

MBBS Degree Programme Handbook

Newcastle University

In partnership with Durham University and the NHS



2015-2016

WELCOME

Welcome to the School of Medical Education. We hope that your time here will be both successful and enjoyable. We are delighted you chose to study MBBS at Newcastle University.

You are probably aware that the Newcastle course is highly regarded and that Newcastle Medical graduates are well-prepared and perform highly. We like to think that this has not come about by accident but by effort and design. We want you to continue that heritage, and we want to work together with you to achieve that. The two key words are "work" (you will need to do that!), and "together". Your time at Newcastle will be very much a team effort, not just in learning but also working together to review and improve the course. We really want you to get involved with the curriculum, as active course representatives, and also with our superb student societies.

This handbook, in conjunction with the **Stage handbooks** and information provided in the Learning Support Environment, aims to provide you with information you need to make your learning experience in the School as rewarding as possible. Take time in Welcome Week to read through this guide and keep it for future reference. It sets out important information about your degree programme, tells you what we expect from you, and explains what you can expect from us. It also tells you where to go if you have questions or if something goes wrong.

The content of this handbook does not cover every situation that might come up, so please ask a member of School staff if you need help or information. Your contacts are your Personal Tutor, the MBBS Degree Programme Director (DPD), your lecturers and the administrative staff in the School Office. There is always plenty of help available.

Above all, I hope that you will enjoy your time at Newcastle, not only in your academic work, but also in all the other activities and opportunities available to you.

Dr David Kennedy
MBBS Degree Programme Director &
Deputy Head of the School of Medical Education

MEDICAL SCHOOL CONTACT DETAILS

A major first point of contact with the School is through the Medical Student Office, located on the Ground Floor of the Cookson Building.

Address: Medical Student Office
Newcastle University Medical School
Framlington Place
Newcastle Upon Tyne
NE2 4HH
Telephone: 0191 208 7005
e-mail mbbs-support@ncl.ac.uk
Fax: 0191 208 6521

Annex 1 contains a list of key Faculty and support staff, their roles and contact details.

You will find the following web sites a useful source of general information and contacts. School information and a number of standard forms are only available from the Learning Support environment

| | |
|------------------------------------|--------------------------------------------------------------------|
| Newcastle University: | www.ncl.ac.uk |
| School of Medical Education | http://www.ncl.ac.uk/sme/ |
| MBBS Learning Support Environment: | https://mbbs.ncl.ac.uk |
| Durham University: | www.dur.ac.uk |
| Queen's Campus (DUQC): | www.dur.ac.uk/Stockton |

CONTENTS

| | |
|----------------------------------------------------------------|-----------|
| WELCOME | 2 |
| MEDICAL SCHOOL CONTACT DETAILS | 3 |
| SUMMARY OF PROGRAMME COMMITMENTS..... | 7 |
| KEY DATES..... | 7 |
| TIMETABLES..... | 8 |
| ATTENDANCE | 8 |
| STUDENT SELF SERVICE PORTAL (S3P)..... | 8 |
| THE MBBS DEGREE PROGRAMME..... | 9 |
| Aim | |
| Background and Philosophy | |
| Learning Outcomes | |
| Structure and Content | |
| Student Selected Choice | |
| Intercalation | |
| LEARNING AND TEACHING..... | 19 |
| Teaching Delivery and Learning Process | |
| Induction and Orientation | |
| Self-Study and Time Management | |
| Portfolio Learning | |
| Study Support | |
| STUDENT SUPPORT..... | 25 |
| Personal Tutor | |
| Senior Pastoral Tutor | |
| Peer Mentoring | |
| Study Skills Advice | |
| Degree Programme Director (DPD) | |
| Curriculum Officers | |
| Careers Advice | |
| Student Advice Centre | |
| Student Services (King's Gate) | |
| WHAT TO DO IF THINGS GO WRONG..... | 27 |
| Personal Extenuating Circumstances | |
| Change of Circumstance (Transfer, Suspend Studies or Withdraw) | |
| Complaints and Appeals | |
| ASSESSMENT AND FEEDBACK..... | 30 |
| Candidate Numbers | |
| Course Work Submission | |
| Turnitin and Plagiarism | |
| Late Submission of Assessed Work | |
| Examinations | |
| Feedback on Assignments | |
| Marking Criteria | |
| Marking and Moderation Process | |
| How Assessment Affects Your Progress | |
| Use of Discretion | |
| Repeating a Stage | |
| Academic Rating and the Award of Honours | |
| Support for Students who Fail a Stage | |
| Exit qualifications | |
| Assessment Irregularities and Disciplinary Procedures | |
| Recognition of Prior Learning and Credit Transfer | |

| | |
|------------------------------------------------------------------------------------------------------|-----------|
| STUDENT REPRESENTATION AND FEEDBACK..... | 38 |
| Overview | |
| Unit/Course and Stage Evaluations | |
| External Surveys | |
| Student Representation on Committees | |
| ENSURING THE QUALITY OF YOUR DEGREE..... | 39 |
| Annual Monitoring and Review | |
| Learning and Teaching Review | |
| External Examining | |
| General Medical Council’s Quality Assurance of Basic Medical Education | |
| STUDENT HEALTH AND CONDUCT..... | 41 |
| Learning Agreement | |
| Fitness to Practise | |
| Disclosure and Barring Service (DBS) Check | |
| Health Problems | |
| Students with Disabilities | |
| Occupational Health | |
| Your Health and Welfare on Clinical Attachments | |
| Drug and Alcohol Abuse | |
| Conduct on Clinical Attachments including SSCs and Electives | |
| Punctuality | |
| Behaviour | |
| Mobile Phones and tablets | |
| Consent Issues on Clinical Attachments | |
| MEDICAL STUDENTS, THE LAW AND CLINICAL ATTACHMENTS..... | 47 |
| The Medical Act 1983 | |
| Conditions governing students' clinical work | |
| Conditions for medical students on attachment | |
| Medical Students in General Practice and the Community | |
| Medical Students and Inappropriate Patients | |
| RAISING A CONCERN..... | 49 |
| RESOURCES..... | 49 |
| Medical School, Newcastle University | |
| The Walton Library | |
| Library Services during Stages 3 and 5 | |
| Computing Facilities and Access | |
| Durham University Queen’s Campus (DUQC) | |
| Library Resources at Queen’s Campus | |
| Computing Facilities and Access | |
| Clinical Base Units and NHS Resources | |
| Central University Resources | |
| Writing Development Centre | |
| Maths-Aid | |
| The INTO Newcastle In-Sessional English | |
| Health and Safety | |
| STUDENT AMENITIES..... | 55 |
| BEYOND GRADUATION..... | 56 |
| Provisional registration with the GMC | |
| Foundation Applications, Educational Performance Measure (EPM) and Situational Judgement Tests (SJT) | |
| Careers | |
| Foundation Programme Health Education North East | |
| Visa and Immigration Rules Post Graduation | |

| | |
|------------------------------------------------------------------|-----------|
| United States Medical Licensing Examinations (USMLE) | |
| OTHER IMPORTANT INFORMATION..... | 59 |
| Notices, Messages and e-mail | |
| Social Media | |
| Information for International Students | |
| Student Achievements | |
| Newcastle Medical and Dental Students' Council (NMDSC) | |
| Student Societies | |
| Charities and Prizes | |
| Financial Assistance | |
| The CIA Roberts Bursary and Enid Linder Bursary Schemes | |
| Student Travel Fund | |
| Additional Costs for Students | |
| NHS Bursary Scheme | |
| Medical Student Indemnity | |
| Community Visits | |
| Entering and Exiting Lecture Theatres | |
| Dissecting Room | |
| Dress Code, Smartcards, Name Badges and ID | |
| Jury Service | |
| Personal Property | |
| ADDITIONAL UNIVERSITY CONTACT INFORMATION..... | 64 |
| ANNEX 1. KEY CONTACTS..... | 66 |
| ANNEX 2: ATTENDANCE AND REPORTING ABSENCE..... | 68 |
| ANNEX 3: LEARNING AGREEMENT..... | 72 |
| ANNEX 4: LEARNING OUTCOMES..... | 80 |
| ANNEX 5: SUBMISSION OF ASSESSED WORK POLICY..... | 86 |
| ANNEX 6: FEEDBACK AND RETURN OF ASSESSED WORK POLICY..... | 88 |
| ANNEX 7: SCALING AND MODERATION POLICY..... | 89 |
| ANNEX 8: RE-MARKING OF ASSESSED WORK POLICY..... | 92 |
| ANNEX 9: EXTERNAL EXAMINERS..... | 93 |
| ANNEX 10: RAISING A CONCERN..... | 94 |

SUMMARY OF PROGRAMME COMMITMENTS

The Student Charter is an important statement of what students can expect from the University and what a student's obligations to the University are. The University's Student Charter is available on the internet at <http://www.ncl.ac.uk/pre-arrival/regulations/charter.htm>. It is also provided to all students as part of the Student Guide. In the Student Charter, the University undertakes to provide you with access to 'high standards of teaching, support, advice and guidance'. Your attention is also drawn to the Student Charter Supplementary Statement of Student Rights and Responsibilities.

The Student Charter requires that students are provided with a 'programme handbook which details any professional requirements, contact hours, mode of course delivery, assessment criteria, examination arrangements and regulations, academic guidance and support, and appeals and complaints procedures'. The purpose of this summary is to help you locate further details about this key information in your handbook.

The Newcastle Offer provides additional explanation about what the University offers undergraduate students for their fees and explains how the University delivers on its promises. More information on the Newcastle Offer is available here:

<http://www.ncl.ac.uk/quilt/assets/internal-documents/newcastle-offer.pdf>

| | |
|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Average number of contact hours for the programme per Stage: | See the table on page 13 |
| Mode of delivery: | See pages 20-24 and Stage handbooks |
| Normal notice period for changes to the timetable, including rescheduled classes: | See page 8 |
| Normal notice period for changes to the curriculum or assessment: | If we did make such we would consult with student representative and give as much notice as possible. |
| Normal deadline for feedback on submitted work (coursework): | See page 32 and ANNEX 6 |
| Normal deadline for feedback on examinations: | See page 32 |
| Professional Accreditation: | See page 9 |
| Assessment methods and criteria: | See pages 30-37 and Stage handbooks |
| Academic guidance and support: | See page 24-26 |

KEY DATES

A Stage Handbook is provided for each Stage of the programme and should be read in conjunction with this Degree Programme Handbook. In MBBS, terms dates and assessment dates vary depending on the year of study. The individual Stage handbooks contain all term dates, assessment dates and other key dates for that specific Stage of the course.

You must ensure that you are available during all term time periods and examination periods.

TIMETABLES

Your individual timetable is provided via the MBBS Learning Support Environment (mbbs.ncl.ac.uk). In Phase II, some timetabled events may also be communicated with you by email. We strive not to make changes to your timetable after teaching starts. However changes are sometimes unavoidable and if this is the case we will always try and provide you with at least 1 weeks' notice of planned change, including any rescheduled classes. If unexpected situations arise, such as staff sickness, we will give you as much notice as we can and will always try and contact you via email and the text messaging service (if you subscribe to it) as soon as we are aware.

Please note that timetables may be subject to change and you should regularly check the Learning Support Environment.

ATTENDANCE

The University wants to make sure that you succeed on your course. For this reason, the University has introduced attendance monitoring of some timetabled sessions to ensure the welfare of our students and support your academic progress. It is important that all students adhere to the terms of the Student Charter and attend all timetabled sessions in a punctual manner. The University also has a legal obligation to monitor the attendance of international students and to report to the UK Border Agency any student who is not attending. This may have implications for your visa.

It is very important that you report sickness absence appropriately and seek approval for any planned leave. Failure to do so may lead to University Progress regulations <http://www.ncl.ac.uk/regulations/docs/03UGProgress.pdf> being enacted.

The MBBS programme has an attendance and reporting absence policy to which you must adhere. The full policy can be found on the Learning Support Environment and in Annex 2 of this handbook.

STUDENT SELF SERVICE PORTAL (S3P)

The Student Self Service Portal (S3P) allows you to register on your programme of study and keep your personal details up to date. You can also pay fees online, produce standard documents to confirm your status (e.g., for council tax purposes) and report an absence to the School. Use this system as your first point of call if you want to:

- Register on your programme of study
- Keep details (addresses, etc.) up to date
- Pay fees
- View and print documentation to confirm your student status

For returning students, failure to register at the required time may result in your start date being deferred until the start of the next academic year. Once in Phase II you should be aware that until you are 'registered' for the programme you are not insured to participate in clinical training. Therefore, you will be asked to leave the wards until you have done so.

Further detail is available here: <http://www.ncl.ac.uk/students/progress/student-resources/s3p/>. You can log in here: <https://s3p.ncl.ac.uk/login/index.aspx>

Remember that S3P does not use your campus log-in details. You will need your campus username and a DIFFERENT password.

THE MBBS DEGREE PROGRAMME

Information about the MBBS programme can be found within the Programme Specifications which can be found at www.ncl.ac.uk/regulations/specs/. You should make yourself familiar with the University Undergraduate regulations which can be found at www.ncl.ac.uk/regulations/docs/. The MBBS programme also has a number of regulations that differ from the standard regulations of the University. The specific degree programme regulations can be found at www.ncl.ac.uk/regulations/programme/2015-2016/ and via the MBBS Learning Support Environment.

Aim

The aim of the Newcastle MBBS programme is to produce excellent doctors who:

- are compassionate and skilled practitioners.
- provide safe, individualised care based on a sound knowledge of health, disease and society.
- work in a professional manner.
- are equipped to work as part of, and to lead a multi-professional health care team.
- are prepared for on-going professional and personal development and, through this, are able to adapt to future developments in practice.
- are well prepared to succeed in their medical career.

Background and Philosophy

Medical education is a continuum that should equip doctors to meet the standards set out in the General Medical Council's 'Good Medical Practice' www.gmc-uk.org/guidance/good_medical_practice.asp throughout their professional lives. Undergraduate medical education is the first step in this continuum, which extends beyond graduation through general clinical training, general specialist or vocational training, higher specialist training, and on into life-long continuing professional development.

We offer an undergraduate five-year MBBS programme and a four-year accelerated MBBS programme. Delivery of these programmes, regulated by the General Medical Council (GMC), is the responsibility of the Medical School working in partnership with the NHS Trusts, GPs and other health care providers of the North East of England.

Curriculum development and the enhancement of the student experience is a continuing, evolutionary process. Our programme will enable you to meet the expectations of a graduate as detailed in 'Tomorrow's Doctors' 2009 http://www.gmc-uk.org/Tomorrow_s_Doctors_1214.pdf 48905759.pdf Students who successfully complete the MBBS programme are automatically entitled to provisional registration to practise by the GMC.

As doctors of tomorrow, you will be applying knowledge and deploying skills at present unforeseen. Science that is as yet unknown cannot be taught, nor can its medical implications be forecast. The skills and attitudes that underlie effective learning, thinking and problem-solving are of equal importance to the knowledge acquired in undergraduate medical education. Science is the language of medicine, but the lasting elements of basic medical education are the acquisition of those personal and professional attributes which underpin good medical practice, not merely a particular set of scientific facts at any point in time.

There have been changes in both the delivery of health care and in the public's expectations. There has been a move of services away from in-patient hospital care towards day care, out-patient clinics and primary and community care, and modern health care is delivered increasingly by inter-professional teams, operating in an increasingly multi-cultural and diverse society. Your undergraduate training will reflect these and other changes. The curriculum will provide you with the clinical understanding and competence to deliver, under supervision, a good level of clinical care, facilitate the development of your skills and abilities to interact effectively with patients and colleagues, and encourage your recognition and acceptance to practise in the best interests of your patients at all times. Furthermore, your experience will equip you with the intellectual and personal attributes that subserve clinical decision making and judgment, prepare you to seek and appraise the best evidence to inform your practice, enable you to take a high level of clinical responsibility and to become one of tomorrow's leaders in health care provision.

The curriculum focuses on health and its promotion as well as on disease, and on prevention as well as treatment. You should achieve a sense of the influence of the family and society as you explore the mechanisms of health and disease affecting the individual. In this way you will become capable of approaching clinical problems in a holistic manner, appreciating the personal and social aspects as well as their biomedical bases.

You are expected to take responsibility for your own learning from the earliest stages, with the role of your teachers being to guide, support and facilitate the process. Teaching and learning methods encourage and ultimately require you to adopt self-reliance. In order to equip you properly for life-long learning, our strategy is to promote learning based upon your own curiosity and active exploration of knowledge. During the programme the approach shifts, from one in which your self-study is carefully guided, to one in which your learning is almost exclusively self-directed.

The continually changing pattern of health care requires the continuing evolution of our curriculum, and we expect you to work with us in partnership on its further development. To this end the student body is represented at all levels of curriculum governance, and you are required to demonstrate your individual commitment to medicine and the partnership by entering into a formal learning agreement (Annex 3).

Learning Outcomes

The MBBS programme is outcomes-based and as such the results of your learning permits their achievement to be demonstrated and measured. Reduced to its simplest form an outcome-based approach comprises three components:

- an explicit statement of learning intent expressed as outcomes which reflect the educational aims, purposes and values of the programme of study;

- an educational process or strategy to enable the outcomes to be achieved and demonstrated (curriculum, teaching, learning, assessment and support and guidance methods);
- the criteria for assessing whether the intended outcomes have been achieved and for differentiating your performance.

Outcome-based education focuses on the end-product and defines what you, the learner, are accountable for. It is not about telling teachers how to teach or students how to learn. Using learning outcomes leads to a common-sense curriculum design that specifies what you are to learn, and provides a clear and unequivocal statement of what the end-product (i.e. you as a graduate) will be like. This is particularly relevant in modern medical undergraduate education where, on graduation, you become a newly qualified Foundation Programme doctor, and must, from the outset, demonstrate general competency and a range of capabilities that will allow you to function satisfactorily.

Three Essential Domains

The starting point for deriving the outcomes of our MBBS programme is based upon the definition of the three essential domains of the competent and reflective practitioner. These domains are:

- Clinical and Communication Skills (Skills)
- Knowledge and Critical Thought (Knowledge)
- Professional Behaviour (Professionalism)

Thirteen Key Elements

Thirteen key elements have been identified, each related to one of the three essential domains listed above. These are:

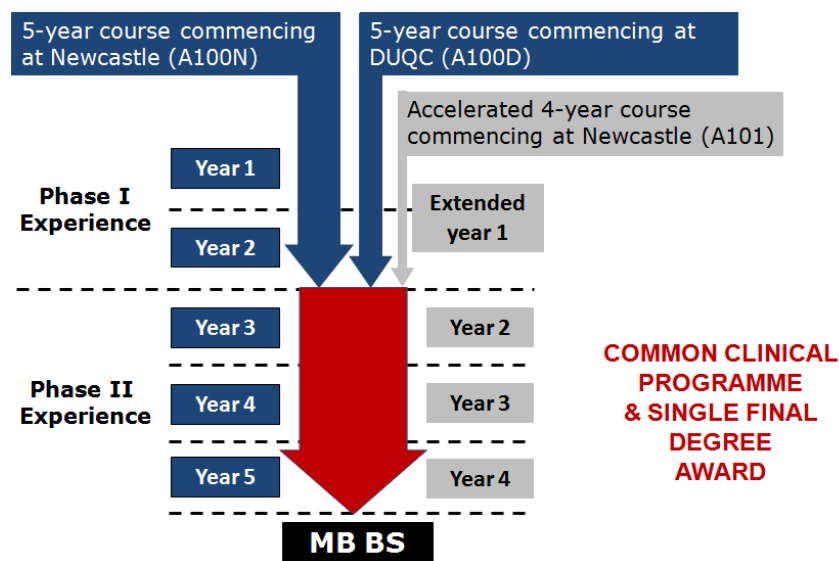
- **“Skills”** As a graduate, you will be competent in:
 - clinical skills
 - practical procedures
 - patient investigation
 - patient management
 - communication
 - data & information handling
 - health promotion and disease prevention
- **“Knowledge”** As a graduate, you will approach your practice with:
 - an understanding of basic and clinical sciences and underlying principles
 - an understanding of patient investigation and management
 - appropriate ethical understanding and knowledge of legal responsibilities
 - appropriate decision making, clinical reasoning and judgement
- **“Professionalism”** As a graduate, you will:
 - accept the need for continuing professional development and to demonstrate appropriate professional attitudes
 - accept your individual responsibility for continuing personal development

Each of the thirteen elements is further subdivided into appropriate and explicit Learning Outcomes. The overarching learning outcomes for the MBBS programme can

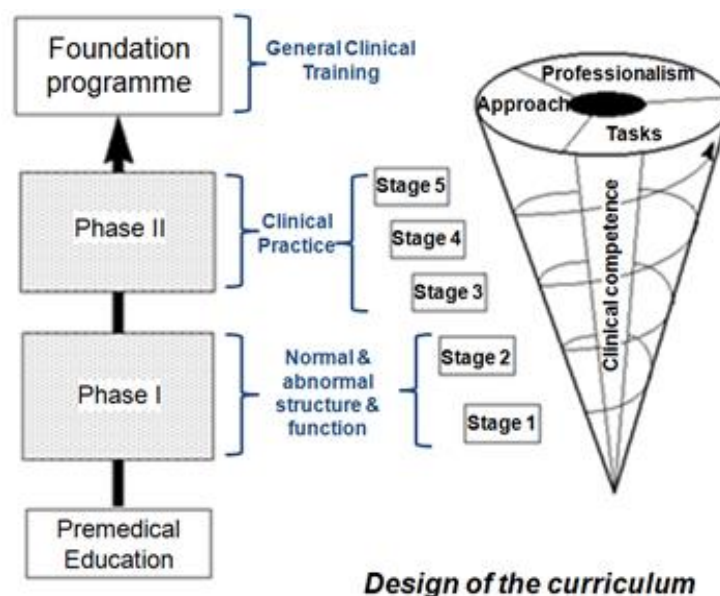
be found in Annex 4 and also in the Learning Support Environment. Specific learning outcomes are associated with the relevant teaching event within the Study Guides for each Unit/Course in each Stage of the programme.

Structure and Content

The MBBS programme is offered as a full time course only with three routes of entry; Newcastle A100, Durham A100 and Newcastle A101. Each year of the programme is referred to as a Stage. A student has to fulfil the requirements of each Stage before they are permitted to progress. The programme is split into two Phases of study with Phase I including Stages 1 and 2 (or the extended year in the case of A101) Phase II including Stages 3, 4 and 5. The routes of entry and basic structure of the programme are shown in the figure below.



The curriculum is designed to provide you with a general medical education, suitable for all types of doctor, and to serve as the foundation for your later career specialisation. We adopt a spiral curriculum, as shown below, where you build on previous knowledge and experience to prepare you for future training.



An integrated system and topic based approach is taken with the emphasis changing in each stage as you progress through the curriculum. You study each system/topic in Phase I and again in Phase II. The content of the programme is organised to provide a core course, encompassing the basic knowledge, understanding, personal attributes and skills you will need at the start of the Pre-registration Foundation Programme year, and student selected components which augment the core and allow you to study in depth topics of your own choosing.

