. This is a common problem of Education in the field of Health Sciences. It does not have an easy solution. However, some contact between the Lecturers and the PPEs is recommended, as well spending some time visiting students in different locations for Practice Placements. Time investment in these visits should be included in the teaching time of each Lecturer in some way. This or other incentives must be clearly identified to compensate for their extra dedication. Otherwise, there will be a clash between research time demands and time needed to carry out this involvement of Lecturers in observing the practical side of the teaching. However, the rewards related to the Quality Improvement of the Program will be high.

The prospect of developing an on-site clinic in partnership with HSE when the new DIT Grangegorman campus opens can help to achieve an even greater interchange between the theoretical and practical aspects of the Programme. The new clinical facility is expected to be fully operational in less than 1 year. This new centre should help the Programme to increase its community outreach and to share the same interest in taking care of patients as other allied health professionals.

Practice Placements are assessed in a binary way, pass or fail. As such, they contribute to the final award. However, it would be worth considering the possibility of finding other methods of assessment that would allow a more detailed analysis of the performance of each student in the PPs. It would be in accordance with the important number of credits allocated to these parts of the Programme.

There is a problem about how the assessment form on practice placement B and practice placement C is filled out and collected. Given the close relationship established between the PPE and the student during his/her Placements, it could be difficult to obtain a balanced and fair assessment. This is in some sense solved because the assessment forms are directly referred to the Programme Director or PEC. But there is a risk that the PPE would be 'forced/predisposed' to give higher marks because of this personal relationship. It could be unfair because it would discriminate among students based on the better or worse relationship. This is one of the reasons why the standing system is a binary one, pass or fail, versus a grading system.

Before Placement B students take a sort of Objective Structured Clinical Examination (OSCE) with different stations. There is not a similar Examination at the end of either each Stage or of the Programme and it is a possibility worth exploring.

Some students feel that the preparation for Placement C could be improved and that this Placement may be better standardised. It is obvious that there is a great variety of sites, but the consequence is that everyone is learning different things. Therefore, students think that they come back from this Placement at different

levels.

Graduates of this Programme refer to a lack of training that would allow them to have a larger degree of expertise in topics more related to Industry, such as preparation for industrial food development or business development or how to set a private clinic. One of the Programme Aims is to produce graduates that are competent to practice at entry level as a nutrition expert in the industrial and/or private sector. This aim is not totally accomplished now and therefore there is room for improvement of this disconnection between Industry and the Programme. Among several options, the invitation of freelancers in Stage 4 to share knowledge and expertise with the students can be a possibility.

6.5 *Ways in which Quality Assurance can be improved.*

The number of ECTS Credits for Practice Placements is equivalent to 10 % of the whole Program. It is noteworthy that the assessment of such an important part of the Programme has become the responsibility of the Practice Educators and Practice Educator Coordinator who are employed by Trinity and DIT, but do not hold academic roles. The outcome of this assessment is binary, based on a pass or fail system, and it does not allow for further discrimination about different items that define the education experience of Students in PPs.

Finally, there have been attempts to bring together projects involving joint teaching and learning events, organizing a sort of master class on specific disease so that students can get information of all different perspectives. It is worth working on this in the future.

7. Resources

7.1 *The adequacy of resources (financial and staffing) to support the Programme.*

In recent years Ireland has seen a severe economic crisis affecting both Health Care and Education areas. Very needed increases of investment in both fields, financial and staffing, have been stymied by the common argument “no resources”, but things are starting to look better.

This Programme is complex, both structurally and functionally. Human Nutrition and Dietetics teaching needs the coordination between the HSE/Department of Health and education institutions.

The relevance of the practical side of the Programme has continually increased in its importance. Traditionally, most emphasis has been put on theoretical teaching. However, the trend is to give more and more importance to Practice Placements. Actually, the Programme has 360 ECTS credits. Forty of those come from Practice Placements. Budget allocation has to consider that 10 % of the credits go to Practice Placements. Therefore, Placement should receive funding according to the new role it has. That could help increase the number of PECs, PPCs and Tutors. The definition of the budget for Practice Placement may also take into consideration the contribution of HSE to support UG training and will require active engagement of

DIT/TCD with the HSE.