The table below give a brief overview of the structure and content of the MBBS programme, the average weekly contact hours you can expect in year stage and the number of weeks committed to the course for each Stage. The table also highlights the points in the course where you may choose to intercalate.

| Phase | Stage | Description | Average Contact | Organisation |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------|
| I | 1 | Normal & abnormal structure, function and behaviour | 17h per week | Case-led 2 semester (31 weeks) |
| I | 2 | Normal & abnormal structure, function and behaviour SSC Period1 | 16h per week | Case-led 2 semester (31 weeks) |
| I | A101 | Normal & abnormal structure, function and behaviour | 15h per week | Problem-first, case-led 3 semester (44 weeks) |
| First opportunity for intercalated year of study (see Opportunities for Intercalated Study Booklet) | | | | |
| II | 3 | Base Unit Attachment: Foundations of Clinical Practice and Essential Junior Rotations | 33h per week | Rotational Clinical year (46 weeks) |
| Second opportunity for intercalated year of study (see Opportunities for Intercalated Study Booklet) | | | | |
| II | 4 | Clinical Sciences & Investigative Medicine, Clinical Pharmacology, Therapeutics and Prescribing, Patients Doctors and Society, Student Selected Components Elective (assessed in Stage 5) | 15 per week Semester 1 35h per week Semester 2 | Block Teaching Clinical Year (45 Weeks) |
| Third opportunity for intercalated year of study (see Opportunities for Intercalated Study Booklet). Entry to the combined MBBS/PhD programme | | | | |
| II | 5 | Essential Senior Rotations and Hospital Based Practice (F1 Shadowing Course as arranged by individual foundation schools) | 35h per week | Rotational Clinical Year (37 weeks) |

Phase I

Phase I of the five-year programme extends over two academic years and is divided into two Stages. Detailed information is provided in the Stage 1 Handbook and Stage 2 Handbook. Phase I of the four-year programme extends over one extended year and detailed information is provided in the A101 MBBS Programme Handbook. The Phase I experience, whether gained at Newcastle's 4 year accelerated or 5 year programmes or at Durham University's Queen's Campus (DUQC), stresses the

integrated nature of medical training and places early emphasis on the clinical aspects of the programme. Whilst there may be differences of emphasis between the Queen's Campus, the accelerated programme and the 5 year programme at Newcastle, the three courses share common objectives and have the same Phase I learning outcomes.

Phase I deals essentially with normal and abnormal structure, function and behaviour, and the clinical relevance is emphasised throughout. Early clinical experience is provided in the context of this programme in the form of learning of basic clinical and communication skills, visits to primary care centres, hospitals and other community agencies. People, as 'patients', play an active role in your teaching and learning. You will undertake project work, e.g. the Family Study in Stage 1, the Patient Study in Stage 2, Patient Study only in A101 and as part of this project you will make visits to patients in their own homes.

Over the four semesters of Stages 1 & 2, content is organised and delivered by Subject Strand. The themes developed in each of the ten Units of Study are as follows:

Induction and Student Support

- Introduction to MBBS and each Stage
- IT skills
- Data handling
- Study skills
- Student support
- Assessment information and feedback

Clinical Skills and Communication

- clinical skills and practical procedures
- history taking
- Giving an explanation
- Presentation skills

Patients, Doctors and Society

- public health and epidemiology
- behaviour and social science
- ethics
- professionalism
- Patient-centred medicine
- early clinical and community experience

Molecules to Disease

- cell biology
- molecular biology

Clinical Sciences and Investigative Medicine

- structure and function
- natural history of human diseases
- the pathological sciences
- the body's defence mechanisms and responses to illness
- infectious agents and infective disease
- principles of therapy and the actions of drugs

Nutrition, Metabolism and Endocrinology

- human nutrition
- intermediary metabolism
- nutrition
- endocrinology in disease

Cardiovascular, Respiratory and Renal Medicine

- structure and function of the cardiovascular system
- structure and function of the respiratory system
- structure and function of the renal system
- important disorders of the cardiovascular, respiratory and renal systems

Thought, Senses and Movement

- structure and function of the skeletal and locomotor system;
- structure and function of the nervous system;
- special senses;
- important clinical disorders of the skeletal and locomotor system;
- important clinical disorders of the nervous system.

Life Cycle

- the different stages of the life cycle (including biological, psychological and sociological perspectives)
- structure and function of the endocrine system
- genetics

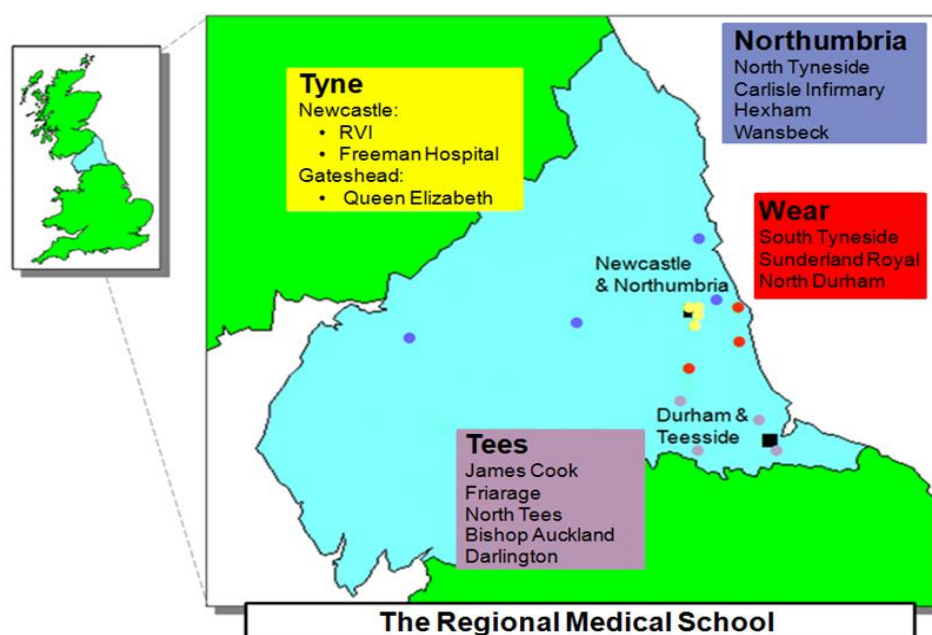
Clinical Pharmacology, Therapeutics and Prescribing

- pharmacology
- basic prescription writing
- introduction to NICE and the student formulary

Phase II

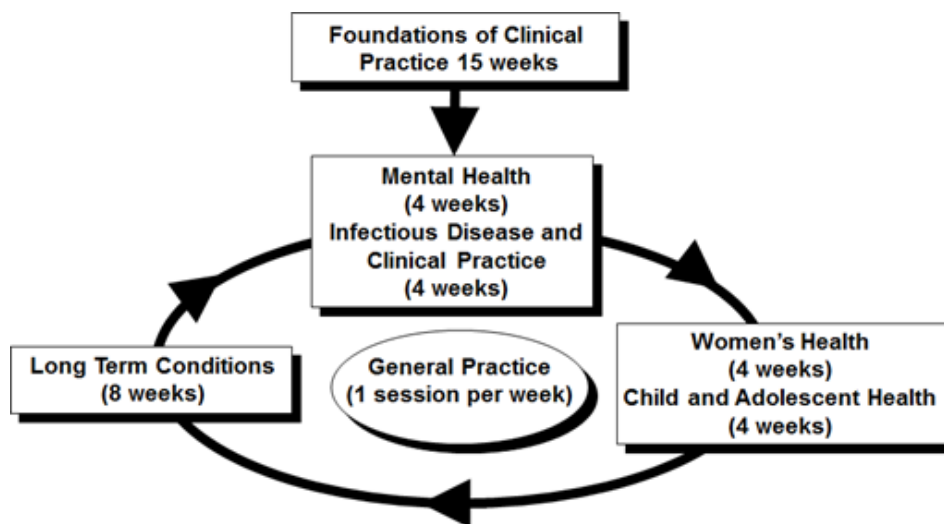
In Phase II you follow a 3-year course of experiential clinical study, divided into three Stages. You will progress to Phase II having satisfactorily completed assessments in Phase I. Detailed information relating to each of the three stages is provided in the Stage 3 Handbook, Stage 4 Handbook, SSC Handbook, Elective Study Guide and Stage 5 Handbook.

Phase II provides clinical experience in a wide range of hospital and community settings across the region. In Phase II, you will be allocated to one of four regional Clinical Base Units for Stage 3 and Stage 5 clinical experience. At the beginning of Stage 3 those of you who studied Phase I at the Queen's Campus, Stockton will be integrated with your peers from Newcastle within a Clinical Base Unit. The map below shows the hospitals comprising each Base Unit.



Stage 3

Your Stage 3 Clinical Base Unit attachment focuses on Health & Disease, and consists of an introductory 15-week period of Foundations of Clinical Practice (FoCP), followed by a series of Essential Junior Rotations (EJRs). Throughout the period of FoCP and the EJRs, one session (30 a day) per week is devoted to experiential learning in primary care. These sessions provide you with opportunities for specialty-linked teaching in general practice, interdisciplinary experience of other aspects of health care in the community, and professional skills development, as well as allowing you to pick up a small case load of patients ('Continuity Patients') and follow them through. A schematic representation of the organisation of Stage 3 is shown below.



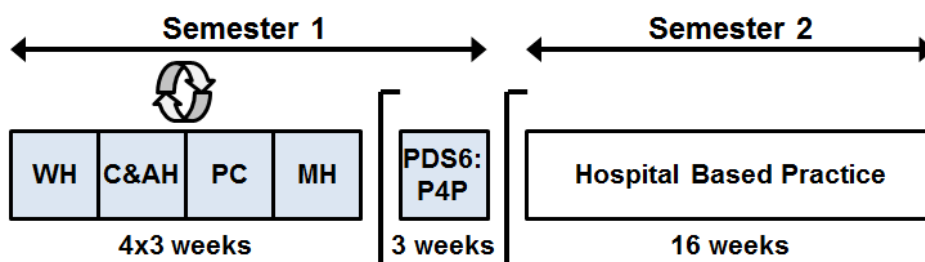
Stage 4

Stage 4 commences with a 12-week block of teaching in Semester 1 which includes Clinical Science & Investigative Medicine 2 (CSIM2), Patients doctors and Society 5 (PDS5) and Clinical Pharmacology, Therapeutics and Prescribing 4 (CPTP4). Semester 2 is devoted to Student Selected Components (SSCs) and the Elective.

Stage 5

You will once again be based in one of the four Clinical Base Units for the duration of Stage 5. To give you a regional experience, this Base Unit will be different to the one to which you were allocated Stage 3.

The learning and teaching of the final year (Stage 5) focuses on Care and Management. During the 16 weeks of Semester 1 you will undertake a series of Essential Senior Rotations with a strong emphasis on community practice. In Semester 2 you will experience a final 16-week course in Hospital Based Practice before sitting the final Stage 5 MBBS Examinations. A schematic of the basic organisation of Stage 5 is shown below. During these senior rotations you may be required to work both weekend and evening shifts to obtain appropriate clinical experience.



Following the final qualifying examinations, there is normally an F1 'shadowing' course which is arranged by individual foundation schools.

Student Selected Choice

The Student Selected Choice strand is an essential element of the curriculum, designed to provide you with the chance to choose for yourself what you want to study. As you progress through the various stages of the curriculum you are provided with a number of opportunities (SSC Periods) to select from a wide range of approved projects/topics those you may wish to study. The range of choice offered for each period depends upon your prior learning. Therefore the stage at which particular opportunities are offered is such that you have had sufficient experience to enable informed choice and exact the maximal benefit offered by any particular SSC.

SSCs will provide you with the experience required to meet particular core learning outcomes, independent of the subject content studied. The outcomes addressed through SSCs include those relating to:

- enquiry (research) and scientific method
- information management, communication and presentation
- critical thinking and reasoning
- reflection and self-management

The first student selected component occurs in Stage 2 and comprises an in-depth library-based study on a topic of your choice. You will spend 21 weeks of Stage 4 studying full-time, a series of student selected components. These SSCs are arranged in three consecutive six-week blocks (plus three weeks of assessment), with topics being chosen from a wide range of over 300 placements. A further student selected component is the eight-week Elective which is assessed in Stage 5. The Elective provides you with the opportunity to study any aspect of medicine almost anywhere in the world.

Please refer to the SSC and Elective guides, available on the Learning Support Environment, for more detailed information on selection and assessment.

Intercalation

The fundamental aim of basic medical education is to produce graduates who have a sound and broadly based knowledge of the principles and practice of medicine and an appreciation of scientific method. Opportunities for gaining research and other specialised experience are necessarily limited in the mainstream programme. However, it is essential for the future scientific, clinical and educational development of the profession that it can draw on a pool of clinically qualified graduates also trained in research and other specialised areas. It is the practice of this Medical School to encourage highly motivated and able medical students to step aside from their mainstream medical studies to intercalate a period of additional study.

Opportunities for intercalation are offered following successful completion of stage 2, Stage 3 or Stage 4. Detailed information relating to intercalation and the programmes offered can be found in the Intercalation folder on the Learning Support Environment and an information session will be held in the autumn. A brief description of opportunities for intercalation is set out below.

Intercalation opportunities after Phase I

Following successful completion of Phase I at the first attempt, you will be able to elect to intercalate to the final year of one of the BSc honours degrees available in the Faculty of Medical Sciences here at Newcastle University. This option to intercalate at BSc level is usually for students who have completed Phase I in the year prior to intercalation. There may also be the possibility of intercalating onto the final year of a BSc degree outside of Newcastle particularly if the subject is not offered locally. This has to be approved by the Senior Tutor for Intercalation.

Intercalation opportunities after Stage 3

Students are able to intercalate into some of the Masters programmes after completion of Stage 3. This allows students to take a Masters degree earlier and to return to clinical training with two years remaining. In addition it allows students to maximise benefit from their intercalated degree when applying for Foundation Posts due to time needed to present abstracts and publish papers. The following courses are currently being offered:

- MRes Medical Sciences
- MSc Genomic Medicine
- MSc in Public Health and Health Services Research,
- MSc Psychology (Foundations in Clinical and Health Psychology)
- MSc Psychology (Foundations in Clinical and Forensic Psychology)
- Master of Medical Education (MEd).

Intercalation opportunities after Stage 4

Following successful completion of Stage 4, students who wish to pursue structured study in depth may elect to intercalate in one of the following programmes from the current portfolio of postgraduate programmes available in the Faculty of Medical Sciences at Newcastle University:

- MRes Medical and Molecular Biosciences
- MSc Public Health and Health Services Research
- Master Medical Education (MEd)
- MSc Genomic Medicine
- MSc Psychology (Foundations in Clinical & Health Psychology)
- MSc Psychology (Foundations in Clinical & Forensic Psychology)

The following postgraduate programme is offered in the Faculty of Humanities, Arts and Social Science:

- MA in the History of Medicine

The following postgraduate programmes are offered in the Faculty of Science, Agriculture and Engineering:

- MSc Bioinformatics
- MSc Neuroinformatics
- MSc Computational Systems Biology
- MSc Synthetic Biology

Intercalation opportunities outside Newcastle

It is possible for students to intercalate either at Bachelor or at Masters level at another institution. Anyone wishing to do so must discuss the matter with the Senior Tutor for Intercalation. Further details of intercalation opportunities will be provided at a session in the autumn and an Intercalation Guide will be made available on the LSE.

Those who wish to extend intercalation to undertake a PhD will need to discuss it with the Degree Programme Director. As a general rule this will require a leave of absence from the Programme for 3-4 years, and as a consequence of this absence, students will be required to complete a formative clinical year prior to returning to stage 5.

LEARNING AND TEACHING

Teaching and learning strategies have been developed which are primarily student-centred, and designed to enable you to achieve and demonstrate the learning outcomes. You are expected to take responsibility for your learning from the earliest stages, while teachers guide, support and facilitate the process.

The overall approach can be best described as one of guided discovery. This is an approach in which you are actively involved in the exploration of knowledge and take responsibility for mastering the content needed for understanding yourself. Key features include the provision of:

- A motivational context for learning based upon early clinical experience and application
- A well-structured core knowledge base, focused upon integrated, multi-disciplinary units of study
- Clearly articulated learning outcomes
- A student-centred approach, which encourages the adoption of a problem-oriented, self-motivating learning style, and promotes active learning through self-study
- The opportunity for interaction and the exploration of knowledge and its clinical application in small groups and learning sets
- The opportunity for choice

To ensure a problem-first, task-based focus to your learning, a case-led approach is adopted. Within the framework of each course unit, each constituent theme is introduced by a case or clinical presentation so that the learning issues may be identified to inform the subsequent teaching/learning process. The cases reflect the range of core clinical presentations, and problems which you will encounter as graduates. The cases lead to the underlying key concepts and mechanisms, and it is mastering these that should be your aim rather than simply the clinical entity itself.

The development of skills, both generic and professional, is an integral part of the Graduate skills Framework which can be found at www.ncl.ac.uk/quilt/assets/documents/str-gsf-framework.pdf. Skills appropriate to the stage of your development, are introduced sequentially in relation to other ongoing activity.

Acquisition and development of the required personal and professional attributes that

underpin relationships with patients and colleagues, and professional standards and behaviour, are fostered through the 'Patients, Doctors and Society' strand of the curriculum, and the experiential clinical learning in Phase II.

The overall learning process is managed and supported through the use of detailed Study Guides, and your Clinical Logbook and e-Portfolio, which allow you to evidence and reflect upon your experience. Opportunities for formative self-assessment enable you to continually assess your own progress in attaining the specified learning outcomes for each stage. The structure, content and process of summative assessments are designed to reflect and reinforce learning outcomes and encourage transferability of your learning from one Stage to the next; an 'assessment-to-standard' approach is adopted throughout.

Teaching Delivery and Learning Process

Throughout the programme, the choice of teaching and learning method is tailored to your stage of development and prior experience. Specific learning experiences are differentiated according to the particular outcome to be achieved, i.e. your learning experience is set in the professional context best suited to facilitating your achievement of the desired outcome.

Most of you who enter Stage 1 of the five-year programme are in a transitional phase from earlier educational experiences, and benefit from a learning environment that has clear structure. Some teaching and learning methods are familiar to you at this stage, whereas others are not. Alternative, less familiar methods are introduced in a progressive manner as you gain experience and confidence. Through the five years of the programme, the teaching and learning strategies encourage and ultimately require you to adopt increasing self-reliance and independence in your study and learning.

In keeping with the maturity and prior experience of those who enter Phase I of the Accelerated Programme, self-directed learning is the norm, and a problem-first, task-based approach will be adopted from the outset.

The choice of method is linked explicitly to the educational objectives and learning outcomes. Methods used for developing knowledge and understanding include:

- Large class plenary sessions (e.g. lectures, clinical demonstrations, case presentations), used, particularly in Phase I of the five-year programme, to present cases, to establish a learning framework for the development of understanding, to explain complex concepts, and to provide early insight into the relationship between basic and clinical science and practice and in Stage 4 to present cases, to activate prior knowledge and to provide opportunities for clarification
- Small group tutorials, seminars and learning sets, to provide opportunities for interaction, discussion, exploration and clarification in support of learning in selected areas
- Use of computer-based learning resources, to promote interactive and evidence-based learning
- Small-group clinical teaching, for experiential learning in hospital and community care settings
- Guided self-study, supported by the provision of targets and direction in Study Guides, to expand knowledge and understanding through active and task-based

learning

- Providing feedback to aid reflection on your strengths and to allow you to recognise your weaknesses. This feedback is often given in written form but a verbal indication that you have performed a task satisfactorily or otherwise whilst in a clinical setting can also be considered as feedback

Methods used in support of skills training include:

- Supervised training sessions, to develop information skills and proficiency in the use of communication and information technology (C&IT)
- Laboratory practicals, to develop observational, manual proficiency, data handling and interpretative skills, and skills in scientific method and practical procedures
- Problem-oriented learning opportunities, to develop problem-solving, numeracy, critical reasoning and clinical decision making skills through data handling and evidence-based activities
- Video and role play, to teach communication skills and develop attitudes and promote reflective practice
- Clinical skills training, initially in the supportive environment of the Clinical Skills Laboratory, and subsequently in small groups in the Clinical Base Units and other clinical attachments

Other methods serve a unifying role and help promote the development of personal and professional attributes, time management and self-reliance include:

- Small group activities, to encourage team work and involvement
- E-approaches to information management
- Written assignments, project work and Student Selected Components, to promote investigative and exploratory study, provide the opportunities for self-expression and choice, and serve to foster the acquisition of many of the attitudinal objectives
- Seminars and learning sets, to allow discussion and debate, e.g. ethics, medico-legal aspects
- Clinical attachments, from the early contextual visits to hospitals and general practices in Phase I, through to the senior attachments of Stage 5, to provide the opportunity for you to integrate, consolidate and apply the knowledge, skills and attitudes accumulated from all the other course components

Induction and Orientation

In Phase I, you are introduced to the MBBS programme and provided details of each stage within the Induction and Student Support Unit of Study, Induction and Student Support introduces you to assessment, evaluation, feedback, the Base Unit system and allocation, Communications and Information Technology, the library and clinical skills resources, personal welfare, the Personal Tutor system and other support services, and basic study skills. Similar sessions are provided throughout the Accelerated MBBS Programme.

Details of Induction at Durham University (DUQC) are provided within the Phase I DUQC Handbook.

Further orientation is given at key points, such as the beginning of each new Stage (e.g. the Stage 3 Transition day at the beginning of Phase II). There are also

information sessions to facilitate the transition between Phases of the course and between Medical School and the postgraduate Foundation Programme. Base Units also impart information in Trusts and clinical settings. Attendance at all such information sessions are compulsory.

Self-Study and Time Management

To supplement core teaching, time within the timetable has been allocated specifically for guided self-study, self-directed study and supervised clinical experience (unstructured time during clinical attachments). This, along with time outside the course timetable, is set aside for you to expand your knowledge, to explore in more depth areas of interest, and to develop your abilities to learn independently.

In the early Stages, you require guidance in the effective use of this time, and clearly specified targets/outcomes are provided in the Study Guides for Phase I of the five-year programme. With increasing maturity and experience in time management, you are expected to establish your own learning priorities and use this time with greater flexibility, so in Phase II self-learning becomes much more self-directed.

The MBBS programme demands more of your time than can be accommodated in the traditional nine-to-five day, five-day week, but you must strike the right balance between work and recreation. If you find yourself working all the time, you are working inefficiently and never to capacity at any time, and you must seek guidance on study methods (see 'Student Support & Guidance').

The basic system of time management advocated for MBBS students is based upon viewing each day of the week as comprising three 'sessions' (morning, afternoon and evening); on this basis there are 21 sessions in the 7-day week. Of these 21 sessions, 9 or 10 (depending upon Stage) are committed by the Medical School timetable and you are expected to devote a further 6 outside the course timetable to study, giving a total of 15 or 16. Assuming each session to be 3 to 4 hours in duration, you are expected to dedicate approximately 48 hours per week to study. Phase I of the A101 programme has a higher expected workload of 60 hours of study per week due to the accelerated nature of the programme. The notional distribution of learning time for the degree programme is shown in the table below.

Notional distribution of learning time for the degree programme

| Stage | Scheduled Learning and Teaching activities | | | | | | Guided independent study | | | Placement or study abroad | TOTAL |
|-------------|--------------------------------------------|-----------|-------------|------------|-----------------|---------------------------------------------|-------------------------------------|-----------------|-------------------|---------------------------|---------------|
| | Lecture | Practical | Small Group | Field work | Drop-in/surgery | Dissertation or project related supervision | Assessment preparation & completion | Skills practice | Independent study | Employer based learning | |
| A101 | 247 | 60 | 317 | 19 | 8 | 44 | 18.5 | 29 | 1821.5 | | 2564 |
| 1 | 255 | 63 | 69 | 23 | 23 | 76 | 12 | 21 | 970 | | 1512 |
| 2 | 243 | 48 | 42.5 | 30 | 11 | 66 | 13 | 31 | 994 | | 1478.5 |
| 3 | 90 | 41 | 414 | | | | 10 | | 430 | 1000 | 1985 |
| 4 | 139 | 8 | 65 | | 8 | 254 | 57 | | 686 | 994 | 2211 |
| 5 | | | 177 | | | 23 | 12 | | 820 | 1259 | 2291 |

Portfolio Learning

You are required to demonstrate competency in each of the learning outcomes listed in Annex 4 before you graduate. There are examinations at the end of each of the Stages, but you are also required to demonstrate that you have undertaken additional work, including clinical practice, towards achieving the learning outcomes. You do this by completing a Clinical Logbook which may include a structured 'learning log' which varies in content and structure depending on which Stage you are in and in which you record continuously not only a record of your experience but also what you have learned from this experience. In this way, maintenance of your Logbook will provide a basis for the summative assessment of your achievement of the course outcomes.

Throughout all stages of the course you have access to an e-portfolio in which you will be encouraged to record evidence of your achievement towards a number of personal and professional outcomes which will be relevant to job applications. This portfolio is not summatively assessed but may be used to inform appraisals which are designed to allow you to discuss your personal development. You are introduced to recording achievement and maintenance of your own personal e-portfolio in Stage 1.

During Phase I the record focuses largely upon your early clinical experience and project work. In each Stage of Phase II, your Clinical Logbook focuses largely upon you recording your achievement of the learning outcomes (clinical targets) which have been set and includes a structured record of patients you have seen. Your Logbook may also contain records of your formative and summative assessments and other relevant material that you accumulate through Phase II. At the end of the programme, your logbook and e-Portfolio develop into a comprehensive personal record of your experience in achieving the learning outcomes. Refer to the Stage handbooks for more information specific to each stage of the course.

Study Support

The general information on the aims, outcomes, organisation and content of the curriculum set out in this Handbook is supplemented by more detailed guidance in each of the Stage Handbooks, Durham University's Phase I Medicine Handbook and the Phase I Accelerated Programme Handbook. In addition, Study Guides are provided in both paper and electronic form for each unit and rotation of the course.

Learning how to learn, and how to extract the most out of your experience at medical school, is an essential prerequisite for success, not only on the course but also in furthering your future career. You will receive a copy of the Phase I Study Skills Handbook in Stage 1 and the Phase II Study Skills Handbook in Stage 3. Sessions on the self-management of learning are included within Phase I of the Induction and Student Support strand.

STUDENT SUPPORT

The aim of student support provision is to ensure that you can access appropriate help if and when you need it. You are encouraged to think in terms of a network of support:

- Informal e.g.
 - Family & friends
 - Peer mentors
 - Fellow students
- Medical School staff e.g.
 - Personal tutor
 - Senior pastoral tutor
 - Study skills adviser
 - Careers adviser
- Base Unit staff e.g.
 - Clinical teaching fellows or tutors
 - Base unit manager
 - Base unit sub-dean
- University services e.g.
 - Student wellbeing service
 - Careers service
 - Maths-Aid

Personal Tutor

You will be allocated a Personal Tutor at the beginning of your studies (or at the start of Stage 3 if you have studied at DUQC), with the intention that this relationship will continue to graduation. Your personal tutor will be a member of the Faculty of Medical Sciences, but may not be a teacher on the programme, and it is not intended that your tutor will provide academic support.

The personal tutor system is designed to provide you with a point of contact within the Medical School with whom you can discuss any personal, family or other issues that may affect your studies. Personal tutors provide a valuable link between students and the wide range of other support services provided by the University. You are expected to meet with your personal tutor on a regular basis, at least once per semester when you are based at the University, and to keep in touch with periodic e-mails when you are based elsewhere.

Your relationship with your personal tutor is a confidential one, although if your tutor has significant concerns about your wellbeing, s/he may contact the Senior Pastoral Tutor to discuss their concern and how best to support you. Tutors are required to keep a record of their meetings on e-Portfolio, but this record is accessible only to you and your tutor.

You may request a change of Personal Tutor if the tutor-tutee relationship breaks down or is not working satisfactorily. Such requests should be directed to the Senior Pastoral Tutor.

Senior Pastoral Tutor

Ms Helen Maitland is the Senior Pastoral Tutor based in the Medical Student Office. Students are encouraged to consult Helen at an early stage if health or personal

circumstances are impacting on their wellbeing or on engagement with the programme. Helen can provide advice and information about sources of help, and will work constructively with students to help them succeed with the programme whilst managing difficult circumstances. Appointments are readily available and can be arranged by contacting the Medical Student Office on 0191 208 7005 or emailing mbbs-support@ncl.ac.uk.

Peer Mentoring

All new undergraduate students will be assigned a peer mentor upon arrival at the University. The goal of peer mentoring is to enable all students to make a smooth transition to feeling at home and settled into the University community (academically, socially and culturally) through access to the advice and support of a more experienced peer.

Your peer mentor can serve as a role model and help you to understand what is expected of you at University. Your mentor should also be very approachable and can help answer questions that you might not want to ask staff. Your peer mentor can also tell you about the social scene at the University and in Newcastle and help to answer practical questions about banking, sport facilities, the library, etc.

The University has a policy that explains peer mentoring schemes (<http://www.ncl.ac.uk/quilt/assets/documents/qsh-peerment-principles.docx>).

Study Skills Advice

Students who are struggling with study strategies, particularly those with dyslexia or other difficulties that impact on learning style, are encouraged to seek advice from Ms Helen Maitland or Dr Paul Hubbard. One to one study strategies coaching is available for students who are experiencing difficulties. Appointments can be arranged by contacting the Medical Student Office on 0191 208 7005 or emailing mbbs-support@ncl.ac.uk.

Degree Programme Director (DPD)

The DPD is responsible for the structure, content and standards of your degree programme. Their role may involve development and changes to course content. Your personal tutor may refer you to the DPD to discuss academic issues.

Curriculum Officers

Depending on the nature of your enquiry or circumstances, you may be referred to one of a number of curriculum officers within the Medical Student Office to ensure that you receive appropriate advice and information.

Careers Advice

Dr Richard Price, based within the Faculty, provides advice to students with questions about careers within medicine, and can also be consulted by those wishing to discuss a change of direction. Contact richard.price@ncl.ac.uk.

Careers advice is also available from the University Careers Service www.ncl.ac.uk/careers and Dr Lorna Dargan, University Careers Advisor, has special

responsibility for advising MBBS students. She can be contacted at lorna.dargan@ncl.ac.uk.

Student Advice Centre

The Student Advice Centre, based within the Students Union, provides an independent source of advice to students across a wide range of issues, and further information can be found at <http://www.nusu.co.uk/welfare/sac/>.

Student Services (King's Gate)

King's Gate building provides access to many services you may need, all in one single location. Current opening hours for King's Gate are as follows:

- Monday and Tuesday 9 a.m. to 5 p.m.
- Wednesday 10 a.m. to 5 p.m.
- Thursday and Friday 9 a.m. to 5 p.m.

When you arrive at King's Gate, you should go first to the Interaction Team (I-Team) on Level 2. They are your first point of contact for any questions about Academic Support, Accommodation, Fees/Funding/Finance, Health/Wellbeing, Exchange/Study Abroad, and Visa Support. All of these types of support are explained below.

Both drop-in and pre-booked appointments are available. More information is available here: <https://my.ncl.ac.uk/students/kingsgate> (you will need to cut and paste this URL into your browser)

There are a number of services available, many of which are explained by the **Student Wellbeing** site (<http://www.ncl.ac.uk/students/wellbeing/>). Contact information is also available on this site. The key services are explained below.

Student Services provide a confidential source of information, advice and guidance on a wide range of student support issues. Specialist advice available includes finance, disability (including specific learning difficulties such as dyslexia), counselling and mental health. Students can make arrangements to do this directly and in complete confidence. As well as counsellors, there are mental health advisors and student wellbeing advisors, who can help with problems such as anxiety. Please visit <http://www.ncl.ac.uk/students/wellbeing/> to see the full range of services available.

WHAT TO DO IF THINGS GO WRONG

If you are ill at any point while at University, you should inform your personal tutor as soon as possible. You should report any absence as outlined in the Attendance and Reporting Absence policy in Annex 2.

If you believe that your absence has affected your academic performance in an assessment (coursework or exam) or prevented you from attending a required session, you should inform your personal tutor. You should also fill in a Personal Extenuating Circumstances (PEC) form to explain how your illness has affected your studies. If you are reluctant for any details to be known, even to your tutor, because they are sensitive, then you can provide a confidential letter and information in a sealed envelope for the Chair of the PEC committee and submit it to the Medical

School Office.

Personal Extenuating Circumstances

If you believe your study or ability to complete assignments/assessments is being affected by personal extenuating circumstances you are required to contact a Curriculum Officer in the Medical Student Office (Medical School), or the Base Unit Sub-Dean to discuss the circumstances. You should also complete a Personal Extenuating Circumstances (PEC) Form which is available on the LSE (Support/Course Support/Forms) and submit it to the Medical Student Office, either by hand or by email to mbbs-assessment@ncl.ac.uk

The PEC form should be completed if you wish to:

- Request pastoral support (within the Medical School and /or Base Unit)
- Apply for an extension to an assignment deadline (both written assignments and clinical rotations)
- Apply for a deferment of an assessment (both assignments and examinations)
- Request referral to the University Disability Team
- Request reasonable adjustments for an examination (both written and practical)
- Inform the Board of Examiners of any personal extenuating circumstances which you feel may affect your studies and /or assignments

It is important that the **PEC form** is accompanied by relevant evidence (e.g. Doctor's note, medical report). If evidence is not provided initially, the process will be delayed. The **PEC form** should be submitted as far in advance as possible of any deadline or assessment. If adjustments need to be made, there must be adequate time for these adjustments to be put in place.

The PEC form will be considered by the PEC Committee and a response will be emailed direct to your University email account as quickly as possible. The PEC Committee has the authority to:

- Agree/decline an extension to an assessment deadline
- Agree/decline a deferral of an assessment/examination
- Agree a reasonable adjustment to examination arrangements
- Refer a student to Student Wellbeing
- Agree an extra-ordinary examination attempt

It is the policy of the Medical School to **NOT** support any PEC Forms submitted following an attempt at assessment. If you feel that your personal extenuating circumstances may have a detrimental effect on an assessment/examination, then you should consider applying for a deferment. Applications to discount an attempt at an examination will normally **NOT** be supported by the Medical School. It is a student's responsibility to ensure that they are fit to undertake any assessment/examination.

Penalties for failure to complete or submit work without prior extension or exemption via completion of a PEC Form are given in the relevant Stage Handbook.

More comprehensive guidance on the PEC form can be found at: <http://www.ncl.ac.uk/students/progress/student-resources/help/>. (However please note this guidance is not fully applicable to MBBS students)

Change of Circumstance (Transfer, Suspend Studies or Withdraw)

Sometimes circumstances change, and you may decide that you want to transfer

degree programmes, suspend your studies or withdraw from the University. If you are thinking about any of these scenarios, you should speak with your personal tutor to discuss your options. You can also seek confidential advice from Student Wellbeing: <http://www.ncl.ac.uk/students/wellbeing/about/student/>.

Permission to make these changes often depends upon approval from the Degree Programme Director.

More information on the relevant procedures and the forms you may need to fill in is available here: <http://www.ncl.ac.uk/students/progress/student-resources/change/>. Your personal tutor should be able to help you complete these forms if necessary.

Complaints and Appeals

The Student Complaints Procedure is the University's formal complaints procedure under the Student Charter. It is intended to allow students to make a complaint about a service, a member of staff or another student within the University. The procedure applies to all formal complaints, including those related to harassment or racial equality. You can seek advice on the complaints procedure from Student Progress Service: <http://www.ncl.ac.uk/students/progress/Regulations/SPS/complaints.htm>.

A complaint can be made on nearly any aspect of your academic studies, but you should be prepared to provide evidence to support any allegation. Please note: a complaint cannot be used to seek to overturn the academic decision of examiners. In all cases you should consider trying to resolve your complaint informally with the individual concerned. Usually, before a formal complaint is accepted, you should have tried to resolve the issue informally.

The Student Academic Appeals Procedure is for appeals against the decisions of the Boards of Examiners (except those related to assessment irregularities), Personal Extenuating Circumstance (PEC) Committees, and sanctions imposed under Unsatisfactory Progress procedures. More information is available here: <http://www.ncl.ac.uk/students/progress/Regulations/SPS/appeals.htm>.

There are only three possible grounds for appeal:

- You were adversely affected by illness or other relevant factors, of which you were previously unaware, or which for a good cause you were unable to disclose to the examiners in advance.
- Procedural irregularity on the part of the examiners.
- Bias or prejudice on the part of an examiner or examiners.

Note: An appeal relates to the decision of the examiners and should not be used to raise general complaints about tuition or support over the length of your degree programme.

Impartial advice on both the complaints and appeals procedures may be sought from the Student Progress Service. Assistance with submitting a formal complaint or an appeal may be sought from the appropriate officer of the Students' Union, from the Student Advice Centre, or from a Personal Tutor.

ASSESSMENT AND FEEDBACK

Detailed information about the assessment requirements and criteria for attainment defined for each Stage are provided in the individual Stage/Phase Handbooks.

The Medical School has an overriding duty to ensure that on graduation you are fit to practise in accordance with the professional standards set by the GMC for all doctors. Our system of assessment is designed to monitor your acquisition and utilisation of core knowledge, explore your attitudes and certify your achievement of competence in those skills required to meet the aims and objectives of the programme and for your first experience of clinical practice as a Foundation Programme doctor.

As assessment has a strong influence in directing your learning, the structure, content and process of assessments are designed also to reinforce desirable learning behaviour and encourage appropriate learning skills. The programme of assessment explicitly tests your achievement of the defined learning outcomes, and your progress from one Stage to the next through the five Stages of the curriculum. You are required to reach the defined standard in all assessment domains. High performance in one domain does not compensate for poor performance in another. Both the core course and the student selected components are assessed.

Throughout the programme an emphasis is placed upon progressive assessment as well as end-point examination. This progressive assessment provides you with individual feedback and a graded profile of your progress in each assessment domain. This feedback provides you with information about your development and allows you to gauge your particular strengths and weaknesses and alter your learning accordingly. It also allows you to seek academic guidance as and when required.

A range of reliable and valid assessment methods is used, with the choice being tailored to the particular competency/outcome being tested. All unseen examinations are marked anonymously.

Assessments are both formative (i.e. assessment experiences which allow you to gauge your own progress, but which do not count towards progress) and summative (i.e. assessments which count cumulatively towards progress). In line with the overall design of the curriculum all assessments reflect the integrated and interdisciplinary nature of the programme.

Merit recognises excellence in Stage Examinations, and MBBS with Distinction or Honours recognises outstanding performance throughout the course. The assessment process also identifies those of you with difficulties and in need of support and remediation for whatever reason.

Candidate Numbers

At the commencement of the course, you are given a card that shows your allocated Candidate Number. This random number, which uniquely identifies you, is used in examinations and to identify submitted work in order to ensure anonymity of marking. It is also used for disclosing assessment results. The number is confidential to you, your personal tutor and the administrative officers of the School; you should not disclose your Candidate Number to anyone else. You may be required to produce your Candidate Number Card on any occasion of assessment and when collecting marked work. Use of the correct Candidate Number is essential and is your responsibility.

Failure to use the correct candidate number will result in no credit being awarded for the assessment episode in question. A small administrative charge is levied to replace lost Smart Cards or Candidate Number Cards.

Course Work Submission

University policy states that all submission deadlines must be published by the end of the second teaching week each semester. In MBBS, submission deadlines for course work are included within your timetable which you can access via the LSE.

Only the Degree Programme Director has the authority to approve changes in coursework submission deadlines once they are published. If a deadline does change, you will be given sufficient notice and a reason for the change.

You should familiarise yourself with the MBBS Submission of Assessed Work Policy included as Annex 5 and the MBBS Feedback and Return of Assessed Work Policy included as Annex 6.

More information about University policies on coursework submission and the return of feedback is available here: <http://www.ncl.ac.uk/quilt/assets/documents/qsh-assmt-assessedwork-policy.pdf>

Turnitin and Plagiarism

Plagiarism checks are compulsory on all appropriate assessments. This means that your coursework assessments will be submitted to Turnitin (directly, by you, or by a member of staff). Turnitin checks work submitted to it against a database of web pages, academic articles and books, and other students' papers (from Newcastle and other universities) and highlights any matches between your work and those other sources. Matching text does not necessarily mean that you have plagiarised, since you may have correctly referenced text from other source.

Late Submission of Assessed Work

The University has a set policy for late submissions, so you should be careful to submit all assessments well in advance of the deadline. As the MBBS Programme is non-modular there is a difference in the cap applied to late submission up to 7 days (50% rather than 40% which applies to other undergraduate programmes in the University). You should familiarise yourself with the MBBS Submission of Assessed Work Policy included as Annex 5.

There are two circumstances in which late work will always receive a zero: if your piece of work is marked on a non-discriminatory marking scale (i.e. pass/fail), or if you are submitting work for a re-sit assessment.

There may be pieces of coursework for which no late work is allowed. You will receive prior notification in these instances.

If you have a valid reason for submitting your work late (e.g. illness), you should submit a PEC form; there is more information on this form earlier in the handbook. Computer failures and transportation problems are not considered a legitimate excuse for late submission (unless NUIT has confirmed a University-wide computer failure).

Examinations

Provisional assessment dates for each Stage of the MBBS programme are published within the respective Stage handbook. Due to the variation in term dates, MBBS examinations do not always fall within normal University assessment periods.

The University has a calculator policy for examinations. Beginning in 2015/16, new students can only use three models of calculator (Casio FX-83GTPLUS, Casio FX-85GTPLUS, or Casio FX-115MS – or any discontinued models of the same calculator). Current students who have already purchased a calculator and have an 'approved' sticker may continue to use it.

If you have a disability or specific learning difficulty, you may require special arrangements for your exams. On submission of relevant medical documentation, for example, you may be allowed extra time and/or an alternative venue. If this may apply to you, you should contact Student Wellbeing as soon as possible to discuss any special requirements: <http://www.ncl.ac.uk/students/wellbeing/disability-support/support/examinations.htm>.

Examinations will generally take place on campus, although there are exceptions to this rule. For example, clinical examinations in Phase II will take place within the regional medical school. International students may apply to take non-clinical (practical) re-sit exams in their home countries. More information is available from the Exams Office and in the University Policy on Off-Campus Assessments (<http://www.ncl.ac.uk/quilt/atoz/policies.htm>).

Feedback on Assignments

You will receive feedback on all coursework and exams. University policy states that feedback on summative coursework must be returned within 20 working days (Monday-Friday, not including Bank Holidays or University closure days). Exam feedback must be returned 20 working days from the end of the exam period; if this date falls during summer holidays, then it must be received at the start of the next semester/term. If feedback is going to be returned late for any reason, you will be informed in advance and told when you should expect to receive your feedback. There are a small number of assessments in MBBS for which there is an exemption for the requirement to return work within 20 working days. Please refer to the Feedback and Return of Assessed Work Policy included as Annex 6.

You will receive feedback in a variety of ways: written on your work, given verbally in lectures or tutorials, or provided via the Assessment and Feedback website which can be accessed via the Learning Support Environment. You are expected to use feedback by looking at your work and the feedback given and thinking about how you can improve in future assessments.

Specific information on the feedback you will receive at each Stage of the programme can be found with the respective Stage handbook

Marking Criteria

Details of the individual marking criteria can be found within Stage handbooks, in-course assessments are available via assignment packs or via in-course summative assessment forms. Details of individual criteria and weighting of criteria for OSCEs and the MOSLER are not published. It should be noted that for these examinations,

different weightings may be applied to different criterion depending on the components and focus of the given station within the examination.

Marking and Moderation Process

You should have absolute confidence that the marks you receive are fair and consistent across markers. Depending on the assignment, your work may be moderated. This means that a third marker will look at the mark and feedback given by the first and second markers and ensure that it is fair and accurate. Please refer to the Scaling and Moderation Policy in Annex 7.

All marks that are returned to you are provisional and subject to review and potential moderation prior to the final Board of Examiners meeting. The Board of Examiners (BoE) is responsible for decisions about the outcomes of assessment of students on the programme.

Should you feel there are grounds to request a re-mark of an assessed piece of work while results are still provisional, you should follow the MBBS Re-marking of Assessed Work policy included as Annex 8.

How Assessment Affects Your Progress

Your progress within your programme depends on your assessment marks, as explained in the MBBS degree programme regulations. You must pass all assessment requirements, as outlined in each of the Stage handbooks, to progress to the next Stage of the course. Should you fail a Stage you are allowed one re-sit opportunity. It may be necessary to repeat a year of study as a re-sit in certain situations/Stages. The re-sit requirements for each Stage of the course are described in detail in the relevant Stage handbook.

Under MBBS degree programme regulations a student will normally be permitted to undertake a maximum of two additional years of study (i.e. repeated years of study) within the programme as a whole.

Use of Discretion

It is not the policy of the Boards of Examiners in the MBBS programme to exercise discretion regarding candidates with marks that fall below the threshold for a pass in any of our exams. Thus a candidate who fails to meet the threshold for pass will not be allowed to progress regardless of previous performance or any extenuating circumstances presented on a Personal Extenuating Circumstances (PEC) form. There are a number of reasons that justify this decision.

- Many of the assessments rely on candidates demonstrating an absolute level of competence within a specific area of assessment and failure to reach the required level of competence means that a candidate cannot be allowed to progress to the next stage as they would pose a potential risk to their patients.
- In knowledge based examinations we follow an extremely rigorous and externally validated standard setting process such that the pass mark is adjusted for the level of difficulty of the question items. Thus, unlike many University examinations, the pass mark is not an arbitrary figure based on the common degree classification scale and independent of the assessment that has been set

but is carefully calculated to reflect an expected level of achievement within a given assessment. Failure to achieve this mark means the candidate does not have sufficient knowledge to safely progress.

- It is instilled into health care professionals that when they present themselves for work they must be in a fit state to do their job. We expect no less of our students. Therefore if a student is aware of personal circumstances which mean that they are not able to perform at a satisfactory level in an examination it is their responsibility not to attempt the examination but to seek a concession to defer until they are in a state to perform satisfactorily. This is particularly the case in clinical examinations which may involve interactions with real patients. It is extremely unprofessional to present oneself for such an examination in the knowledge that one is not sufficiently prepared. Indeed an unprepared student could pose a serious safety risk to patients.