For the same reasons, given the credit weight of Practice Placements, the person in charge of them should have a strong academic position. It would be better if she is not on a temporary contract low in the academic ladder. Efforts should be made to increase the objectivity and standardization of the assessment of the different Placements.

As a consequence of the budget restrictions experienced in the past years, there is only one person to coordinate practice placements. She is very new in this position because she took over from another colleague who is on maternity leave. Her job is very demanding taking care of organization, administration, student assessment, QA, etc.

Based on the number of students, there is a perceived need for selecting fully employed Clinical Practice Placement Tutors nationally. They should receive assistance to organize their education and standardization of their tasks with students.

There are currently no Clinical Practice Placement Education Tutors appointed within the Health Service (HSE) to support student placements related to the Programme. However, there are negotiations going on with the HSE in respect of resourcing for on-site Practice Placement Tutors, in line with provisions allocated to the other allied healthcare profession, such as Physiotherapy, Occupational Therapy and Speech and Language Therapy.

The Joint-Co-ordinating Committee is fully aware of this situation and of the need to ensure continued practice education, which is essential to meet the CORU and programme requirements, and is negotiating with the HSE to secure paid Clinical Practice Placement Education Tutors for this Programme.

Practice Placement Educators (PPE) are essential elements of the Programme. However, their preparation for this job and their continuous education has to be assured. Currently, they are invited to take part in workshops, but they can miss them due to heavy clinical workload in the health care facility. Attending training days is not mandatory. There is a project to develop online videos, and other education materials. Feedback and assessment forms are also considered as complementary options. Turnover of staff is obviously an issue. For new PPEs, the site's PPC gives them a tutorial describing what is expected from them. It could be useful to develop written or multimedia materials that would summarize the learning outcomes and assessment items of each Placement. It could help to standardize the PPs among the PPEs and different clinical sites. In conclusion, due to different professional commitments and local continuous education requirements, it is not simple to establish standards of Postgraduate Education that would be required for PPEs, but it is crucial that students see that PPEs are updated in their field.

Students are not very satisfied with PP A. It could give them a good exposure to certain aspects of nutrition and food provision for in- patients and patients living and working in the community. This is particularly useful to remain competitive and eligible to work in other countries like USA and Australia. However, the actual delivery of this education period is less than ideal, due to the fact that students are mainly under the supervision of Catering Directors and Managers, who are less involved in the academic process and, therefore, may be less aware of the assigned learning outcomes to PP A in spite of the extensive documentation required. This Placement could be improved if students were supervised by Dietitians working in these facilities or companies. If the PPEs are catering managers, despite their best will, it would be difficult to improve the education experience. The collaboration of Dietitian and Catering Director for planning and developing the PP could be a successful match. A worse alternative would be to cut down the duration of this Placement from 4 weeks to one week, but in this case the credits should be rearranged.

During PP B PPEs have to stop their own work frequently. They are doing extensive explanations to students, because it their first real placement and they don't have much medical knowledge. Students refer that sometimes they feel a bit in the way of some of the educators, with large caseloads.

It could be a good thing to explore and define the advantages that PPEs get by participating in the Programme. Health Care Providers are generally enthusiastic to teach students. They consider that it's important to have the students there, "it ups our game". Medical Centres, Hospitals and Community Care, are willing by and large to be involved in the education of future Dietitians, but a lot of departments are under-resourced and that requires extra efforts from their professionals. In consequence, it is important to define a clear policy, periodically reviewed, of offering some rewards to the PPEs, which do not need to be merely economic.

7.2 The appropriateness of facilities and equipment.

No major issues regarding the Lecture Rooms and Laboratories at DIT or Trinity came up during the Review sessions. There are always concerns regarding Practice Placement Sites. There are about 40 B sites and only 11 C sites. They can be very different, from small to large units, acute to chronic care facilities.