In exceptional circumstances the Board of Examiners may exercise discretion to award a higher category of mark to a candidate who has already satisfied the criteria for passing the exam.

Repeating a Stage

External candidates do not need to pay tuition fees but will be charged an admin fee of £220. This fee will be collected by the Exams Team later in the academic year. External candidates will retain access to IT facilities including e-mail.

UK/EU students should be aware that as an external candidate they will not be entitled to a student loan and will not be eligible for council tax exemption. Any

International students should be aware that the University is required to inform the Home Office that they are an external candidate and their visa will be curtailed. Therefore they must return to their home country. These students can either return to the UK for their exams on a Student Visitor Visa or apply to take exams in their home country (if available). If they then pass they will need to apply for a new visa before resuming their studies.

Students given permission to repeat a Stage in residence will be liable for the full tuition fee for the year. Students given permission to repeat part of a Stage in residence will be liable for the full tuition fee for the year pro rata.

UK/EU students should be aware that they may not be entitled to a student loan for repeating part of the year only and should therefore check with Student Finance before registering.

Academic Rating and the Award of Honours

On completion of any Stage, on the first occasion of examination you will be classified as having:

- Passed with Merit
- Passed
- Failed

To be eligible for the award of MBBS with Distinction*, you must fulfil the following criteria:

- Must have passed at least three Stages (2 of which must have been in Phase II) of the MBBS programme with Merit
- Must not have failed any Stage of the MBBS programme
- Must not have received any U grades for Professionalism for any in-course professionalism assessments throughout Stage 5.

To be eligible for the award of MBBS with Honours*, a student must have fulfilled the following criteria:

- Must have passed at least three Stages (2 of which must have been in Phase II) of the MBBS programme with Merit
- Must have passed Stage 5 with Merit
- Must not have failed any Stage of the MBBS programme
- Must not have received any U grades for Professionalism for any in-course professionalism assessments throughout Stage 5.

* The discretionary awards (Distinction, Honours) require that candidates have not only reached the required academic standard but have done so without there being concerns about their Professional Behaviour. Any candidate where there has been a concern around professionalism subsequent to Fitness to Practise investigation will have their case and subsequent conduct reviewed by a group of senior School staff who will make a recommendation to the Board of Examiners as to whether this needs be considered in judgements made about possible discretionary awards. This review will have no bearing on Pass/Fail decisions.

Candidates who did not take Phase I at either Newcastle or DUQC, will be eligible for the award of Honours having passed at least two Stages in Phase II with Merit along with all other criteria listed above.

Support for Students who Fail a Stage

It is recognised that students who have failed a Stage, particularly those who have reached a point where they have failed the course, will require support and guidance. The following process has been established to support students in this situation.

- Following publication of the pass list, students who have failed will be offered an appointment with a curriculum officer and/or the Senior Pastoral Tutor to discuss any issues which have affected their performance, and to confirm the result.
- In the following week, students will be offered a meeting with a senior curriculum officer to review the areas of failure and examiner feedback. For those permitted to resit the Stage, information and advice relating to this will be provided. Those students who will be leaving the course will be offered advice and guidance relating to alternative career pathways.
- Formative feedback to help students to remediate weaknesses may be provided at the second meeting, or may be provided subsequently in whatever way will best suit the educational needs of the student.

Exit qualifications

Any student undertaking Phase I in Newcastle who leaves the MBBS programme in good academic standing following successful completion of Stage 1 or Stage 2 will be awarded a Higher Education Certificate or Higher Education Diploma, respectively.

Recognising the eventuality that late in the programme a student may not wish to complete the programme and proceed to a clinical medical career, provision is made for the award of a Bachelor of Medical Studies if the student has successfully completed the Stage 3 MBBS Examination. Similarly, provision is made for the award of a Bachelor of Medical Studies (Hons) if the student has successfully completed Stage 4. Admission to these qualifications is only open to those students not intending to complete MBBS and proceed to provisional registration with the GMC. Further information in respect of these late exit routes may be obtained from the Senior Pastoral Tutor.

The regulations for calculation of degree classification for students exiting the MBBS course at the end of Stage 4 with a Bachelor of Medical Studies (Hons) can be found below. The MBBS programme is a non-modular programme and the following regulations while as closely aligned as possible to the Undergraduate Examination Conventions of the University (www.ncl.ac.uk/regulations/docs/) differ for MBBS in that progression regulations relating to module credit values do not apply.

- The assessments which will count towards the calculation of degree classification will be Stage 3 end of Stage OSCE, Stage 3 end of Stage written paper and the Stage 4 written paper. For written papers and the OSCE the overall percentage score on the first attempt at the examination will be used in the calculation except where on the first attempt the overall percentage was less than 40 and the candidate resat the examination and achieved a mark greater than 40% on the second attempt, in which case the mark used will be capped at 40%.
- Where a candidate has achieved less than 40% on first and second attempts at an exam they will not be eligible for an Honours degree. Their eligibility for an alternative award will then be considered by the Board of Examiners in line with the Undergraduate Examination Conventions.
- The following weightings will be applied to the components contributing to the degree classification.

| | |
|------------------------------|-----|
| Stage 3 end of Stage OSCE | 15% |
| Stage 3 end of Stage Written | 30% |
| Stage 4 Written | 55% |

- The final calculated percentage will then be considered against the University common scale. In the case of a final mark 2% or less below the borderline for any degree classification then the board of examiners may exercise discretion, taking into account the candidate's performance in earlier stages of the course and in clinical in-course assessments.

Whilst the medical degree programme is not classified in accordance with the traditional Honours system, Merit is awarded in order to recognise excellent performance over all domains in each Stage. Additionally, outstanding performance throughout the course can be recognised by the award of MBBS with Distinction or Honours as outlined under Assessment.

Assessment Irregularities and Disciplinary Procedures

As part of the Student Charter, you have agreed to follow University procedures and to maintain the highest standards of behaviour. The University is committed to ensuring that assessments are fair for all students, and it has established a procedure for dealing with situations in which one student uses improper means to 'get ahead' on an assessment. These situations are called assessment irregularities, and they may include (but are not limited to), the following:

- Copying from or conferring with other candidates or using unauthorised material or equipment in an examination room
- Impersonating or allowing another to impersonate a candidate
- Introducing examination scripts into the examination process otherwise than in the course of an examination
- Permitting another student to copy work
- The falsification (by inclusion or suppression) of research results
- Plagiarism, defined as the unacknowledged use of another person's ideas, words or work either verbatim or in substance without specific acknowledgement. It is also possible to plagiarise yourself if you submit the same work for multiple assignments or do not acknowledge ideas or words that you have submitted previously.

The University's assessment irregularity procedure in full can be found here: <http://www.ncl.ac.uk/students/progress/Regulations/SPS/assessment.htm>

More generally, at Newcastle we value high standards of academic conduct. Conduct is an important part of maintaining and developing our reputation. Good academic conduct reflects the values which underpin academic life, such as honesty, integrity, a shared community of ideas and respect for others' work. The Right-Cite for Good Academic Conduct (<http://www.ncl.ac.uk/right-cite/>) provides a detailed account of the issues governing academic conduct and gives you access to a range of resources. There is also information on appropriate style and referencing guides here: <http://libguides.ncl.ac.uk/referencing>

You can expect to receive a briefing on academic conduct and the referencing guidelines that you are expected to follow. You are in turn expected to do the following:

- Maintain high standards of academic conduct
- Show a commitment to academic honesty in your work
- Be familiar with and apply the guidance provided by your School on proper referencing and good academic practice
- Avoid plagiarism

The Student Disciplinary Procedure will apply to any student who is alleged to have breached the University's code of conduct. More information is available here: <http://www.ncl.ac.uk/students/progress/Regulations/SPS/disciplinary.htm>. This procedure applies to any student who breaches academic codes of conduct as well as non-academic situations (disruption, anti-social behaviour, theft and fraud, violent behaviour, criminal offences, etc.)

Recognition of Prior Learning and Credit Transfer

Medicine is a non-modular professional degree programme where the degree awarding institution is responsible for graduating students that meet the requirements as states in the General Medical Councils document 'Tomorrows Doctors 2009'. As

such the MBBS programme does not accept recognition of prior learning or credit transfer from another programme of study.

STUDENT REPRESENTATION AND FEEDBACK

Overview

The University values your opinion very highly. We, in MBBS, want to know when things are going well and when you think things could be better. We have a number of ways of trying to get student feedback, including Unit/course evaluations and student participation on committees. It is important that you take these questionnaires and opportunities seriously and give your honest opinion. It is also important that you provide specific evidence of what's going right or not so well. It will help us when we know more specifically what is going on. Please be respectful in the types of comments that you provide.

There is more information about student opinion, and some information about actions that have been taken by the University as a result of your opinions, on the 'You Said We Did' website (<https://internal.ncl.ac.uk/yousaidwedid/> you will need to copy and paste this address into your browser). The University explanation of how it works in partnership with students is available in the Policy on Student Representation: <http://www.ncl.ac.uk/quilt/assets/documents/qsh-studentrep-pol.pdf>

Unit/Course and Stage Evaluations

At the end of each Unit of Study/course, you will be asked to complete an evaluation. These evaluations are used to find out about your experiences, assess the positive features of a Unit/course, and identify anything that could be improved in the future. You will be asked questions about the structure and content of the Unit/course as well as about the lecturers and/or tutors involved.

At the end of the year, you will be asked to complete an evaluation for the programme stage that you have just completed. This evaluation is a bit different, as it will ask you questions about aspects of your experience other than specific Units/course such as Library and electronic resources, assessment and feedback across the programme, personal tutoring, etc.

It is important in these evaluations that you are specific about what is positive and/or negative, that you are realistic, and that you focus on the issue, not the person (don't say anything offensive about a person involved). It also helps if you suggest solutions as we will take these seriously.

You will receive a link to the Unit/course and stage evaluations through email, and you can then complete the survey anonymously online.

More information about evaluations, including interviews with academic staff explaining why they are important and how changes have been made based on student feedback, is available here: <https://internal.ncl.ac.uk/yousaidwedid/internal-surveys/> (you will need to copy and paste this address into your browser).

External Surveys

In addition to Unit/course and Stage evaluations, the University also uses several external surveys to gauge your overall opinion of your time at the University. The key surveys are:

- The National Student Survey (NSS) – an annual survey of all final-year students, runs February through April
- International Student Barometer – an annual survey of all EU and international students, runs November and December
- GMC evaluation questions – an annual set of question included in final year evaluations of all medical students in the UK

More information about the external surveys given by the University is available here: <https://internal.ncl.ac.uk/yousaidwedid/external-surveys/> (you will need to copy and paste this address into your browser).

Student Representation on Committees

You will have an opportunity to elect student representatives within the MBBS programme. You may wish to be a student representative yourself. Student representatives are a crucial link between the student body and staff, since they find out what other students are thinking and can work through agendas to help improve the student experience.

Course representatives elected by their peers will participate in the **Student-Staff Committee**, which is chaired by a student. Even if you're not a student rep, you will be able to contribute to the agenda by tell your rep what you think should be discussed. There are also course representatives that are asked to attend the **Board of Studies**, which oversees the MBBS programme.

School representatives are appointed by the Students Union to represent their School at the **Faculty Learning, Teaching and Student Experience Committee (FLTSEC)**. These reps take opinions from the student body to a bigger Faculty committee and have a direct voice in decisions that are being made across the Faculty.

The Students' Union provides training for course representatives, chairs. More information is available here: <http://www.nusu.co.uk/representation/>

ENSURING THE QUALITY OF YOUR DEGREE

The University is responsible for ensuring the quality and standards of all academic awards made in its name. You should have confidence that there are a number of people inside your School, across the University, and outside the University who review your degree programme and ensure that it is up-to-date, consistent in its treatment of students, appropriate in its forms of teaching and assessment, and of the highest standards. The key mechanisms are described below.

Annual Monitoring and Review

Every year, programmes are asked to comment on what went well and what could be

improved (and to provide evidence). Each programme is also required to develop an action plan that lists new projects and activities to improve the degree programme. This AMR is reviewed at Faculty level each year. See the University policy for more information: <http://www.ncl.ac.uk/quilt/resources/monitoring/annual.htm>

Learning and Teaching Review

Approximately every six years, each School or subject area is reviewed by a panel of University staff and at least one external member who is a discipline-specialist. This review examines the teaching and learning process and speaks with students and staff about their experiences of the programme. More for information, see: <http://www.ncl.ac.uk/quilt/resources/monitoring/internal>

External Examining

Each programme will have at least one external examiner who someone who works at a different University or in industry. The function of external examiners is to assist the University by providing assurance in their expert judgement that the standards of all awards at Newcastle are at least comparable to those in similar subjects in other universities in the UK and with relevant external referents. External examiners are asked to review programme aims and learning objectives as well as assessment questions and feedback. In order to help ensure the quality of the education it provides and the maintenance of the standards of its awards, the University places significant reliance on its external examiners by:

- Requiring them to provide independent and impartial advice, as well as informative comment on the University's standards and on student achievement in relation to those standards
- Drawing upon their professional advice and expertise and giving full and serious consideration to their reports.

For further information, see:

<http://www.ncl.ac.uk/quilt/resources/assessment/examining.htm>

You should not contact external examiners directly, but you may be asked to meet with them when they come to visit the University. You can also engage with the process through which the University considers and responds to external examiners by participation in Boards of Studies, Student Staff Committee, and FLTSEC by acting as a course or school representative.

In MBBS there is at least one external examiner per Stage of the programme. The external examiners are listed in Annex 9.

General Medical Council's Quality Assurance of Basic Medical Education

Statutorily the Education Committee of the General Medical Council is responsible for assuring the quality of basic medical education. Briefly, the GMC's Quality Assurance of Basic Medical Education procedure consists of:

- requiring the Medical School to report annually how it is meeting the standards set out in 'Tomorrow's Doctors'
- visiting the Medical School at least twice in every 10 years, to confirm that this is

the case and to allow publication of the Council's views of what the School is doing well and where the School may wish to consider further development

STUDENT HEALTH AND CONDUCT

As the medical degree is a qualification leading to professional registration, the University has an overriding duty of care to current and future patients to ensure that you are fit to practise medicine.

The policies and practices of the School and University in relation to the progression of medical students are informed by the Student Health and Conduct guidelines issued by the GMC. Tomorrow's Doctors states that 'As long as they meet a University's regulations, anyone can graduate provided that they meet all the outcomes and curriculum requirements'. The GMC provides clear guidance that individuals are not able to omit parts of the curriculum for any reason, including ill-health or disability. The University Policy on Clinical Examinations and Students with Disabilities is available on the Learning Support Environment. (Support/Course Support/Policies) See also the university policy for non-clinical examinations at www.ncl.ac.uk/students/progress/exams/exams/SpecialRequirements.htm

In order to safeguard patients, the University is responsible for ensuring that those of you graduating from the medical programme not only meet the academic requirements of the course, but are also physically and mentally fit and of good character. Any student deemed unfit for health or disciplinary reasons will be debarred from professional qualification; past experience shows that this is a very rare occurrence. The kind of conduct or behaviour of relevance in this context may show itself in misconduct falling under the University's standard code of student discipline <http://www.ncl.ac.uk/students/progress/Regulations/SPS/disciplinary.htm> or it may arise in circumstances out with the normal code. You should be aware of the additional requirements made of you as students of medicine expecting to proceed to clinical practise.

You are required to register with a local GP service and are advised to report any health problems that may affect your studies. Guidance in finding a GP can be obtained from the Medical Student Office, and a list of medical and dental practices together with general information can be found on the University web site at www.ncl.ac.uk/students/wellbeing/medical/index.htm

Curriculum Officers will advise on immunisations required for clinical work and Elective travel. At appropriate points in the course you receive instruction and specific information in relation to immunisation requirements, and, as required by the Learning Agreement (Annex 3). You must ensure that you comply with guidance and request from the Occupational Health Service.

Learning Agreement

Success of this partnership depends upon you having a clear understanding of the standard of service and support you can reasonably expect from the School and what, in turn, the School believes it can expect of you in joint pursuit of the highest possible standards. These expectations are set out in terms specific to medicine in the Learning Agreement as in Annex 3. You will be introduced to the learning agreement

during the Induction week. The Learning Agreement can also be found within the Learning Support Environment and you are expected to read and acknowledge this agreement at the beginning of each academic year.

Serious breaches of conduct will result in disciplinary procedures as set out in the Student Disciplinary Procedure at <http://www.ncl.ac.uk/students/progress/Regulations/SPS/disciplinary.htm>

Exemplar fines and charges
<http://www.ncl.ac.uk/students/progress/Regulations/SPS/fines.htm>

See also the University Fitness to Study procedure at:
<http://www.ncl.ac.uk/students/progress/Regulations/SPS/f2s.htm>

In addition to University disciplinary procedures MBBS students may also invoke the Fitness to Practise Procedure at <http://www.ncl.ac.uk/students/progress/Regulations/SPS/fitness.htm>

Fitness to Practise

Any student whose fitness for professional practise is under review shall be considered under the Faculty of Medical Sciences Fitness to Practise Procedure information for which can be found on the Learning Support Environment and at <http://www.ncl.ac.uk/students/progress/Regulations/SPS/fitness.htm>

Disclosure and Barring Service (DBS) Check

As stated in the Learning Agreement (Annex 3) you are required to apply for a Disclosure and Barring Service Check (Enhanced) from the Disclosure and Barring Service. You must do this immediately you start the course and then apply for a second disclosure at the beginning of Stage 4. Once received, you must immediately provide a copy of your Disclosure and Barring Service check to the Medical Student Office.

You must abstain from conduct which constitutes a criminal offence or that might bring the Medical School into disrepute.

You must advise the Medical School immediately should you have cause to believe you may have breached this guidance or that your Disclosure and Barring Service status may have changed since you last applied for a Disclosure and Barring Service check (Enhanced). Refer to http://www.gmc-uk.org/guidance/ethical_guidance/21184.asp

Students who are resitting Stage 1 or Stage 4 are required to undertake an additional Disclosure and Barring Service check (Enhanced).

The School, under some circumstances require an additional Disclosure and Barring Service check (Enhanced) check to be undertaken to meet the stringent requirements of the NHS Trusts.

Health Problems

Students should make themselves familiar with the requirements for notifying the Medical School and/or Base Unit regarding absence due to ill health, as in Annex 2. If

you are experiencing a period of ill health (including surgical procedures) which is going to have an impact on your ability to engage with the course, it is essential that you contact your Base Unit office and/or the Medical Student Office (Senior Pastoral Tutor or Degree Programme Director) so appropriate arrangements can be made to ensure that you are able to complete the requirements of the course.

As a medical student you have particular responsibilities with respect to monitoring and disclosure of your own health status:

- In relation to serious communicable diseases, students must familiarise themselves with the GMC guidance set out in Good Medical Practice.
- The Medical School has an overriding duty of care to the health and safety of patients who come into contact with its medical students and vice-versa. Therefore all medical students are expected to comply with the Department of Health's Guidance on health clearance for healthcare workers and the Medical Schools Council Guidance on routine testing for blood borne viruses (see Learning Agreement, Annex 3, and the Learning Support Environment). Full, appropriate immunisation and routine testing is not only wise for your own health, but is essential for continuing your clinical course without restriction.
- On entry to the programme you must have provided the Occupational Health Service with proof of your immunisation status for Polio, Tetanus, Varicella (Chicken Pox), Diphtheria, Measles, Mumps, Rubella and TB. Failure to provide this may prevent you from progressing into Stage 2 and will certainly prevent you from commencing Stage 3.
- In compliance with the Medical Schools Council's Guidance on routine testing for blood borne viruses, the Occupational Health Service will arrange screening for Hepatitis B, Hepatitis C and HIV early on in the course. If you decline screening or test positive for a BBV you will be able to continue on the course and will be counselled on the implications and restrictions regarding the organisation and delivery of your clinical training.

Students with Disabilities

The University Student Wellbeing Service offers advice, guidance and support for students with disabilities and specific learning difficulties (e.g. dyslexia). Further information can be found at <http://www.ncl.ac.uk/students/wellbeing/>

The School Policy on Clinical Examinations and Students with Disabilities can be found on the LSE. Also see the university policy for non-clinical examinations at <http://www.ncl.ac.uk/students/progress/exams/exams/SpecialRequirements.htm>

Occupational Health

Students with ongoing health issues may be referred to the Occupational Health Service for independent assessment and advice. If you are referred to the Occupational Health you are expected to comply with all requests for information made by the Occupational Health Service and to attend all appointments they deem necessary. Any student who does not comply with Occupational Health may be jeopardising their progress. In addition students who fail to return their Occupational Health Questionnaire by the end of Stage 1 will not be permitted to receive their examination results or progress to Stage 2 until they have done so.

The Occupational Health service for medical students is provided by:

The Occupational Health Service
Worklife & Wellbeing Centre
Campus for Ageing and Vitality
Newcastle upon Tyne Hospitals Foundation Trust
Telephone: 0191 2821188
Fax: 0191 2821199

It is your responsibility to ensure that your occupational health records are complete and up to date by:

- complying with all requests from the Occupational Health Directorate to provide proof of your immunisation status for Polio, Tetanus, Varicella (Chicken Pox), Diphtheria, Measles, Mumps, Rubella and TB.
- undergoing routine testing in accordance with the Medical Schools Council protocol on blood borne viruses (Hep B, Hep C and HIV) (www.medschools.ac.uk/AboutUs/Projects/Documents/BBVsGuidanceFeb2008.pdf)
- notifying Occupational Health if you have any reason to believe your immunisation status or BBV status may have changed

If you decline screening or test positive for a BBV you will be fully supported in continuing on the course and will be counselled on the implications and restrictions regarding the organisation and delivery of your clinical training.

Individual Trusts have their own policy in respect of Occupational Health procedures, and you may be required to augment the immunisations listed above and/or to complete an Occupational Health questionnaire before attending a Trust for the first time. You may also find that some Trusts will require you to attend their Occupational Health Department on your first day.

Should you sustain a needlestick injury or work related accident or develop a health problem which is impacting on your studies please contact the Occupational Health Department for advice and support.

Your Health and Welfare on Clinical Attachments

You will be expected to help on wards with taking blood samples from patients. Ensure that you take care with venesection and report any "needle-stick" injuries immediately within the Base Unit you are working. It is essential for your own health to check you have had hepatitis B immunisation and have seroconverted.

Please refer to the document 'Guidance for MBBS students on Infection Prevention and Control' which can be found on the Learning Support Environment. This purpose of this guidance is to provide some essential advice, applicable to whichever hospital you may attend, on important issues related to infection control. Further information will be given by Base Units, including advice on the relevant "Dress Code" which students **MUST** comply with.

Control of infection in hospitals is becoming increasingly important. Not only are there implications for individual patients should they become infected, but there may be major financial implications as well; it can be very expensive to deal with large outbreaks of infection. In addition infection control problems attract the interest of the news media and may have medico-legal implications.

For this reason you should read the aforementioned guidance document very carefully and remember the principles laid down when you begin clinical work in hospitals. Individual control of infection policies will vary from one hospital to another and students **MUST** follow the guidance and advice given at Base Unit and site induction.

Detailed information relating to control of infection, personal hygiene & illness, needle-stick injuries, and blood borne virus infections is available on the Learning Support Environment.

Drug and Alcohol Abuse

Instances of drug or alcohol abuse are taken seriously since these can signal a persistent pattern of behaviour. In the first instance it is essential that students involved in substance abuse, recognise that they have a problem and seek help. Misuse of drugs or alcohol may be associated with underlying anxiety or depression that can be treated. Students are encouraged to talk to their Personal Tutor, the Senior Pastoral Tutor or staff in the Base Unit offices in order to be directed to appropriate support services. The Student Wellbeing Service can also direct students to support services.

<http://www.ncl.ac.uk/students/wellbeing/support/resources/sources.htm>

If abuse is recurrent and persistent, or if a student behaves violently because of alcohol or drug misuse, inside or outside the Medical School, then the student may be deemed to be a risk to patients. In such cases, the student will be subject to University disciplinary procedures which may affect ability to progress, qualify and register with the GMC.

Conduct on Clinical Attachments including SSCs and Electives

During your clinical attachments you are expected to maintain a high standard of behaviour. You must respect patients and their relatives, and conduct yourselves in an appropriate manner in your relationships with medical, nursing and paramedical staff. When working on the wards you must be suitably dressed. Some guidelines on conduct are given below.

Punctuality

You must arrive at all clinics, ward rounds and general practices on time. If late arrival is anticipated please try to inform the relevant teacher or practice in advance. This may be best done by contacting the Base Unit Office and letting them know. In teaching sessions late arrival of students is discourteous and disruptive to other students, and for this reason late-comers may be refused admission to teaching sessions.

Behaviour

You must be courteous to patients and the general public at all times. You should also be considerate to medical, nursing and para-medical staff.

Mobile Phones and tablets

Under no circumstances should mobile phones, tablets or any form of camera be taken into the Dissecting Room. They must be left in padlocked lockers in the changing rooms. Inappropriate use of smartphones, such as taking photographs or videos in the clinical environment is a disciplinary matter and can lead to Fitness to Practise proceedings.

You must familiarise yourself with the full guidance for staff and students on the use of mobile phones and tablet computers in clinical teaching which can be found on the Learning Support Environment. In summary:

- Mobile phones and tablets must normally be switched off before going into any class in any location.
- Mobile phones and tablets must not be taken to examinations or into clinical areas.

Consent Issues on Clinical Attachments

You are referred to the document 'CONSENT Patients and Undergraduate Medical Students: *Consent for Involvement in Teaching / Medical Education*' for detailed information relating to consent issues for undergraduate medical students.

Summary of Consent and Confidentiality Guide: Key Points:

Gaining consent is more about working in partnership with patients, giving them information in a way they can understand, listening and responding to their concerns and preferences, and helping them make decisions about their care. It is more than simply providing information.

- Written information about the presence of medical students should be given to patients in advance wherever possible.
- The information should state the likely role the student(s) may play, including access to notes if appropriate.
- Written information should be supplemented by notices in areas used by the patients.
- Patients should be reminded of the presence and role of students by staff at the time of their clinic appointment or admission.
- Verbal consent should be gained prior to the clinical encounter, ideally by someone other than the student.
- Whilst verbal consent is valid and wholly appropriate for most situations, it may be necessary to gain consent in writing in certain situations, namely where intimate examination is proposed, either with a conscious patient or under anaesthesia.
- Students are encouraged to check with patients that they have consented if they are in any doubt; staff are encouraged to reinforce to students that valid consent has been gained for their participation especially for intimate examination.
- If a patient is unable to give informed consent due to their mental or conscious state, or the physical effects of their problem, agreement should be sought from an associated responsible person if possible.
- For children and young people, informed consent should be sought from an adult who has the legal power to give it; mother, married father, a birth father on whom parental responsibility has been bestowed or a social worker if the child is in the care of the local authority. Verbal agreement is valid and appropriate in

most situations but written consent is mandatory for intimate examination, or when the child is under anaesthetic.

- If it is not possible to gain consent, involving the patient in teaching is still acceptable if the clinician believes it to be appropriate.
- Written consent must be obtained for any recordings or data used for teaching purposes from which the patient can be identified; oral consent, where feasible is sufficient for recordings from which the patient cannot be identified.

See document 'CONSENT Patients and Undergraduate Medical Students: *Consent for Involvement in Teaching / Medical Education*' for detailed information relating to consent issues for undergraduate medical students

Extract from the Institute of Medical Illustrators: Guidance on Consent to Clinical Photography

- Informed consent must always be obtained for any form of audiovisual recording of the patient.
- Informed consent should be obtained by the patient's clinician.
- The photographer must always check that the patient understands what they have consented to.

Full guidance on Making and using Clinical and Healthcare recordings for learning and Teaching can be found on the Institute of Medical Illustrators website at:

<http://www.jiscdigitalmedia.ac.uk/clinical-recordings/>

Entries for the Elective Photograph competition that contain patient images MUST be accompanied by a consent form.

MEDICAL STUDENTS, THE LAW AND CLINICAL ATTACHMENTS

The Medical Act 1983

By virtue of section 47 of the Medical Act 1983, an appointment as a physician, surgeon or other medical officer can only be held by a person fully registered with the General Medical Council. Persons with provisional or limited registration may be deemed to be fully registered to the extent permitted by sub-sections 15(3) and 22 (7) of that Act. Students are excluded from these provisions. Authorities are liable in law for the acts and omissions of students they admit to their premises.

Conditions governing students' clinical work

To ensure that the interests of patients and NHS organisations are safeguarded, the NHS and the GMC have agreed on the conditions under which students may undertake clinical work. All medical, nursing, midwifery, pharmacy and radiography staff, and in particular staff responsible for patient care in units where students will be present, should be familiar with these conditions which must also be fully understood by the students themselves. Medical students working in NHS hospitals are covered for professional risk under the Clinical Negligence Scheme for Trusts as they are considered employees while on placement. The admission of a medical student to the premises of an NHS Trust is subject to the prior approval of that body. Only "bona fide medical students" may have access to patients and take part in any clinical procedure involving patients, including all forms of clinical examination, even under

supervision. Students must be readily identifiable as such, e.g. wear a suitable lapel badge. Students of their responsibilities while on placement which are covered in the GMC document 'Medical students: professional values and fitness to practice [2009]'. The responsibilities set out in this GMC document are also relevant for placements in primary care where the indemnity is held by the individual General Practice.

Students must in no circumstance:

- Initiate, alter or stop the treatment of a patient on their own diagnosis; both diagnosis and treatment must be confirmed by the registered medical practitioner supervising them;
- Prescribe, request radiological examinations or other diagnostic investigations, or order blood to be cross-matched. If students complete an order form for any of these purposes it must then be signed by the registered medical practitioner supervising them before it is executed;
- Take any part in obtaining or witnessing the signature by or on behalf of a patient on a form of consent to treatment;
- Take a history from, examine or undertake a procedure on a patient unless his/her prior informed consent has been obtained. See document 'CONSENT Patients and Undergraduate Medical Students: *Consent for Involvement in Teaching / Medical Education*' for detailed information relating to consent issues for undergraduate medical students.

A student acting in an emergency e.g., a cardiac arrest, has the same rights and responsibilities as any other citizen.

Conditions for medical students on attachment

The consultant to whom the medical student is attached will determine the degree of supervision required, will provide such supervision personally, or will arrange for its provision by one or more identified registered medical practitioners.

Medical Students in General Practice and the Community

Remember that when you are in the community you are acting as an 'ambassador' for the Medical School. In particular, the relationship between a patient, GP, or other primary health care professionals, does not normally include a third party. You are therefore in a privileged position, which requires some sensitivity, for example in dress and behaviour. Make sure you take your stethoscope and diagnostic kit (if you have one) with you.

Patients may ask to be seen without a student being present more often than in a hospital setting, although on the whole people are very happy to contribute to medical education as long as their consent is sought, and their dignity and confidentiality is respected.

All those involved in the teaching have a day's work to do, and may have planned well ahead to fit their routine work around teaching. Furthermore many patients will have given up their own time to attend the surgery for teaching purposes. Please therefore be punctual and if you are unavoidably detained, or are unable to attend,

inform the practice as soon as possible. It is also your responsibility to inform the Base Unit Office if you are absent.

Medical Students and Inappropriate Patients

Although patients are entitled to expect that you will maintain complete confidentiality there may be some patients you encounter where it may not be appropriate for you to be involved in their care and treatment. These may include:

- Members of staff of the Medical School and Hospital Trusts
- Medical Students
- Families of the above

RAISING A CONCERN

Occasionally students may witness an event, or be subject to behaviours, which cause significant concern or distress. Such events may relate to the safety and wellbeing of patients, but may also relate to situations unrelated to patient care. Such events should be reported via the Raising a Concern process in order that they can be formally investigated and appropriate action taken.

The Raising a Concern policy is included as Annex 10.

RESOURCES

The undergraduate MBBS programme is delivered by a partnership comprising Newcastle and Durham Universities and the NHS Trusts of the North East of England. The academic and clinical facilities of the two Universities and their partner acute hospital and mental health NHS Trusts and primary care organisations are used to support your learning.

The overall learning resources strategy is designed to ensure your teaching and learning takes place within the contextual setting most appropriate to your achievement and practice of the learning outcomes (i.e. experience in hospital medicine is gained in hospital, experience in primary care is gained in general practice and other community settings, etc).

In Phase I you are based principally in either Newcastle or at Durham University, Queen's Campus. In Phase II you spend the majority of your time in the various clinical settings of our NHS partners, often in a Clinical Base Unit somewhat distant from either of the two university academic campuses. No matter where you are based, you have reciprocal access to the resources provided by all partner Institutions.

The Learning Support Environment (LSE) is the MBBS bespoke virtual learning environment, which can be accessed at <https://mbbs.ncl.ac.uk/home/>, which provides you with course and administrative information, subject-specific teaching and learning materials. Access to your e-portfolio, assessment results and feedback, evaluation and another form as well as communication tools is all done through the LSE. You will be introduced to the LSE during the Induction week in Stage 1.

Medical School, Newcastle University

The Catherine Cookson and William Leech buildings of the Medical School provide well-equipped teaching accommodation including lecture theatres, seminar rooms/class rooms, science laboratories, computer clusters and the Walton Library. The Ridley Building houses 16 seminar rooms and includes facilities for communication skills teaching and practice. The Anatomy & Clinical Skills Centre (ground floor, Cookson Building) provides an integrated inter-professional teaching area including dissection and clinical skills laboratory. Further information may be found on the MBBS website <http://www.ncl.ac.uk/mbbs/>.

The Walton Library

The Walton Library for Medicine is situated on the 5th floor of the Cookson Building in the Medical School. Books on reading lists are kept in the Student Text Collection and are available for 4 hourly and overnight loan. Extra copies and general loan books are available for 4 week loan. Electronic journals and electronic versions of existing print journals are available to members of the University, and these can be accessed from the main library web pages (www.ncl.ac.uk/library).

The Walton Library offers a range of self-service facilities including self-issue, requesting books on loan, renewing items on loan, photocopying services, and disability access. There are two computing clusters (Linn and Dene) located in the Walton Library offering access to word processing, and other facilities provided by the University Information Systems and Services (ISS). A further cluster (Glen) is a library teaching room and is available as an open access cluster when not in use for teaching. The Tor Cluster also provides PCs at study desks for general use.

Induction to the Walton Library takes place during the Stage 1 induction week. In Semester 1 of Stage 1 the library's Information Skills programme begins with hands-on sessions using the Medline and Embase bibliographic databases. These sessions are tailored to specific curricular needs of the MBBS programme. Help sheets and guides for the library's databases and services are also available electronically from the main library web pages and as printed leaflets at various locations in the library.

Library Contacts:

Medical liaison Team

Medical librarian (Erika Gavillet) Tel: 0191 222 7550

Book renewals (term time) Tel: 0191 222 7713

On-line information access

medliaison@ncl.ac.uk

medliaison@ncl.ac.uk

www.ncl.ac.uk/library

www.ncl.ac.uk/library

The Walton Library is normally open 80 hours per week, and the detailed opening times can be found at www.ncl.ac.uk/library/walton/. Newcastle University currently has a licence with the Copyright Licensing Agency Limited which allows photocopying and scanning, within strict limitations, of books, journals and periodicals. Students are advised that they should familiarise themselves with these limitations prior to undertaking any photocopying or scanning by reading the user guidelines on the Learning Support Environment. Undergraduates may have out on loan at any one time a maximum of 31 items subject to the following limits:

- 20 Long Loan items
- 3 One Week Loan items
- 3 STC 4 Hour/Overnight Loans
- 3 STC Next Day Loans
- 3 Next day journals

Library Services during Stages 3 and 5

Your library membership at Newcastle University remains active throughout your course. However it may not be convenient for you to visit the Walton Library during Stages 3 and 5. For this reason, there are a number of services in place to help you with access to resources remotely.

IN addition, NHS libraries can provide you with borrowing rights, a place to study and access to the internet, however resources and opening hours will vary. For more information on these services, you should contact the hospital or Trust librarian. There is an electronic list of these, *Guide to Medical Learning Resources in the North East and North Cumbria* at: www.ncl.ac.uk/library/walton/nhs/libraries.php

Computing Facilities and Access

Faculty IT Teaching staff, Faculty Learning Technologies staff and the central IT Service provide support for the Information and Communication Technology available within the Faculty buildings.

Computing clusters

Clusters are provided within the Cookson building in the following locations:

- Fell ground floor, 90 PCs, 24 hours
- Pool ground floor, 70 PCs 8.45am to 6pm term time only
- Linn & Dene fifth floor, Walton Library, 50 PCs, Library hours
- Glen & Torr fifth floor, Walton Library, 60 PCs, Library hours
- A number of PCs are also available in the corridor outside the Undergraduate common room

There are also quick access stations available in the main foyer (Cookson Building) and by the Dental Lecture Theatres.

Other clusters are available across campus and as clusters are often busy, you should use the cluster availability displays in the Walton Library and Cookson foyer, also available from m.ncl.ac.uk or via the Newcastle University app for mobile users, to find the nearest available PC. Information for all clusters can be found online at www.ncl.ac.uk/itservice/clusters/

Cluster etiquette

Whilst working within a computing cluster, please remember this is an academic place of work, not an internet café.

- There must be no drinking or eating. Food and drink should be kept off benches, within bags.
- Work quietly and respect that those around you may need to concentrate.
- Turn your mobile phone to silent and conduct all conversations outside of the cluster.
- During busy times unless you are doing academic work you may be asked to leave so someone else can use the facilities.

Failure to comply with these and other cluster rules of use may result in the temporary suspension of your computing account. See www.ncl.ac.uk/itservice/rules/useofitfacilities/ for more information.

Computers are available on a first-come, first-served basis, unless a teaching session is in progress, when you must check the traffic light sign and only enter quietly if the sign is set to orange. Weekly timetables are displayed outside the cluster and you

should check this before entering the cluster to see if teaching is or will be taking place. Information is also available from m.ncl.ac.uk/itservice/ or the NU app.

Printing and scanning

A4 black & white printing is available from all clusters across campus. In the Cookson building, colour A4 printers are available from the Cookson A and B clusters and Walton Library foyer. Specialist printing (larger paper) can be printed from any cluster PC and collected from the Old Library Cluster, 1.57. It is also possible to print to a limited range of printers across campus using RAS (ras.ncl.ac.uk).

An initial printing allocation of £33 is provided, and you can top this up online using a debit or credit card, from <http://www.ncl.ac.uk/itservice/clusters/printing/>. Scanners are located within all clusters.

Software

A range of software is available through the cluster machines. Some specialist software is available through specific clusters only. More information is available from www.ncl.ac.uk/itservice/software/. Student licences are available for most major software, including Microsoft. See information online at www.ncl.ac.uk/itservice/software/licences/ and www.ncl.ac.uk/itservice/software/softwaredeals/student/ before purchasing your own.

Off-campus access

The Remote Application Service (RAS) provides access to the networked drive, email, on-campus browser and a range of applications. It is available online and requires uninterrupted internet access. Students can also use the University network – see www.ncl.ac.uk/itservice/connect/. Web-based e-mail is available from office365.ncl.ac.uk/.

Computing support

Term-time helpdesk support is located within the Fell cluster on Wednesday's from 2pm to 4pm by Faculty IT Teaching staff. Online documentation is also available at fms-itskills.ncl.ac.uk/. Documentation is available online at www.ncl.ac.uk/itservice/ or from the IT Service Desk on extension 85999, email at it.servicedesk@ncl.ac.uk or from Claremont Tower, Reception.

You will be orientated around use of IT and clusters during the Induction week. Course related IT support is provided by the Faculty Digital Skills Development Manager, see <http://fms-itskills.ncl.ac.uk> for details, including via a weekly term time helpdesk within the Fell cluster, Wednesdays 2-4pm, by email or Twitter (see below). Additional support is available from ISS Helpdesk or from Claremont Tower Reception.

Key Computing Contacts and Information Websites

| | | |
|----------------------|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| IT Service Help Desk | (20) 85999 | it.servicedesk@ncl.ac.uk www.ncl.ac.uk/itservice/ |
| IT skills support | (20) 84558 | ITSkills.Support@ncl.ac.uk @FMS IT Skills http://fms-itskills.ncl.ac.uk |

Durham University Queen's Campus (DUQC)

For a more comprehensive overview regarding relevant information on the Library, Computing Facilities and Online Learning Resources available at the Queen's Campus, please refer to the Phase I Medicine Handbook published by Durham University. Queen's Campus, Durham University teaching accommodation including lecture theatres, smaller seminar rooms/classrooms, laboratories and computer rooms. The Anatomy laboratory comprises both 'dry' and 'wet' anatomy, with access to prosected material. There is also a Clinical Skills laboratory and an Information Resource Centre (IRC) which hosts a well-stocked Library and Information Technology Service.

Library Resources at Queen's Campus

Queen's campus library is on level 2 of the Ebsworth Building. For Phase I Medicine, the priority has been to build up textbook stock, providing a mix of single and multiple copies of key texts, including some on short loan periods and electronic books to enhance accessibility. Library resources can be accessed via the University Library's online catalogue and students can use the catalogue to request items that are held in the Durham campus libraries to be delivered to Queen's Campus normally within 2 days. Further information about Library services can be found at <https://www.dur.ac.uk/library/>.

Durham University Library provides access to over 5000 online journal titles in full-text format, including many on biomedical topics. All online library services are readily available at Queen's Campus and most can be accessed off-campus via the Internet. Help in using library facilities is available via the library staff at the service desk or by phone or e-mails. The Liaison Librarian for Medicine, Heather Robb, can provide further advice on finding subject-specific information and also runs course-specific workshops on information skills. Selected subject information is available at www.dur.ac.uk/library/medicine.

Students at Durham can also access resources at the Walton Library at Newcastle Medical School. Stage 1 students will be registered for Newcastle University libraries and IT service by the issuing of a "smart card". The smart card gives the same access rights to library and IT resources as any matriculated undergraduate student at Newcastle University. Access to NHS libraries has also been arranged for Phase I medical students at Durham via an agreement with the County Durham and Tees Valley Health Libraries Alliance.

Computing Facilities and Access

The Computing and Information Services (CIS) provide services in the use of computing and information technology for teaching, learning, research and administrative activities at Durham University. Both networked and wireless facilities are widely available on campus. There are plenty of dedicated computer classrooms available to students, as well as college computer rooms. These have a large range of installed software, including the everyday teaching & learning applications your school will use.

DUO (Durham University Online) is the University's web-based learning environment. It runs the Blackboard software, one of the international leaders in online teaching and learning provision. All students and staff of Durham University have access to DUO with its wide range of tools to support teaching and learning. DUO has been tailored to provide a flexible and user-friendly e-learning platform. It aids teaching

staff to deliver course content in a variety of innovative ways, alongside helping students to learn in an efficient, fun and collaborative manner.

Clinical Base Units and NHS Resources

The four regional Clinical Base Units, each comprise a consortium of three to six general hospitals, work together with the local Mental Health Trust, a number of local General Practices, and other local community, public health and voluntary sector organisations. The 'Base Unit' concept is one in which the academic campuses of the two Universities serve as educational resource centres to support your learning while you spend increasing proportions of your time gaining clinical experience within the constituent partners of your Clinical Base Unit.

For the whole of Stage 3 and Stage 5 you will be attached to a Clinical Base Unit. For each Clinical Base Unit, one Acute Hospital Trust acts as the 'lead'. Overall responsibility for all components of the undergraduate programme delivered in the Base Unit lies with the senior clinical academic appointed within the lead Trust as the Clinical Sub-Dean.

All the major hospital sites have inter-professional Education Centres, typically comprising teaching rooms (lecture theatre, seminar rooms), library, IT and Clinical Skills facilities. While on attachment, you have access to these. Details of the educational, clinical, and social/domestic facilities provided in each hospital may be found on the Learning Resource Environment (Home Page/Support.)

Central University Resources

There are a range of resources offered centrally within the University that are available to support your learning. The resources include:

Writing Development Centre

Support with developing academic writing skills. For more information visit: <http://www.ncl.ac.uk/students/wdc/>

Maths-Aid

Drop in centre providing free and confidential service on all aspects of mathematics and statistics. For more information visit: <http://www.ncl.ac.uk/students/mathsaid/>

The INTO Newcastle In-Sessional English

The INTO Newcastle In-Sessional team can provide information on:

- The University English Language Assessment (UELA)
- Free academic English language classes for Newcastle students whose first language is not English
- One-to-one English language tutorials (where you can meet with a teacher for 25 minutes to discuss specific problems)

The In-Sessional language programme can provide both non-credit-bearing support and credit-bearing modules. Your School will be able to tell you if you need to take a credit-bearing module.

More information about the In-Sessional programme is available from the INTO website: <http://www.ncl.ac.uk/students/insessional/about/insessional.htm>

Health and Safety

For the benefit of all, you are expected to behave in a responsible manner. Smoking is allowed only in designated smoking areas that are clearly marked. Smoking is prohibited in lecture and seminar rooms, corridors, staircases and toilets. Food and drinks are not allowed in lecture theatres, laboratories, computing rooms or during examinations. (Students with health problems, e.g. diabetes, should obtain a Medical Certificate from their General Practitioner or the University Medical Practice and see their Tutor about exemption from this restriction.)

The University, through its risk assessments, aims to ensure that this is a safe place for students to study and undertake research. Students and others must comply with the University's arrangements for safety and occupational health which are set out in the University Safety Policy (<http://www.ncl.ac.uk/ohss/about/policy.htm>) and the respective school safety policies. It is especially important that the University fire safety rules are complied with, as these are in place in order to protect lives.

There are additional specific policy supplements and guidance available on the University Occupational Health and Safety Service website: <http://www.ncl.ac.uk/ohss/>.

Assistance can be obtained from Medical Student Office and/or the Base Unit Offices on all safety and occupational health issues and ensure you are familiar with and comply with Health and Safety policies of the School of Medical Education, Acute Hospital Trusts, General Practices and any other organisation in which you will undertake your medical studies. For example, Occupational injuries (e.g. needlestick incidents, back injuries, any other injury sustained at work) should be reported immediately to staff in the Medical School or Base Unit and an incident form completed.

Assistance can be obtained from the school safety officers on all safety and occupational health issues and, if necessary, from the University Occupational Health and Safety Service. Failure to comply with the University Safety Policy is a disciplinary matter. For some high hazard work, students may be expressly required by law to undertake training which is provided by the University Safety Office.