Although students can use facilities in both DIT and Trinity, there seems to be less access to them for staff across both Institutions, particularly in relation to access to the electronic library. This access should be available both ways. What facilities and equipment staff of both institutions may have access to can be defined by a working group and approved by the Academic Authorities in both sides. It could be advisable to study where are the bottle necks that actually make difficult this access or prevent gaining the required authorizations without much delay.

During the Programme Review, the meeting with Health Service Executive

Representative(s) and Professional Bodies Alliance Representative was cancelled due to other commitments of these Representatives. As the Review was planned well in advance, that could reflect a low priority in the HSE regarding the Programme. Since it is the only Programme educating undergraduate Dietitians in the Republic, further dedication and interest has to be asked from the HSE and Professional Bodies.

7.3 The implications of insufficient funding for the successful continuation of the Programme.

This Programme has been a pioneer in the education of Dietetics and Nutrition professionals. These Professionals work in Ireland and abroad. The Program needs adequate funding. During the economic crisis there has been a recruiting moratorium for replacing positions, but now the prospects are starting to look better. The collaboration between HSE and Universities is of great importance. Actually, the HSE funds a lot of positions in the Trinity School of Medicine. Other health professionals should be added to these collaboration agreements.

7.4 The implications of projected increases in student numbers

The main risk is finding Practice Placement sites that are already distributed across the country. Competition for Students' Placements and sharing Institutions for Students of different schools could be features of this hypothetical scenario. If there are new Programmes in this field, there would be a need to attract and retain good Lecturers.

8. Student Experience

8.1 The adequacy of student induction processes.

The students enrolled in this Programme are of high quality. Their excellence is recognized internally and also internationally, shown by peer reviewed publications, with Graduate awards, and other proofs of their significant achievements. When they graduate, they have become highly competent dietitians.

8.2 Mechanisms to ensure that the student voice is heard e.g. student representation on Committees

This Programme has small class groups and makes the interaction between students and staff easier. Lecturers are always available to students.

They are welcomed to express their views about the Programme. They can use Q6a forms, which eventually go to Programme Director, and are consolidated into Q5.

Students have representation on the Programme Committee and JCC. Last year, students have had class meetings discussing what they thought needed to be changed, then they have met Programme Director, and had a positive feeling that their comments were taken on board.

There have also been focus groups, years 1 and 2 and 3 and 4 together, run by Graduates of the Programme and Graduates of another allied health profession. Independence was assured because there was no influence from Tutors or Examiners. The reports issued by these groups have been reviewed by DIT and Trinity. They show that this Programme needs to evolve and also that they have had an input through the Programme Committee.

8.3 The appropriateness of student feedback, complaints and appeals processes.

Students are asked to fill out an evaluation form after each Placement.

During Practice Placements there could be conflicts between students and PPEs. In this case they can go to Placement Co-ordinator and PEC. Students feel that they lack support in these cases and they think there should be a more clearly procedure guiding how to approach these conflicts.

Some PP C sites have introduced a student mentor, who is a new graduate. This can be helpful for dealing with conflicts between students and PPEs.

The creation of the position of PP Tutor could have a positive effect.

8.4 Teaching & learning supports

As the number of students in the Programme is not large, there is significant contact between students and Lecturers, particularly with DIT Faculty. Regarding failure or problems coming up during PPs, there seems to be an individualized approach to solve them. PPEs and then PEC evaluate each case and there is not a standard protocol. Depending on the underlying problem: -sickness, attitude, ability, knowledge, they formulate an action plan to tackle the problem. Recent experience shows that the number of students with such difficulties in each Placement is low. However, the time investment of PPEs and PEC for any of these cases is substantial.

Interestingly, most students don't think about continuing to a Post Graduate Programme. They are focused on Clinical Practice. They feel more interested in Dietetics than in Human Nutrition. They may have difficulties identifying role models or they are not well aware of the research lines that their lecturers may have. However, it could be motivating for improving the value of this Programme to encourage an environment that favours the participation of students in Post Graduate Programmes. The combination of DIT and Trinity can offer a good opportunity to accentuate the appeal of such Programmes. Some Students can stay inside into the system and advance to a Master Degree or PhD Degree. Both DIT and TCD offers a whole range of opportunities for Post Graduate development.

There is a tension in the current Programme between professional practice progression and nutrition research development. The balance is difficult to achieve, but in order to be more competitive at the national level, there should be more emphasis now on the side of research. This is a strategic decision that will be

influenced by the size of the Faculty, along with the need to decrease the teaching and administrative workload in favour of more research time for staff.

8.5 *Student services*

Student's identity is based in DIT. They feel more like DIT students, and they consider themselves more as strangers in Trinity environment. Because everything is based in DIT for first two years, they get more accustomed to it. They know that the services are there in Trinity, but they don't feel like a Trinity student, they wouldn't know their way around it.

Students feel more at ease in DIT, they are more aware of their rights, they know who to contact to in case of need, but it is more difficult in Trinity to identify the right person and the correct procedure to solve their queries. Most students don't contact their Trinity tutor, and they don't even know who the Tutor is. This is another indication that students don't feel like they are really part of Trinity.

Therefore, it could be advisable to insert additional induction and orientation activities at Trinity, both in Year 1 and Year 3, to support the students to develop their identity as members of the Health Sciences' Faculty.

Measures to foster the Alumni concept could be considered as well. In this line, there could be a review of the IT processes to keep track of Student's e-mail addresses. It is important that Students are kept informed of the main news and activities of Trinity and DIT.

The possibilities offered by the capacity of reaching former Students are also attractive for both institutions. Many Students want to keep in touch with their alma mater. For example, they are pleased with the way DIT communicates through LinkedIn.

9. Overall view and recommendations

1. Proposed changes to the curriculum are appropriate

The governance processes required to implement the new programme should be clearly defined to ensure a timely change over period.

2. Establish further ways of strengthening working relationships across both institutions – administration and teaching.

3. Explore new ways of expanding the delivery of research-led teaching, such as using visiting lecturers and co-teaching on modules

4 Establish a clear process by which IPL will be implemented across the programme.

5. Continue to respond to student feedback on ways of improving their learning experience.

Insert additional induction and orientation activities at Trinity, both in Year 1 and

Year 3, to support the students to develop their identity as members of the Health Sciences' Faculty.

Foster the Alumni concept.

Increase the teaching focused on developing employability skills for outside the clinical setting during the programme.

6. The development of Professional Practice Modules is commendable – students need a clear professional identity.

Understanding the patient perspective, through service user involvement within modules, should be considered to support this.

A strategy to involve service user input throughout the training programme could be developed (admission, curriculum design, delivery, assessment).

7a. Further education and support of Practice Educators is needed.

b. Clearer governance structures for placement monitoring are required to evidence adequate Quality Assurance mechanisms.

Recent developments in both of these areas are commendable.

Staff insight and commitment to improving the experience of both Practice Educators and students on clinical placement should be supported.

c. The current training by practice on a goodwill basis is not sustainable.

d. Consideration needs to be given to the allocation of placements in future when there is more than one provider.

e. Establish a strategy to strengthen the interface between university and placement staff for example biannual joint meetings and increasing appropriately qualified clinical colleagues' input on the course as visiting lecturers.

8. Further explore post-registration teaching opportunities to include short courses, Masters' modules and awards and Professional Doctorate programmes. Practice education training should be offered at a range of levels within this.

9. Identify a clear programme identity with "unique selling points", in anticipation of new competition in dietetics training.

10. Clarify and streamline how Quality Assurance mechanisms will be delivered. Effective governance of a programme with two institutions involved has increased complexity, for which additional resources would be desirable.

10. Condition

Within twelve months undertake a placement report, including risk assessment of placement provision, documentation and assessment processes.

These report conclusions could inform :

- a. an action plan for the programme
- b. a "business" case in collaboration with the INDI to lobby the HSE to commit to providing funding for further placement education support and practice placement tutor posts.