Emergency Telephone Numbers
FIRE: 6666 or 9-999
POLICE: 6666 or 9-999
UNIVERSITY SECURITY STAFF: 86817

STUDENT AMENITIES

Within the Medical School, when not booked for teaching, the seminar/class rooms are available for private study. These rooms should be booked in advance by e-mailing room-bookings@ncl.ac.uk.

The 'Dental Bites' refectory is situated on the ground floor of the Dental School

(outside the entrance to the lecture theatre block). The Forum Cafe is located in the Baddiley-Clark building a short walk from the main entrance to the Medical School. Other catering facilities are available on the main University campus and there are also a number of cafes in the Royal Victoria Infirmary.

There is a Student Common Room (ground floor of the Cookson Building) which is for use by all undergraduate students in the faculty.

Details of the full range of student amenities provided by the two Universities can be found at www.ncl.ac.uk (Newcastle) and www.dur.ac.uk/Stockton (DUQC).

BEYOND GRADUATION

Provisional registration with the GMC

Those of you who successfully complete the medical degree programme are automatically entitled to provisional registration to practice by the GMC. Completion rates throughout the medical programme are very high with typically 95% of students enrolled progressing/qualifying each year.

Foundation Applications, Educational Performance Measure (EPM) and Situational Judgement Tests (SJT)

Foundation Programme Applications will have a maximum score of 100 points and will consist of two components:

- Educational Performance Measure (EPM): 50 points maximum
- Situational Judgement Test (SJT): 50 points maximum

The EPM is a measure of clinical and non-clinical skills, knowledge and performance up to the point of application to the Foundation Programme. All applicants to the Foundation Programme, including the Academic Foundation Programme, will be awarded an EPM score. The EPM comprises two parts:

- Medical School performance (calculated in deciles)
- Other Educational Achievements

For the Medical School Performance component, the Medical School is required to indicate into which decile of their year group each student falls. Full details of how this ranking is derived from the outcomes of selected assessments in Stages 1,2 3 and 4 can be found on the Learning Support Environment.

For further details about EPM and SJT refer to the Foundation Programme Applicant's Handbook <http://www.foundationprogramme.nhs.uk/pages/home/keydocs>

Careers

It is very important that medical students have access to good support and information to aid them in making the right choice of career path. We have developed an integrated approach to careers guidance and development as part of the Patients, Doctors and Society strand. This is based around four areas; information, support,

reflection and self-awareness.

In Stages 1 and 2 there are introductory lectures on career structure and career management. In Stage 3 there is a further lecture and the opportunity to reflect on career thoughts through an interactive seminar.. At the beginning of Stage 4 there is a half day programme on postgraduate career structure and the applications process for the Foundation Schools. Near the end of Stage 4 there is a two day Careers Event with representation by the major specialty areas including a series of presentations and interactive sessions. In Stage 5 there is an update on the Foundation applications process, as well as further opportunities for individual and small group reflection through a seminar.

There is a section of the e-portfolio that is given over to career management. A basic discussion on early career thoughts forms part of the annual appraisal at the beginning of Stage 4. There is a list of useful websites and books on the LSE careers page. In addition, if you should have a particular factual query about a specialty that is not answered elsewhere, you can e-mail the specialty co-ordinator via the list on the LSE careers page.

Other sources of advice include the local branch of the BMA and the University's Careers Advisory Service. In addition to one to one advice, they welcome medical students to any of their lunchtime workshops which cover areas such as preparation of CV's, applications, interviews. These are delivered throughout the year and details can be found on their website: <http://www.ncl.ac.uk/careers/>

If you are considering a career in academic medicine or research you should speak to the appropriate Head of School in the Medical School.

The Postgraduate Deans are especially versed in helping with career choice, and also have a wide advisory network on which to call; in addition to the Clinical Tutors there are College Regional Advisers, College (Specialty) Tutors, Chairmen of specialty Education Committees, colleagues in the Medical School, the Regional Health Authority, general practitioners and hospital consultants. It is not difficult to plug you into the educational network.

Further specialist help is available if necessary from:

- Dr Richard Price, Careers Lead (richard.price@ncl.ac.uk)
- University Careers Service

Foundation Programme Health Education North East

Health Education North East manages the delivery of high-quality education and training to around 4000 junior doctors and dentists in the region. It offers career counselling and advice about the many specialities in medicine and dentistry. It is also able to help trainee doctors with ill health and other problems.

The Head of the Northern Foundation School is Dr Jon Scott

For all queries please approach the following in the first instance:
Mrs Gemma Crackett, NDFS Business Manager 0191 2754693, email:
gemma.crackett@ne.hee.nhs.uk

Waterfront 4
Goldcrest Way
Newcastle upon Tyne
NE15 8NY

Telephone: 0191 2754708

E-mail: foundationprogramme@ne.hee.nhs.uk

<http://www.northerndeanery.nhs.uk/NorthernDeanery/>

See:

[www.northerndeanery.nhs.uk/NorthernDeanery/foundation/foundation/foundation/fou
ndation/foundation/foundation/meet-the-team](http://www.northerndeanery.nhs.uk/NorthernDeanery/foundation/foundation/foundation/foundation/foundation/foundation/foundation/meet-the-team)

Responsibilities of the team:

- co-ordinates the Foundation Programme Applications Process
- co-ordinates the Shadowing Process
- facilitates the GMC provisional and full registration process
- monitors the quality of programmes
- provides policy, support and advice regarding any doctor experiencing difficulty in their training

The General Practice Vocational Training Scheme

[http://www.northerndeanery.nhs.uk/NorthernDeanery/deans-office/careers/careers-
advice-section/applying-to-specialty-training-gp-vocational-training-scheme](http://www.northerndeanery.nhs.uk/NorthernDeanery/deans-office/careers/careers-advice-section/applying-to-specialty-training-gp-vocational-training-scheme)

Visa and Immigration Rules Post Graduation

For advice on student visas and guidance on student visa renewal, please contact the University Visa Advisers by email on visa@ncl.ac.uk; see www.ncl.ac.uk/student-progress/visa/

For information about visas and Foundation Training see the Foundation Programme Website <http://www.foundationprogramme.nhs.uk/pages/home/Tier-4-Visas>

For information about specialty training see the MMC website, www.mmc.nhs.uk and www.healthcareers.nhs.uk

Information in relation to the immigration rules and eligibility to apply for Foundation and Specialty training can be found in 'Beyond Graduation'.

Advice on Points Based Immigration and visa queries is available from the University Visa Officer, e-mail visa@ncl.ac.uk see also www.ncl.ac.uk/students/progress/visa/.

The international student handbook can be found at <http://www.ncl.ac.uk/international/about/download.htm>

United States Medical Licensing Examinations (USMLE)

Each year a small number of our undergraduate medical students (as well as previous graduates) choose to sit the United States Medical Licensing Examinations (USMLE).

Having reviewed the USMLE examination content and format it is our strong recommendation to our undergraduates not to attempt these exams until they are ready to sit the Stage 5 Final examinations as we feel there would be a strong possibility of failure otherwise.

Therefore the very earliest point we would normally be willing to provide the necessary confirmation of status to the ECMFG would be when a student had completed the Semester 1 examinations in Stage 4.

OTHER IMPORTANT INFORMATION

Notices, Messages and e-mail

E-mail is the primary mode of communication between Tutors and tutees, staff and students, students and students, and the Medical Student Office/Base Unit Office and students. You must ensure that your inbox is not over its limit as this could prevent you from receiving vital communication, e.g. change of venue for examinations. The Medical Student Office will only communicate with you using your Newcastle e-mail address and so you must continue to check it even if you also have a private e-mail account. E-mail addresses can be used to receive messages from sources external to the campus.

Please remember that e-mail is an alternative means of communication to writing a letter or telephoning and the way your e-mail is written should reflect this. Clear and appropriate language should always be used.

The Learning Support Environment (LSE) is a valuable resource for information regarding the course, your timetable, assessment information, Staff/Student Committees, course evaluation, National Student Satisfaction Survey, student discussion forums and information regarding Base Units.

All Stage pass lists are posted on the LSE and on the MBBS Stage Notice Boards on the main corridor leading from the Medical School to the RVI. Where space allows, the notice boards located in the Undergraduate Common Room are used to advertise social events, student elections, accommodation available and wanted, books and property for sale, and by the various Clubs.

Information booklets are available in the Reception area of the Medical Student Office which is where you can also view maps of the region and Trust locations. The Learning Resource Centre in each Base Unit has its own notice board giving information on services, courses, practical classes, arrangements for support etc. Local arrangements, for those attached to a Clinical Base Unit, will be provided by Base Unit Offices and will be posted on the Learning Support Environment.

Social Media

From the 1st September 2015 the Medical Student Office will be introducing a Facebook 'page' as an additional means of communication between all registered undergraduate medical students and staff involved in the programme. The Facebook 'page' is a public page and has been implemented to allow students to access course information and opportunities through social media.

The page is named: '**Newcastle University - Medical Student Office**' and can be found using the Facebook search function.

If a student does choose to subscribe to this public page, it will not mean that their own personal Facebook account will be linked to University staff and student accounts. Personal information on individual Facebook pages will not be accessible to members of the Newcastle University - Medical Student Office page.

Students who do not wish to engage with social media - or do not wish to subscribe to this page - will not be disadvantaged if they choose not to subscribe to the Medical Student Office Facebook page. The primary means of communicating course information and important messages will continue to be email and the Learning Support Environment (LSE). The Facebook page is intended to provide an alternative method for students to access information and messages during the course of the programme, not to replace existing communication methods.

Students are reminded of their professional responsibilities as a medical student. The General Medical Council has published guidance surrounding the use of social media by doctors and medical students. This can be found at: http://www.gmc-uk.org/Doctors_use_of_social_media.pdf 51448306.pdf and http://www.gmc-uk.org/guidance/ethical_guidance/21186.asp. The University also has a policy on the use of social media. This can be found at: <http://www.ncl.ac.uk/info/socialmedia/socialguidelines.html>.

Information for International Students

International students must have their passport/visa checked at the start of each academic year. From Monday 3 August students can do this at Student Services in King's Gate anytime during normal opening hours. During the main Registration period students will be directed to the id checking stations in the King's Road Centre (between 23 September and 1 October).

The Home Office regulations stipulate that Universities sponsoring international students for a Tier 4 visa must monitor their attendance. Unsatisfactory attendance must be reported to the Home Office. Information on how attendance will be monitored by Base Units in order to fulfil this obligation to the Home Office will be advised by individual Base Unit Offices.

For advice on student visas and guidance on student visa renewal, please contact the University Visa Advisers by email on visa@ncl.ac.uk see www.ncl.ac.uk/students/progress/visa

Student Achievements

The School is aware that students sometimes have significant achievements, for example winning an external prize or bursary, presenting a poster at a conference etc. etc. We would strongly encourage students to let us know of such achievements so that we can duly record them on your student record and congratulate your success! A form to 'report an achievement' is available on the LSE.

Newcastle Medical and Dental Students' Council (NMDSC)

All medical students belong to the Newcastle Medical and Dental Students' Council. The Council is active in a wide range of social and academic activities, including welfare and student representation, providing student input to curriculum development, charity work, Medical sports, organising events, e.g. Fresher's events.

Student Societies

There are an appreciable number of student societies that you may wish to join. For an A-Z of societies, see the Student Union website at <http://www.nusu.co.uk/activities/societies/a-z/>

Charities and Prizes

Information relating to charities and prizes can be found on the Learning Support Environment. (course support/academic prizes)

Financial Assistance

There are a number of sources of extra financial assistance available for students at Newcastle University see www.ncl.ac.uk/undergraduate/finance/. Information about the University Bursary Scheme can be found at <http://www.ncl.ac.uk/undergraduate/finance/scholarships/> Financial support information for international students and non UK EU students can be found at www.ncl.ac.uk/students/wellbeing/finance/funding/nonukstudents/

The CIA Roberts Bursary and Enid Linder Bursary Schemes

The bursaries can assist medical students in case of severe financial hardship. Applications are invited at any time during the academic year. Applications are managed by the University Student Wellbeing Service and applications should be submitted using the Student Financial Support Fund Form which can be found at <http://www.ncl.ac.uk/students/wellbeing/finance/funding/ukstudents/hardship>

Student Travel Fund

Students receive a set amount of money as a contribution towards their cost of travel around the regional Medical School in Stages 3 and 5. There are also schemes to contribute towards actual travel costs incurred during Stages 1,2 and 4. Further information is available in the relevant Stage Handbook. **Travel to Conferences**

A small fund is available within the School of Medical Education to assist students with the costs associated with travel to conferences. Application forms and further details can be found on the LSE (course support/bursaries/funding opportunities)

Additional Costs for Students

The Medical School does not cover the cost of fees, medication, travel, living costs or accommodation for the Elective period of study. However, there are a number of Medical School bursaries as well as National and charity funds through which students can apply for a contribution towards the cost of the Elective.

NHS Bursary Scheme

Medical students may be entitled to claim a Bursary from the NHS to help towards their study whilst at Medical School. Further information can be found at the NHS Business Services www.nhsbsa.nhs.uk/Students.aspx and at <http://www.ncl.ac.uk/students/wellbeing/finance/funding/ukstudents/nhs.htm>. If you apply for NHS fees support, you should seek advice regarding the impact on your student loan from your loan company.

Medical Student Indemnity

The Medical School requires all medical students join an organisation that provides medical indemnity such as the Medical Defence Union or the Medical Protection Society. There is no fee for student members. This is especially important for students in General Practice and on electives. These organisations will be invited to attend events at the Medical School but they can also be contacted www.themdu.com and www.medicalprotection.org/uk.

Community Visits

You should always make community visits (e.g. Family Study visits) in pairs unless special permission has been given, by the tutor, for an individual visit. Wherever possible visits should take place during the hours of daylight. If you feel in anyway threatened or insecure, the visit should be abandoned immediately and a report made to your GP tutor as soon as possible. You must note that any information collected must be treated in confidence.

Entering and Exiting Lecture Theatres

You are required to follow the one-way system as indicated by the green signs for both entering and exiting the lectures theatres.

Dissecting Room

The Dissecting Room is a restricted area. If you require access to the room outside timetabled teaching you must report to the Technicians' Office. No visitors are to be taken into the Dissecting Room without the permission of the Director of Anatomy & Clinical Skills. **You are required to treat human remains with respect at all times.** Clean white coats must be worn at all times. Cadavers must be sprayed and properly covered at the end of each session and dissected material from boxes must be replaced. Used gloves should be placed in the waste bins provided, not in the plastic bins provided for human material. Used scalpel blades must be placed in the sharps boxes provided.

Food or drink is not permitted in the Dissecting Room.

Photography is strictly forbidden and will result in disciplinary action. Mobile phones are **NOT** to be taken in to the Dissecting Room confidentially.

Dress Code, Smartcards, Name Badges and ID

Each Trust has a Dress Code that all staff and students are required to follow. The policy takes into account compliance with infection control standards and health and safety requirements, as well as the need for staff to portray a professional image to all users in its services, whether they are patients, visitors, clients or colleagues at work. Be aware that these policies do vary slightly between the Trusts. Always ensure you are following the policy that applies to the particular hospital or site that you are based in. The list below is offered as very general guidance but is by no means exhaustive:

- no white coats

- hair tied back
- bare below the elbows (wrist watches, bracelets or rings other than a wedding band)
- no necklaces or chains
- one pair of stud earrings only
- no facial jewellery
- no ties
- no bare midriffs
- no low cut tops
- no visible tattoos

It is not considered appropriate when coming into contact with the public/patients to wear denim jeans, unacceptably tight or revealing clothing, leggings or clothing bearing unacceptable slogans. Trainers are not permitted and for safety reasons, you should wear clean, sensible footwear. Hair should not be brightly dyed. Name labels must be worn in hospitals. On a clinical attachment the final arbiter of appropriate dress will be the clinician in charge. Students may be asked to leave the ward/clinic if they are not considered to be suitably dressed. Further guidance on Dress Codes and Policies will be provided by Base Units.

University Smart Cards are issued at Registration in Stage 1 and students are required to wear their Smart Card whilst within the Medical School. You must also wear your Smart Card whilst on clinical placement, where you may also be issued with an NHS Trust card. The wearing of Smart Cards is a security measure, and you may be challenged if you fail to do so. Within the Medical School, Smart Card readers are installed on every floor. Consequently you will need your smart card if you wish to move freely within the building or gain access to the Library.

Jury Service

If you are called up for jury service you should contact the Medical Student Office to obtain a letter from the Degree Programme Director to request discretionary excusal.

Personal Property

You are not permitted to take bags, coats and other personal items into laboratory classes and the dissecting room. The Faculty of Medical Sciences has provided a number of lockers which can be used for the temporary storage of personal items while you are in the building. It is not the policy of the Faculty to provide a permanent, personal storage locker for each student, but rather to provide flexible locker space which can be used by all students as required. These lockers are located within the Undergraduate Common Room, in the changing area adjacent to the Dissecting Room and in the cloakroom adjacent to laboratories A and B. The lockers are either coin operated (labs A and B) or require you to provide a small padlock to secure them (DR and Common Room). It is not intended that the lockers should be used as a long term storage space for your personal items and if lockers are left locked or padlocked overnight there is a possibility that they will be opened and the contents removed. You are responsible for your own belongings when on clinical attachments and should arrange insurance accordingly. If you store property in the Medical School, you do so at your own risk.

ADDITIONAL UNIVERSITY CONTACT INFORMATION

Chaplaincy

The Chaplaincy is a team of chaplains working together, appointed by faith communities, recognised by the University and affiliated with the Student Wellbeing Service. The Chaplaincy is committed to working with students and staff of different faiths (and those of no faith) and to making the University a place of religious tolerance and respect.

Location: 19/20 Windsor Terrace

Telephone: 0191 208 6341

Email: chaplaincy@ncl.ac.uk

Website: <http://www.ncl.ac.uk/students/chaplaincy/>

Newcastle University IT Service (NUIT) – The University’s Central Computing Service

NUIT provides the University’s IT infrastructure (networks, servers, etc.) and provides most of the computer services used by staff and students (systems, software and computers for students)

Location of IT Service Desk: Old Library cluster (Monday to Friday 9-5)

Telephone: 0191 208 5999

Email: it.servicedesk@ncl.ac.uk

Website: <http://www.ncl.ac.uk/itservice/>

International Office

The International Office provides information and advice on:

- Newcastle programmes and how to apply
- English language requirements
- The equivalence of overseas qualifications
- Erasmus/Study Abroad information
- Finance and Funding

It also provides an orientation welcome programme and airport collection service.

Location: King’s Gate

Telephone: 0191 208 3333

Website: <http://www.ncl.ac.uk/international/>

Language Resource Centre

The Language Resource Centre provides materials and facilities for the research, learning, teaching and practise of over 50 foreign languages and is available to all students and staff of the University.

Location: Old Library Building

Telephone: 0191 208 7490

Email: language.resource@ncl.ac.uk

Website: <http://www.ncl.ac.uk/langcen/>

Nightline

Nightline is the confidential listening and information service run for students by students.

Telephone: 0191 261 2905 (8 p.m. to 8 a.m.)

Website: <http://www.nusu.co.uk/welfare/nightline/>

Students' Union

Location: Students' Union, King's Walk

Telephone: 0191 239 3900

Email: student.union@ncl.ac.uk

Website: <http://www.nusu.co.uk/>

ANNEX 1: KEY CONTACTS

FACULTY

| | | |
|-----------------------------------------------------------------------------|-----------------|---------------------------------------------------------------------------------------------------------------------------------------|
| Pro-Vice Chancellor of Medical Sciences | Prof CP Day | Dean-of-Medicine@ncl.ac.uk Tel PA: 0191 208 6755 |
| Dean of Undergraduate Studies | Prof JE Calvert | Jane.Calvert@ncl.ac.uk Tel PA: 0191 208 4560 |
| Head of School of Medical Education | Prof PM Bradley | Philip.bradley@ncl.ac.uk Tel: 0191 208 5019 |
| Deputy Head of School of Medical Education & MBBS Degree Programme Director | Dr DJ Kennedy | David.Kennedy@ncl.ac.uk Tel: 0191 208 6971 |
| Director of Medical Studies | Dr S Jones | Steve.Jones@ncl.ac.uk Tel: 0191 208 3991 |
| Deputy Director of Medical Studies (Engagement) | Dr A Myers | Andrea.myers@ncl.ac.uk 0191 2087005 |
| Clinical Sub-Dean for Northumbria Base Unit | Dr R Thomson | Richard.Thomson@northumbria-healthcare.nhs.uk Tel: 0191 2934022 |
| Clinical Sub-Dean for Tyne Base Unit | Dr R Frearson | Richard.Frearson@nuth.nhs.uk Tel: 01912824579 |
| Clinical Sub-Dean for Wear Base Unit | Dr A Mellon | Andrew.mellon@chsft.nhs.uk Tel: 0191 5410129 |
| Clinical Sub-Dean for Tees Base Unit | Dr D Johnson | Dominic.johnson@ncl.ac.uk Tel: 01642 850850 |
| Sub-Dean for Primary and Community Care | Dr H Alberti | Hugh.alberti@ncl.ac.uk |
| Sub-Dean for Assessment | Prof B Lunn | Brian.lunn@ncl.ac.uk Tel: 0191 208 7037 |
| Sub-Dean for Admissions | Dr P Paes | Paul.Paes@northumbria-healthcare.nhs.uk Tel: 0191 2934022 |
| Course Director, Student Selected Components | Mrs C Emmerson | Catherine.Emmerson@chsft.nhs.uk Tel: 0191 5656256 |
| Electives Sub-Convenor | Dr M Schmid | Matthias.Schmid@ncl.ac.uk Tel: 0191 2088116 |

SUPPORT STAFF

| | | |
|---------------------------------------------------------------------------------|--------------------------|---------------------------------------------------------------------------------------------------------|
| Medical Student Office Reception | | mbbs-support@ncl.ac.uk Tel: 0191 208 7005 |
| Accelerated Programme enquiries | Miss E Major | Emma.major@ncl.ac.uk Tel: 0191 208 8402 |
| Assessment queries | Mr C Newton | carl.newton@ncl.ac.uk Tel: 0191 208 5396 |
| Base Unit Allocation | Ms T Smeaton | Trudy.smeaton@ncl.ac.uk Tel: 0191 208 8091 |
| DBS enquiries | Mrs G Lord | Gill.lord@ncl.ac.uk Tel: 0191 208 8116 |
| Electives | Mrs G Lord/Miss S Saleem | medical.electives@ncl.ac.uk Tel: 0191 208 8116/8402 |
| GP placements and visits Hospital visits | Miss L Elmslie | Lindsay.elmslie@ncl.ac.uk 0191 208 4555 |
| Intercalation | Ms J Phillipson | Julia.phillipson@ncl.ac.uk Tel: 0191 208 6582 |
| Learning Support Environment and ReCap | Mr R Sampson | Rob.sampson@ncl.ac.uk Tel: 0191 2086771 |
| NHS Bursaries | Mrs N Dunn | Nicola.dunn@ncl.ac.uk Tel: 0191 208 7022 |
| PA to Director of Medical Studies & Degree Programme Director | Ms J Phillipson | Julia.phillipson@ncl.ac.uk Tel: 0191 208 6582 |
| Pastoral Support - appointments with Ms Helen Maitland or a Curriculum Officer. | Miss E Major | Emma.major@ncl.ac.uk Tel: 0191 208 8402 |
| Prizes | Miss R Thompson | Rebekah.thompson@ncl.ac.uk el: 0191 2085160 |
| Student Selected Components | Miss C Atkinson | Christine.Atkinson@ncl.ac.uk Tel: 0191 208 6758 |
| Timetable | Mr R Sampson | Rob.sampson@ncl.ac.uk Tel: 0191 2086771 |
| Travel bursaries | Mr R Sampson | Rob.sampson@ncl.ac.uk Tel: 0191 2086771 |

ANNEX 2: ATTENDANCE AND REPORTING ABSENCE

Background

Attendance at all learning and teaching events is expected. Your attendance at compulsory components of Phase I (all small group sessions, practicals, seminars, Inductions and Student Support sessions) and at all clinical components of Phase II is monitored. Consistent poor attendance is taken to reflect an unsatisfactory professional attitude which may result University Progress Regulations being enacted and/or failing academically in the Professional Behaviour domain of assessment.