Response to the External Reviewers Report for the BSc in Human Nutrition and Dietetics (Trinity College Dublin/Dublin Institute of Technology)

The School of Medicine, Trinity College Dublin, and the Dublin Institute of Technology (DIT) would like to thank the Review Team for their work and input to the review of the BSc in Human Nutrition and Dietetics Programme in November 2015. All involved found it to be an engaging and informative process. We welcome the Reviewers' report, their positive comments and their appreciation of the challenging environment faced by Trinity College Dublin and the Dublin Institute of Technology. The report highlights positive aspects of the Programme and identifies many of its strengths and achievements, while at the same time identifying areas for improvement.

The reviewers were requested to assess the effectiveness of the governance between Trinity and the Dublin Institute of Technology with respect to the delivery of the joint Programme; to review the programme curriculum and comment on the academic standards, the appropriateness of the learning outcomes, and the alignment of the programme learning outcomes with a Level 8 Award on the National Framework of Qualifications; and to review and comment on the procedures that support the quality assurance of teaching, learning and assessment on the programme including the quality assurance of the student experience and of teaching staff.

The key strengths identified by the Review Team include:

- The development of this joint Programme by Trinity and DIT has been pioneering in the education of dietetics and nutrition professionals leading to the development of dietitians with strong employability skills and competence
- Both Trinity and DIT are committed to working together and continuing the joint provision of the Programme in the future
- Students are of a high quality and are well equipped to undertake employment in the health service
- Student feedback is taken on board and used to inform decision making
- The development of Professional Practice Modules is commendable and will help to give students a clear professional identity
- Solutions are already in place to address several weaknesses identified in programme administration arising from two institutions being involved



We note and support the recommendations of the Review Team, in particular the recommendations to:

- Implement proposed changes to the Programme curriculum
- Implement proposed new governance arrangements via a clearly defined process to ensure a timely changeover period
- Establish ways to strengthen working relationships across both institutions (Trinity and DIT) in terms of networking and sharing of resources
- Explore new ways of expanding the delivery of research-led teaching
- Establish a clear process by which interprofessional learning will be implemented across the programme
- Continue to respond to student feedback on ways to improve their learning experience including:
 - Improved Trinity induction sessions
 - Fostering the alumni concept
 - Increase in teaching focused on developing employability skills for outside of the clinical setting
- Develop a strategy for potential service user involvement in programme design and delivery to better understand the patient perspective
- Review the role of the Practice Education Co-ordinator and staffing levels to support clinical placements
- Focus on further education and support for Practice Educators including:
 - Development of placement monitoring to evidence adequate quality assurance mechanisms
 - Development of a strategy to strengthen the interface between academic and practice placement staff in order to improve the experience of both Practice Educators and students on clinical placement
- Further explore post-registration teaching opportunities to include short courses, Masters modules and awards and Professional Doctorate programmes
- Identify a clear programme identity with “unique selling points” in anticipation of new competition in dietetics training from other Colleges
- Clarify and streamline how quality assurance mechanisms will be delivered and co-ordinated across both Institutions both at School and Quality Office level



- Define and establish clear channels of communication between Trinity, DIT, HSE and the Dept of Health in relation to issues relevant to the programme
- Advocate with the HSE and the Dept of Health on the need for HSE-funded Clinical Practice Placement Education Tutors nationally in line with other allied healthcare professions

In addition, and as noted by the Review Team, there is acknowledgement by both Trinity and DIT that effective governance of a joint programme between two institutions has increased complexity, for which additional support and resources may be required.

The School of Medicine and DIT are very appreciative of the time and attention given by the Review Team and welcomes their comments as constructive and relevant to the strategic development of the future of the Programme. We look forward to working with the Dean of the Faculty of Health Sciences and with School and College staff across both institutions to address the key recommendations arising from this Review report and will prepare a detailed Implementation Plan outlining the timeframe for implementation.

Professor Paul Browne
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Dublin Institute of Technology

Professor Mary McCarron
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Date: 1st April 2016