You are required to arrive punctually for all teaching in the Medical School and clinical settings. In teaching sessions, late arrival is discourteous and disruptive to your fellow students and the lecturer and for this reason late-comers may be refused admission to teaching sessions and such behaviour reported to the Medical School via completion of a Professionalism Issue Notice form.

It is particularly important that all international students attend their classes or notify the school of any absence. The University is required to report international students who stop attending to the Home Office and this could therefore affect your visa.

See <http://www.ncl.ac.uk/students/progress/Regulations/SPS/Attendance/> for more information on University attendance requirements

Policy

This policy is to outline how attendance will be monitored, recorded and acted upon within the MBBS programme.

Absences can be either authorised or unauthorised in nature. Students must inform the Medical School/Base Unit in relation to sickness absence prior to 10am on the day of the illness. If a student becomes unwell during the day they must inform the Medical School/Base Unit before leaving to go home. In accordance with University policy, students can self-certify up to 7 days of absence and can also request leave for various reasons including attendance at conferences, bereavement/funerals, health care appointments, maternity leave, sporting commitments etc. Authorisation for such leave is requested by students via a leave of absence request from available via the LSE.

University Regulation A4 states: *"Students are, except for absence with good cause, expected to attend all elements of their programme of study, including lectures, seminars, tutorials, practicals, laboratory work, language classes, performances, fieldwork and examinations"*

The Medical School is happy to consider each leave of absence/notice of absence application on its own merit and with as much flexibility as is reasonable within University guidelines. However, the history of other absences will be taken into consideration when an application is made and a plan to remediate absence may be required.

Although circumstances will vary, the following examples are often regarded as **authorised** if promptly reported and there is supporting evidence:

- a period of sickness for which there is a self-certification (up to 7 calendar days) or a medical certificate which has been reported appropriately.
- a short period away from the University to deal with an unavoidable and unscheduled personal matters, such as a family bereavement.
- Curricular related activity authorised by the Degree Programme Director

Normally, absence would be deemed **unauthorised** for the following reasons:

- additional holiday
- attend family celebrations
- attend religious festivals
- attend sporting events
- obtain early flights to save expense
- attend any extra-curricular activity
- not reporting sickness absence appropriately

By "authorising" leave, the Medical School is advising students that by taking this leave we do not feel that there is a particular educational risk at the point in time it is authorised, provided the student takes appropriate steps to remediate the work missed. Where leave is authorised leave, the Medical School/Base Unit is not obliged to provide additional sessions to catch up.

By not "authorising" leave we are advising students that they take the time at their own risk in the full knowledge of what they will need to achieve educationally. Students need to understand that 'unauthorised leave', which impacts on patient safety or patient experience or which the Medical School feels puts the student's progression at significant risk, can result in a recommendation or requirement for an interruption to studies. Repeated periods of 'unauthorised leave' may therefore be considered under assessment of Professional Behaviour, University Progress regulations and/or Fitness to Practise.

Process

Where possible, students must give the Medical School advanced notice of any planned absence. Consent may not be given if students do not provide sufficient notice.

When notifying the Medical School of absence or requesting a leave of absence, students should complete the leave of absence request form available on the LSE. Students should indicate on that form the teaching events they will miss and must indicate how missed learning opportunities will be remediated. Supporting medical or other evidence in relation to a period of leave must be submitted to the Medical School office. All absence, authorised or not, will be recorded against the students' record. In considering whether a leave can be 'authorised' the Medical School will review the students' record of attendance, as well as considering the impact on educational experience and possibility for remediation.

In order to progress satisfactorily from one Stage to the next, a student must demonstrate sufficient engagement with the MBBS programme.

Unauthorised absence

'Unauthorised leave' will be considered as part of the Professionalism assessment (rotation assessment or professionalism monitoring). Sufficient concern in relation to a students' professional conduct and behaviour may cause them to fail academically.

If a student accrues 5 days of 'unauthorised leave' in any academic year, they will be required to meet a Curriculum Officer, the situation explained, remediation plan put in place, a warning issued and further monitoring may be required.

If a student accrues 10 days of 'unauthorised leave' in any academic year, they may be deemed not to have met the professional expectations of being a Medical Student and required to repeat the year of study as a resit under University Progress Regulations.

Threshold for intervention in relation to absence (combined authorised and unauthorised leave)

If a student accrues 5 days of absence (single period or over several periods of absence) in any academic year, they will be required to meet a Curriculum Officer, discuss their absence and, if necessary, 'draw up' a remediation plan for the time missed.

If a student accrues 10 days of absence in any academic year, they will be required to meet the Degree Programme Director or delegated Curriculum Officer. If the absences are a result of ill health, an Occupational Health referral may be required. A remediation plan will be drawn up to ensure the time missed is remediated.. The University Fitness to Study process may be enacted if it is likely adjustments to a students' learning is required or further absence is likely.

If a student accrues more than 20 days of absence in any academic year, it may not be possible to remediate the learning experience and the student will be required to take the remainder of the year as leave of absence without academic failure. Where it is not possible to remediate time missed, a student would be required to repeat the year in full without it being considered as a resit.

Remediation

The Medical School will strive to be as flexible as possible in relation to the amount of cumulative leave a student can have and still complete the academic year. However, this may mean a student would be required to utilise reading weeks, evenings, weekends, vacation periods and/or assessment periods. Remediation will normally be completed after the period of absence at which point, the exact number of sessions, and content of those sessions, missed are known.

Long term leave of absence

There are occasions when students find it necessary to take a prolonged leave of absence from the programme. If this should be the case you are normally required to meet with the Degree Programme Director to discuss the situation and to consider, where appropriate, a provisional date of return to the programme. However, you will not normally be permitted to return to the programme except at the beginning of the appropriate Stage. The Degree Programme Director will communicate in writing the outcome of the meeting, and this will be followed up approximately 3 months prior to

the planned return to study date.

Occupational health service provision for the School is delivered by the Occupational Health Service Worklife & Wellbeing Centre, Campus for Ageing and Vitality, Newcastle upon Tyne Hospitals Foundation Trust. If you have taken a long-term leave of absence through ill health, you will be asked to provide certification from your medical practitioner that you are fit to return to the course. This will be assessed by Occupational Health and it may also be necessary for you to meet with them prior to your return to confirm your status and to ensure you are fully supported. It is normal practice in the School for students who have had a long-term leave of absence from the programme for reasons of ill health to be considered by the Fitness to Practise Committee before being re-admitted to the MBBS programme.

The role of the Fitness to Practise Committee is to consider cases of student health and conduct which may affect the student's ability or suitability to continue on the MBBS course at Newcastle [or Durham] and/or ultimately affect their professional fitness to practise. The Committee will seek to assure itself that you are ready to return to the programme and will either make recommendations on the timing and arrangements for your return, or recommend a further leave of absence. Ultimately the Committee has the power to terminate a student's studies; however, this has only happened on rare occasions and only when there are substantial concerns about the student's fitness to practise medicine. The Fitness to Practise Procedure can be found at <http://www.ncl.ac.uk/students/progress/Regulations/SPS/fitness.htm> You should refer to the Policy for Students returning from a leave of absence on the Learning Support Environment (Support/Course Support/Policies).

ANNEX 3: LEARNING AGREEMENT

NEWCASTLE UNIVERSITY SCHOOL OF MEDICAL EDUCATION Learning Agreement for MBBS: 2015/2016

This agreement seeks to draw your attention to certain issues which the Medical School believes are fundamental to ensuring that the graduates it produces are aware of their responsibilities to themselves, the public in general and their patients in particular. Although **not intended to be** legally binding, compliance with this agreement will also protect you as a medical student. Please read this Learning Agreement carefully and complete the declaration at the end.

University Regulations:

The Learning Agreement for MBBS students is in addition to **The University Student Charter** and the **University Regulations and Procedures** that all Newcastle University students are required to adhere to.

- A. **The University Student Charter:** www.ncl.ac.uk/pre-arrival/regulations/charter.htm
- B. **The University Regulations and Procedures:** www.ncl.ac.uk/pre-arrival/regulations/
- C. **Fitness to Study:** www.ncl.ac.uk/students/progress/Regulations/SPS/f2s.htm

Guidance and Requirements specifically for MBBS Students:

During your medical training, the University and GMC require you to adhere to the principles informed by three key documents which are:

1. Tomorrow's Doctors 2009: http://www.gmc-uk.org/education/undergraduate/tomorrows_doctors_2009.asp
2. Good Medical Practice 2013: www.gmc-uk.org/guidance/good_medical_practice.asp
3. Medical Students: professional values and fitness to practise: www.gmc-uk.org/education/undergraduate/professional_behaviour.asp.

As a medical student it is essential that you familiarise yourself with the content of these documents and adhere to the principles contained therein at all times.

Useful resources:

1. GMC interactive website; [Medical students: professional values in action](http://www.gmc-uk.org/static/media/Medical_Students/index.html) brings to life the principles in *Medical students: professional values and fitness to practise*. www.gmc-uk.org/static/media/Medical_Students/index.html
2. GMC podcast on 'Professionalism' at www.gmc-uk.org/information_for_you/5837.asp
3. BMA; Studying Medicine. <http://bma.org.uk/developing-your-career/medical-student>

The General Medical Council (GMC) is the regulatory body for the medical profession, and has an obligation to maintain the standards which the public have a right to expect of doctors. The GMC require that all students must be **fit to practise** and must meet the standards of competence, care and conduct set out in its statement of principles on **Good Medical Practice**. Failure to demonstrate these may result in a student not being permitted to progress from one Stage to the next, irrespective of their academic achievements. In particular, all doctors have a duty to protect all patients from risk. Students will be required to undertake clinical tasks for the practice of clinical medicine; inability to do this will cast serious doubt on a student's suitability to practise. Any student who is deemed by the **Faculty Fitness**

to Practise Committee not fit to practise these skills, will not be able to continue their studies in Medicine. Should this happen, students will be advised of the options open to them.

The Medical School has an overriding duty of care to the public and a responsibility for our students' welfare.

Responsibilities

of Medical Students

of the Medical School

A. Conduct

- 1) to be honest and trustworthy and to act with integrity (probity)
- 2) to ensure that the patient understands you are a Medical Student (and not a qualified doctor) by introducing yourself/being introduced appropriately i.e. as a Medical Student and not, for example, as a Student Doctor. Also ensuring that the patient consents to a Medical Student being involved in their care. (Under Section 49 of the Medical Act 1983, it is an offence for persons who are not registered as medical practitioners to pretend to be qualified doctors.)
- 3) to respect without prejudice the values and opinions of patients, their friends and relatives, and colleagues of all grades and professional groups
- 4) to act quickly to protect patients from risk, if you have good reason to believe that you or a colleague may not be fit to practise (with reference to the MBBS Programme policy on Raising Concerns which is available on the Learning Support Environment)
- 5) to make yourself aware of and to adhere to ALL trust policies governing the local sites
- 6) to apply for an enhanced Disclosure and Barring Service (DBS) check from the Disclosure and Barring Service as and when requested by the Medical School and, once received, immediately provide a copy of your enhanced DBS disclosure to the Medical School
- 7) to abstain from conduct which constitutes a criminal offence or that might bring the Medical School into disrepute. To advise the Medical School immediately should you have cause to believe you may have breached this guidance or that your DBS status may have changed since you last applied for a Disclosure and Barring Service Check

- 1) to give clear guidance on what is considered to be appropriate behaviour
- 2) to make the University's code of student discipline and the General Medical Council's guidance on Medical Students Professional Values and Fitness to Practise available to you
- 3) to provide you with a clear procedure for making complaints or raising a concern and provide any appropriate support you may require
- 4) to publish details of procedures relating to student health and conduct in the Degree Programme Handbook
- 5) to facilitate the process of obtaining a Disclosure and Barring Service (DBS) check
- 6) to provide you with information at base unit induction about all trust policies governing local sites
- 7) to provide you with guidance on appropriate use of social media

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>(Enhanced). See http://www.gmc-uk.org/guidance/ethical_guidance/21184.asp</p> <p>8) to abstain from any conduct which renders you unfit to be admitted to and practise the profession of medicine</p> <p>9) to make yourself aware of the potential consequences for your professionalism and fitness to practise of inappropriate postings on social media and to adhere to guidance from the GMC and BMA. 'Social Media: what does it means for you http://www.gmc-uk.org/guidance/ethical_guidance/21186.asp</p> | |
| <p>B. Learning</p> <p>1) to take histories from and examine all patients regardless of their age, colour, culture, disability, ethnic or national origin, gender, lifestyle, marital or parental status, race, religion or beliefs, sex, sexual orientation, or social or economic status and to treat all patients with the same respect and courtesy</p> <p>2) to attend and participate fully in all compulsory teaching sessions, including those where it will be mandatory for you to be videoed. (Such videos will be destroyed within an appropriate timescale.)</p> <p>3) to inform the Medical School immediately if you are aware a relative or close friend will be involved in your teaching and/or assessment.</p> <p>4) to take full responsibility for your own learning in a professional and conscientious manner; including achieving all the outcomes set out in Tomorrow's Doctors, whatever your personal preferences or religious beliefs.</p> <p>5) to regularly check the Learning Support Environment, e-mails and notice boards to ensure you are fully informed about changes to the course.</p> <p>6) to inform the Medical Student Office and/or your Base Unit Office immediately of any absence due to illness or any other cause that prevents you from attending, meeting deadlines</p> | <p>1) to manage and enhance the quality of the course and the learning environment.</p> <p>2) to deliver medical education in accordance with principles of equality and diversity</p> <p>3) to provide a curriculum and assessments that meet the standards and outcomes of GMC Tomorrow's Doctors 2009.</p> <p>4) to provide opportunities for you to develop and demonstrate effective team working skills</p> <p>5) to provide clear and explicit learning outcomes and detailed course information.</p> <p>6) to deliver high-quality teaching (including the provision of support and training for teachers) and provide support for students within a caring pastoral support and guidance system.</p> <p>7) to give impartial, timely and constructive feedback on individual student progress and performance, including explanations for failure.</p> <p>8) to give due consideration (as requested) to extenuating circumstances which may affect academic and clinical progress and performance.</p> <p>9) to provide careers advice and information at specified times throughout the course.</p> <p>10) to provide information and support to manage the transition between different stages of the course</p> |

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>or is affecting your academic progress (See full guidance on absence reporting in the Degree Programme Handbook)</p> <p>7) to acquire an understanding of your own personal and professional limitations and if necessary to seek timely help and advice.</p> <p>8) to undertake varying patterns of working as deemed necessary by teachers at any time within the course, including but not exclusively shift patterns of working, out of hours work at evenings and weekends.</p> <p>9) to develop and demonstrate teaching skills.</p> <p>10) to develop and demonstrate effective team working skills</p> <p>11) to reflect on feedback about your performance and respond constructively</p> <p>12) to contribute to evaluation of the curriculum and where appropriate peers</p> | <p>11) to seek feedback about any aspect of the curriculum and consider seriously, suggestions for its improvement.</p> |
| <p>C. Attachments</p> <p>1) to travel to attachments within the Regional Medical School as required as part of your studies.</p> | <p>1) to provide clinical experience with appropriate supervision in a wide range of hospital and community settings, including opportunities to develop and improve clinical and practical skills</p> <p>2) to provide a travel bursary to contribute towards the cost of travel around the regional medical school</p> |
| <p>D. Elective</p> <p>1) to read, understand and adhere to the guidance notes relating to the elective period.</p> <p>2) to limit your clinical activities as outlined in the Elective Study Guide and as stated in your risk assessment; and to understand that the University travel insurance may be void if you fail to do so</p> <p>3) to accept guidance by Faculty staff in relation to potential destinations</p> <p>4) to understand that the Faculty will be guided by up to date advice from the Foreign and Commonwealth Office on countries/areas which may be deemed unsafe and as a result your elective destination may need to be changed at short notice</p> <p>5) to ensure your elective has been</p> | <p>1) to provide appropriate medical advice for students travelling overseas, including support from the Department of Infectious Diseases and from the Occupational Health Directorate Worklife & Wellbeing Centre, Campus for Ageing and Vitality</p> <p>2) to offer guidance on choice of electives and on safe areas to which to travel</p> <p>3) to provide University travel insurance cover for you whilst on your elective overseas (subject to the restrictions and conditions stated - see www.ncl.ac.uk/internal/finance/insurance/cover/travel_guide.htm).</p> <p>4) to provide appropriate support and medical advice for students in the event of an untoward incident whilst on elective</p> |

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>approved by the Faculty and that you have completed a comprehensive risk assessment before starting the attachment</p> <p>6) to remain contactable during the elective period and to report immediately to the Medical Student Office any untoward incidents(e.g. health problems, needlestick injuries, assault) or absence during your elective</p> | |
| <p>E. Confidentiality and Consent</p> <p>1) to respect and protect confidential information at all times by adhering to all trust policies concerning patient confidentiality, patient consent, security of patient data and access to electronic care records</p> <p>2) to adhere to the principles and guidelines as laid down in the document 'Consent and Involvement in Teaching/Medical Education, Code of Practice for the Faculty, NHS Trusts and General Practice'</p> <p>3) to recognise that the medical profession's overriding duty of care to the public may, on rare occasions and in specific situations such as child protection, require a breach of patient confidentiality</p> | <p>1) to respect your confidentiality, particularly the confidential nature of the tutor-tutee relationship;</p> <p>2) to expect tutors to breach your <i>confidentiality</i> only under your instruction or within the context of the GMC's guidelines on fitness to practise</p> <p>3) to provide guidance and training on trust policies governing confidentiality and consent and to provide you with a copy of the document 'Consent and Involvement in Teaching/Medical Education', Code of Practice for the Faculty, NHS Trusts and General Practice'</p> <p>4) to provide you with guidance on appropriate use of social media to ensure compliance with the GMC's guidance http://www.gmc-uk.org/guidance/ethical_guidance/21186.asp</p> |
| <p>F. Health</p> <p>1) to make the care of your patient your first concern</p> <p>2) to recognise when your judgement or performance could be significantly affected by illness or its treatment</p> <p>3) to seek external help with regard to your own health when you or anybody else raises a question about potential impact on patient safety, and not to rely on your own assessment of risk to patients</p> <p>4) to comply with the Department of Health's guidance on health clearance for healthcare workers and to provide The Occupational Health Directorate, Worklife & Wellbeing Centre, Campus for Ageing and Vitality, with proof of your immunisation status for Polio,</p> | <p>1) to provide you with a comprehensive occupational health service via The Occupational Health Directorate Worklife & Wellbeing Centre, Campus for Ageing and Vitality This service will include (but is not restricted to):- arranging routine testing as required; Offering you advice and guidance in the event that you are unable to update your immunisations for any reason, or that you test positive for a blood borne virus</p> <p>2) to provide you with information to demonstrate where appropriate that your immunisations are up to date</p> <p>3) to provide you with Occupational Health support as appropriate</p> |

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Tetanus, Varicella (Chicken Pox), Diphtheria, Measles , Mumps, Rubella and TB on entry to the programme;</p> <p>5) to comply with guidance on routine testing in accordance with the Medical Schools Council protocol on blood borne viruses www.medschools.ac.uk/Publications/Pages/Health-clearance-for-HepatitisB-HepatitisC-HIV-and-Tuberculosis.aspx</p> <p>6) to ensure that all immunisations required for patient contact, whether by the university or a health organisation in which you will be working, are kept up to date. This is to ensure the safety of patients, yourself and your colleagues;</p> <p>7) to inform the Occupational Health Directorate immediately:</p> <ol style="list-style-type: none"> a. should you be unable to update required immunisations for any reason, b. if you test positive for a blood borne virus or c. if you have reason to believe you may have been exposed to a blood borne virus in a clinical situation (e.g. needle stick injury), or in any other situation. Muco-cutaneous exposure to potentially infected material should be managed urgently and local occupational health guidance should be applied to enable rapid response during attachments at a distance from the University. <p>8) to be registered with a GP in the region;</p> <p>9) to inform the Occupational Health Directorate if you become aware of any change in the status of your health</p> | |
| <p>G. Indemnity</p> <ol style="list-style-type: none"> 1) to understand the importance of ensuring that you are properly indemnified against malpractice; 2) to join a medical defence organisation during Stage1 | <ol style="list-style-type: none"> 1) to invite the medical defence organisations to the Medical School to facilitate student membership |

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>H. Probity</p> <ol style="list-style-type: none"> 1) to bring to the attention of the most appropriate member of staff in any particular setting, any concerns about, or errors in, your own clinical work or that of others 2) to be honest and trustworthy in your academic work, when writing reports and logbooks and when completing and signing forms 3) to be honest in CVs and applications and not misrepresent your qualifications, position or abilities 4) not to plagiarise others' work or use your own work repeatedly in a way that could mislead 5) to be honest and trustworthy in any financial dealings 6) to co-operate with any formal inquiry into your health, behaviour or performance or that of anybody else 7) to be honest in reporting your absences from the course promptly and appropriately | <ol style="list-style-type: none"> 1) to provide you with appropriate advice about reporting errors in the clinical setting within a supportive environment |
| <p>Data Protection: <i>The University needs to collect and retain certain types of data about its current and past students in order to properly fulfil its functions as a provider of education and degree-awarding body (details outlined in the University's statement on the Use of Students' Personal Data). The data are collected from your UCAS form at Registration, and are supplemented by information gathered during your period of study at the University relating to your academic progress, attendance and details of interviews with a Curriculum Officer.</i></p> <p><i>In order to provide the necessary level of support whilst you undertake your clinical attachments, the data are shared with the Base Units. In addition, to facilitate the smooth transition from Medical School to Foundation training, some aspects of data may be shared with the Foundation School and/or the GMC.</i></p> <p><i>Additionally it is important for you to note that in the interests of patient and public safety, and in accordance with Tomorrow's Doctors, information pertinent to your educational achievements and to your fitness to practise may be shared by Newcastle University Medical School with the GMC, training providers, employers, regulatory organisations, the Medical Schools Council and other medical schools. Information relating to any student whose studies are terminated through the Fitness to Practise process will be supplied to the GMC for inclusion on a national database, which will likely preclude application to another medical school.</i></p> | |
| <p>Student Acknowledgement of the Learning Agreement:</p> <p>For new students registering in Stage 1: The first time you log on to the Learning Support Environment you will be required to confirm electronically that you have read and understood this agreement, that you agree to adhere to it and that you understand failure to do so could result in the Medical School reviewing your progress. Your attention is specifically drawn to section A.1 re Disclosure and Barring Service clearance.</p> <p>For returning Stage 2, Stage 3 and Stage 5 students: Please submit this form</p> | |

electronically to demonstrate that you have read and understood this agreement, that you agree to adhere to it and, that you understand that failure to do so could ultimately result in the Medical School reviewing your progress. Your attention is specifically drawn to section A.1 re Disclosure and Barring Service clearance.

For returning Stage 4 students: Please submit this form electronically to demonstrate that you have read and understood this agreement, that you agree to adhere to it and, that you understand that failure to do so could ultimately result in the Medical School reviewing your progress. Your attention is specifically drawn to section A.1 re Disclosure and Barring Service clearance. As a Stage 4 student your attention is also specifically drawn to section **D. Elective**.

Professor J Calvert, Dean of Undergraduate Studies, Faculty of Medical Sciences,
Newcastle University

ANNEX 4: LEARNING OUTCOMES

The overall Learning Outcomes for MBBS are set out below under each of the three essential elements of the competent and reflective practitioner. While these overall outcomes are useful in helping both you and the staff appreciate the knowledge, skills and attitudes which the undergraduate medical programme is designed to achieve, they are supplemented by more specific learning outcomes mapped to each stage and component of the course; these are detailed in the Stage/Phase Handbooks and Study Guides.

Clinical and Communication Skills

1. Clinical Skills

- i. Take history, which:
 - is patient centred,
 - is sensitive, structured, and thorough in approach
 - recognises and takes account of the age and state of the patient, and a range of contexts including multicultural factors
 - recognises the need for skilled communication
- ii. Undertake physical & mental state examination of patients, which is:
 - general and systems-based
 - appropriate for age, gender, culture and state
 - thorough, sensitive and systematic
- iii. Integrate results of history, examination & common investigative tests, so as to facilitate diagnosis
- iv. Make diagnosis:
 - by gathering and interpreting relevant clinical information
 - by recognising the patterns of presentation of core conditions
- v. Record findings, such that records:
 - are contemporaneous, legible, concise, dated and signed
 - include all relevant communications with patients/relatives and colleagues

2. Practical Procedures

- i. Measure & record a range of common clinical parameters e.g. peripheral pulse rate, blood pressure, blood glucose
- ii. Be able to perform a range of tasks commonly used in medical practice e.g. BLS, suturing, IV injection

3. Patient Investigation

- i. Follow general principles, by:
 - making evidence-based choice of relevant investigations, with awareness of limitations
 - requesting relevant investigations according to national guidelines and local protocols
 - obtaining informed consent
 - preparing patients practically & with adequate information
- ii. Be able to request, justify and interpret appropriate and relevant laboratory-based investigations according to national guidelines and local protocols e.g. U&E's, Full blood count
- iii. Be able to order, package and label appropriate and relevant samples for laboratory based investigations e.g. arterial and venous blood, MSU
- iv. Be able to write a prescription for a range of commonly prescribed drugs e.g. antibiotics, warfarin
- v. Be able to interpret a range of common x-rays.

4. Outcomes for Patient Management

- i. Follow general principles, recognising:
 - the patient's safety at all times
 - effect on patient & concordance
 - age and social circumstances when determining treatment
 - requirements for informed consent
 - need for team work
 - need for appropriate referrals to right professionals
- ii. Formulate management plans:
 - Which focus on patient's needs & involve patient in decision making
 - Involving other health care professionals as appropriate
 - Recognising one's own limitations
- iii. In relation to critical care, be able to demonstrate
 - effective working in the emergency care team
- iv. In relation to acute and chronic care be able to formulate a management plan for:
 - chronic diseases
 - the dying patient
 - pain control
- v. Be able to accurately write up a drug cardex for a newly admitted patient according to information supplied in the patients notes
- vi. Be able to calculate drug dosages for individual patients and work out loading and delivery rates
- vii. Be able to request and justify appropriate and relevant radiological investigations according to national guidelines and local protocols
- viii. Demonstrate ability to prioritise the patient's care, including the management of tasks, events and time

5. Communication

- i. Follow general principles of good communication, including:
 - active listening
 - gathering and giving information with good record keeping and correspondence skills
 - mediating, negotiating & dealing with complaints
 - making oral presentations & writing reports
 - safeguarding confidentiality
 - recognising own limitations, extent of personal knowledge
- ii. In communicating with patients/relatives, be able to:
 - demonstrate empathy
 - elicit patient's ideas, concerns & expectations
 - achieve a shared understanding
 - build and maintain a relationship
 - answer questions & give explanations
 - deal with challenging consultations
 - make requests
 - obtain valid informed consent for appropriate procedures
- iii. In communicating with other health professionals, be able to:
 - transfer information (oral, written & electronic)
 - write a good referral letter
 - write good discharge summaries
 - refer patients appropriately
- iv. In communicating with other agencies (e.g. police, coroner), and the media/press:
 - follow proper procedures without breaking rules of confidentiality
 - act as a patient's advocate when appropriate
 - write a death certificate
- v. Be able to communicate as a teacher and mentor

6. Data & Information Handling Skills

i. In relation to patient records:

- maintain high quality of recording (whether by writing or on computer)
- write up patient notes in a legible and structured format
- demonstrate an awareness of the different types of records and how they are stored and retrieved
- maintain confidentiality
- demonstrate awareness of legislation governing access to medical records and data

ii. In accessing and manipulating data, demonstrate ability to use:

- library and other information systems to access data
- information from primary sources to inform evidence-based practice
- information from secondary sources (e.g. professional guidelines)

iii. Demonstrate C&IT skills, including use of:

- E-mail
- word-processing
- on-line databases
- spreadsheets & statistical packages
- search engines and decision support tools

iv. Maintain records for personal & professional development

7. Health Promotion and Disease Prevention

i. In relation to health promotion be able to

- assess the health, health care and health promotion needs of individual patients

ii. Be able to take appropriate action in communicable disease control according to national guidelines and local protocols

iii. Implement evidence-based risk reduction strategies for individual patients:

- be able to recommend appropriate vaccination regimes for individuals

iv. Plan and implement, where appropriate, health promotion taking into account barriers to disease prevention and health promotion both in the individual & population

Knowledge and Critical Thought

8. Understanding of basic and clinical sciences and underlying principles

i. Demonstrate knowledge and understanding of:

- Normal structure and function of the major organ systems and how they interrelate
- The different stages of the life cycle and how these affect normal structure and function
- Behaviour and relationships between individuals and their family/partners, immediate social groups, and society at large
- Molecular, biochemical and cellular mechanisms important in maintaining homeostasis
- Causes of disease and the ways in which diseases affect the body
- Disease aetiology and relationships with risk factors and disease prevention
- Alteration in structure and function of the body & its major organ systems
- Pharmacological principles of treatment using drugs & efficacy of therapeutic measures in management and symptomatic relief of diseases
- Principles of disease surveillance and screening, disease prevention, health promotion, and health needs assessment
- Principles of healthcare planning, prioritisation of service and communicable disease control, including basic concepts of health economics
- Epidemiological principles of demography and biological variability
- Educational principles through which learning takes place (for patients, students and colleagues)

ii. Define public health problems at a population level or in clinical practice:

- recognise the causes of disease & threats to health of individuals & populations at risk

iii. Appreciate that health promotion & disease prevention depend on team- working and collaboration with other professionals & agencies

iv. Demonstrate knowledge of the appropriate use of drugs:

- for all ages and with awareness of underlying chronic diseases
 - in prescribing, calculating dosages & in methods of delivery
 - their interactions & adverse effects
- v. Recognise opportunities for screening, disease prevention, health education, health promotion

9. Understanding of patient investigation and management

- i. Demonstrate knowledge of the range of interventions and indications, for surgery, including the principles of pre-, peri- and post- operative care
- ii. Demonstrate knowledge of the indications for the provision of range of interventions and therapies provided by other health care professionals e.g. Occupational therapists, dieticians, complementary therapists
- iii. Demonstrate knowledge of the range of more common clinical investigations and procedures and their appropriate use e.g. echocardiography, cystoscopy, skin biopsy
- iv. In relation to acute & chronic care, demonstrate knowledge of the management of:
- conditions not immediately life threatening but requiring early treatment
 - appreciation of impact of acute illness on chronic disease and the transition between acute and chronic conditions
 - chronic diseases
 - rehabilitation in recovery from major illness
 - impairment & disability
 - pharmacological, physical and psychological interventions in pain control
 - care of the dying
- v. Demonstrate knowledge of the circumstances in which the commoner laboratory-based investigations are indicated, and procedures required to obtain the necessary material for investigation
- vi. Demonstrate knowledge of the range of more common radiological investigations available and their appropriate use in different circumstances
- vii. In relation to critical care, demonstrate knowledge of the management of:
- life threatening conditions due to trauma or disease
 - intensive care, indications for intervention/monitoring

10. Appropriate ethical understanding and knowledge of legal responsibilities

- i. Students should be able to demonstrate an appropriate and developing understanding of:
- methods of ethical reasoning that inform decisions in medical practice
 - the legal and professional frameworks within which medicine is practised in the UK
 - the implications of the practice of medicine in a diverse multicultural society
 - the importance, scope and implications of the doctor's duty of care
 - the influence of values, assumptions, attitudes and emotions on their decision-making and practice
- ii. Students should be able to:
- identify values of different stakeholders involved in, or affected by, decision-making, including the student's own values
 - iii. Describe and adhere to legal responsibilities, with respect to: human rights
 - drug prescribing
 - physical and sexual abuse of children and vulnerable adults
 - patients who lack capacity
 - end of life issues
 - death certification
 - reporting of adverse medical care/standards involving other practitioners
 - the need to recognise and avoid all forms of unfair discrimination in relation to patients, colleagues and other healthcare professionals
- iv. Demonstrate in practice the requirements to ensure patient safety

11. Appropriate decision making, clinical reasoning and judgement

- i. Demonstrate proficiency in clinical reasoning, through ability to:
 - recognise, define and prioritise problems
 - analyse, interpret and prioritise information, recognising its limitations
- ii. Make diagnosis:
 - describe the differential diagnosis of core conditions
- iii. Demonstrate ability to think critically, by:
adopting an inquisitive and questioning attitude and applying rational processes
 - recognising irrationality in oneself and in others
 - recognising importance of own value judgements and those of patients
- iv. Demonstrate insight into research & scientific method, through the:
 - appreciation of quantitative and qualitative methodology
 - choosing and applying appropriate methodologies and statistical tests with some understanding of the underlying principles
 - recognising the relationship between evidence based medicine, audit and the observed variation in clinical practice
- v. Exhibit creativity / resourcefulness, by:
 - demonstrating self-reliance, initiative and pragmatism
 - demonstrating preparedness to think outwith conventional boundaries when appropriate

Professional Behaviour

12. Professional Development and Attitudes

- i. Recognise and contribute to meeting patients' needs within the health care system
- ii. Behave in such a way as to maintain patient safety at all times
- iii. Demonstrate acceptance of the professional responsibilities and role of the doctor, through:
 - commitment to the "Duties of a Doctor" as defined by the General Medical Council and local codes including clinical governance
 - participation in clinical governance and valuing professional self-reflection
 - contributing to and outlining the roles, contributions of and benefits from other health care professionals and the, the multi professional team
 - appreciating the value of, and opportunities for medical research and its role in career progression
 - participation in teaching and mentoring students, colleagues and other health care professionals
 - fostering a culture of life-long learning in the health service
 - appreciating the role of the doctor as manager both in one's own practice and in the health care system
 - appreciating the medical profession as a voice in society and an agent of change
- iv. Demonstrate the acquisition of appropriate professional attitudes, by
 - behaving in accordance with the duties of a doctor and codes of professional practice
 - maintaining confidentiality, honesty and integrity
 - behaving at all times in an ethical manner
 - establishing trust and showing respect in the doctor/patient relationship
 - demonstrating an empathic and holistic approach to patients
 - preserving patient autonomy and involving patients in decisions affecting them
 - respecting colleagues, other health care professionals and regulatory bodies
 - dealing effectively with complaints
 - maintaining professional boundaries with patients
 - outlining financial and other constraints affecting the NHS and their impact on delivery of care
 - recognising the importance of contributing to the advancement of medicine

13. Personal Development

- i. Conduct oneself as a reflective and accountable practitioner
- ii. Manage one's own learning
- iii. Manage one's own self-care, by:

- recognising the pressures of a demanding professional life on oneself and others and the need to maintain a balance between professional and personal activities
 - attending to one's own lifestyle and recognising the hazards of self-medication and substance abuse
 - making use of available help and advice in stressful circumstances
- iv. Identify the value of career planning and be able to set realistic short and long-term goals
- v. Demonstrate a commitment to medicine through adherence to the codes of conduct and behaviour expected of a member of the profession
- vi. Recognise key personal motivating factors and their importance in sustaining a high level of commitment
- vii. Participate fully in the life of the professional community
- viii. Demonstrate an understanding of the practice of medicine in a diverse, multicultural society, by:
- demonstrating behaviours that value diversity
 - demonstrating respect for differing personalities, lifestyles and cultures, in patients and colleagues and in health and illness
- ix. Demonstrate the ability to cope with uncertainty, by:
- being able to outline where uncertainty exists and using cognitive and intellectual strategies when dealing with uncertainty
 - making decisions in partnership with colleagues and patients, recognising one's own level of responsibility and capability

ANNEX 5: SUBMISSION OF ASSESSED WORK POLICY

Submission dates for assessed work are included within assignment packs and are noted in the semester timetables. You are responsible for familiarising yourself with these schedules. The following highlights the important aspects of submitting work.

- The deadline for the hand-in of assignments is 12.00 noon on the given submission date. This deadline will be adhered to strictly by the Medical Student Office (MSO) staff. The MSO will close from 12.00 noon until 12.30pm on assignment hand-in days.
- Each assignment will have clear instructions as to the particular requirements for that piece of work. You should ensure that you have presented the assignment exactly as stipulated in the guidelines within the Assignment Pack. If you are required to staple or paperclip certain parts of your assignment, this must be done prior to arriving at the MSO. Staff in the MSO will not be able to provide you with staples, paperclips or other stationery. It is your responsibility to ensure that your assignment is in the correct format for handing-in.
- Once the assignment is ready for submission, complete an Assignment Receipt Form (these are included within Assignment Packs and will also be available on the LSE to download)
- Take all documentation along to the Office in good time. Please remember that hand-in days are very busy. Assignments can be handed in earlier than the given submission deadline.
- Once you have handed your assignment to a member of MSO staff, they will sign your Assignment Receipt Form and return it to you. This is your proof that you have handed in your assignment on time. Please keep it in a safe place.
- You are required to submit two copies (unless otherwise instructed) of the in-course assignments. Both copies will be returned to you with a completed feedback proforma for an agreed period of time, normally 7 days, before the assignments need to be returned and retained by the School.
- You will also be required to submit a copy of each assignment electronically through the appropriate section of the Learning Support Environment. Such electronically submitted work will be processed through the JISC plagiarism detection software where it will be checked against internet sources and previously submitted work. For further information on the JISC software visit www.submit.ac.uk
- You are reminded that submission of the unacknowledged work of others is defined as plagiarism, which is subject to a University disciplinary procedure. As such you will be required to complete a disclaimer which will be submitted with each in-course assignment stating that the assignment is your own work and that the work of others has been acknowledged as appropriate. You are directed to the Phase I Study Skills Handbook for further guidance.
- If you have handed your assignment in late, the time will be noted on your Assignment Receipt Form and a late submission will be recorded by the Medical Student Office. Unauthorised late submissions up to one week after the deadline

will be subject to a maximum grade of 50%. A submission made more than one week after the deadline will be given zero credit. Additionally, late submissions for assessed work in Phase I will result in a professionalism monitoring flag and for Phase II a U grade in professionalism. Two late submissions in any academic year will result in an automatic failure in the Professionalism domain. Refer to Stage Handbooks for further information relating to late submission and the University policy on late submission which can be found at <http://www.ncl.ac.uk/quilt/atoz/policies.htm>

- Students should be aware that the following are not valid reasons for late submission: computer or other hardware failure, transport failure, loss or theft of work.

In seeking permission for an extension you should complete a Personal Extenuating Circumstances (PEC) Form which can be found on the LSE (Support/Course Support/Forms). You will be informed of the outcome by e-mail. Failure to complete or submit work without prior extension will result in no credit being given.

ANNEX 6: FEEDBACK AND RETURN OF ASSESSED WORK POLICY

The University recognises the importance of high quality and timely feedback of assessed work to students. It enables students to assess their progress how they could improve. The policies on Feedback and Assessed Work and Return of Assessed work can be found at <http://www.ncl.ac.uk/quilt/atoz/policies.htm>. Below are key elements of the policies relating to MBBS:

- The maximum length of time to return feedback to students is normally four working weeks from the date of submission. Deadlines for return of written work are published on the MBBS timetable and supplied with the documentation for each in-course assignment.
- Exemptions to this policy are the Stage 1 Family Study and the Stage 2 SSC 1 (marks for which will be returned with the end of stage examination results).
- Feedback will be designed so as to allow students to assess how well they are doing and what they need to do to improve performance.
- Where exceptionally there are justifiable reasons as to why feedback on a particular piece of work cannot be given in line with the policy (e.g. staff illness), the Degree Programme Director will be responsible for ensuring that students are notified as soon as this is known and an alternative date given.
- If feedback is not provided within the timescales set out in this policy students have the right to ask the Degree Programme Director for the reason for the delay. If a reason is not provided within seven days, the student has the right to take the matter to the Dean of Undergraduate Studies, who will then investigate and try and ensure that feedback is provided as quickly as possible.
- If an assessment is marked by multiple assessors and one of the assessors is unable to meet the deadline, all marked assessments will be returned to the student cohort by the given deadline. Affected students will be advised of the delay and an alternative deadline will be set for the unmarked assessments.

ANNEX 7: SCALING AND MODERATION POLICY

MBBS MODERATION AND SCALING POLICY 2015/16

This policy should be read in conjunction with the University's examination conventions and policy of moderation and scaling.

Organisation

The Degree Programme Director shall make arrangements to ensure that all work subject to the policy is moderated. All coursework is moderated, depending on the nature of the assessment: in-course assignments have an appointed assignment lead who oversees the marking and feedback provided by markers and will moderate discrepant scripts (see later explanation). In-course clinical assessments (workplace based assessments) are reviewed by staff in the Medical Student Office to identify potential trends of marking across various clinical sites and Base Units.

All in-course assignments are blind double-marked with any discrepant pieces of working being independently marked by a third party. The DPD will consider any issues that arise from the moderation process and will determine any course of action required. This may include requesting all scripts are remarked, all scripts relating to identified markers are remarked or no further action is required.

Internal Moderation of Draft Assessments

In terms of examinations, draft papers are prepared and then reviewed and proofed by module/strand/course leads and the Degree Programme Director and/or examination lead to ensure accuracy and validity. All examinations are then shared with External Examiners for review and comment, prior to finalisation.

Coverage

All summatively assessed work is subject to moderation of its marking, except for clinical assessments and examinations (in-course, progress and end of Stage).

Different types of assessment¹

'Written' Examinations

The 'written' progress examinations for the MBBS programme are either Single Best Answer (SBA) type examinations or by Written Skills Examination (WriSkE). SBA examinations are completed using an Optically Mark Read (OMR) answer sheet. Moderation of examination scripts is therefore not appropriate. An auditing process ensures that the data from the OMR sheet is transferred correctly to the marks recording spreadsheet.

The WriSkE answers are entered on standard 'clinical' stationery. There are group marked. Candidates around or below the cut-mark have their answers reviewed to ensure the marking coincides with marking schemes. Those at risk of failing are subsequently reviewed by external examiners.

External Examinations

Final year students undertake two external examinations: The Situational Judgment Test (SJT) and The Prescribing Safety Assessment (PSA). The tests are managed and standard set by the Medical Schools Council. Results from the PSA are combined with

¹ Other categories may be added or removed as required.

the WriSkE examination to form part of summative assessment in Stage 5. As the PSA is externally managed, the assessment is not subject to internal scaling or moderation by the programme. The SJT does not contribute to summative assessment for the MBBS programme.

Clinical Examinations

Stations within the OSCE and MOSLER examinations are singly marked. Each student undertakes 8 stations in a MOSLER and between 7 and 20 manned stations in an OSCE. Their overall performance will therefore be assessed by between 7 and 20 examiners. Post-hoc analysis of examination performance is conducted to identify any trends in marking across sites or between examiners. Review of examiners' assessments of professional behaviour is also conducted at this point, to ensure that a candidate's performance in the skills or knowledge domain is not 'double-counted' within the professionalism domain.

Feedback in the form of box and whisker charts is provided to OSCE examiners following each exam which allows them to compare their marking of a station to that of their peers across the region. Additionally these data will highlight marking outliers and allow for further review by the exam lead prior to final agreement of results.

Clinical In-course Assessments

These assessments are conducted by a single assessor in a clinical setting. Moderation of such an assessment is not practicable. A student will undertake between 6 to 8 of these assessments in a given Stage and each one is conducted by a different assessor. Minimum standards for these assessments are provided to all clinical tutors and a programme of examiner training is continually run in the regional Base Units for new staff engaging in the MBBS assessment process.

Data from clinical in-course assessments are reviewed in the Medical Student Office to identify any trends in marking across examination sites. These data can then inform future teaching practices where necessary or highlight specific training needs for individuals.

Essays, Reports and Posters

All of the in-course assignments are blind-double marked. A third marker is employed for assignments where the marks awarded by the first two markers are discrepant by more than 25% in either, or both, of the skills or knowledge domains of assessment. Where a third marker is employed it is the average score across the three markers that determines the mark awarded to the candidate.

A range of scripts is made available to External Examiners for review prior to examination boards.

Presentations/performances

Oral presentations are viewed and assessed by two members of staff using set marking criteria. A briefing of all examiners takes place prior to the presentations and any new examiner would be partnered with an experienced examiner in order to ensure processes and standards were appropriate.

Selection of Samples

Samples of work are available for review by the External Examiners. A sample will encompass a number of across the spectrum of scores.

Outcomes of moderation

Where an in-course assignment has been moderated by a third marker it is the average score between all three markers that will be recorded as the result.

Recording the moderation process

Moderation is highlighted on a spreadsheet. Original marks and moderated marks are recorded for reference. A mark sheet and feedback form will also be completed by the third marker and will be kept with the original mark sheets and feedback forms to ensure a complete record is retained.

Review of performance across domains and discreet assessments over time

The review of module performance is not applicable to the MBBS programme as it is a non-modular programme and does not have a Module Board. Individual assessments are reviewed by each examination lead, the Assistant Registrar for Assessment and the Sub-Dean for Assessment following each exam. All performances are also discussed at the end of Stage Meeting of Examiners. The Examination Sub-Committee also reviews a detailed report of all examinations prepared by the School's Data Analyst at the end of each year. This report focuses on the reliability of each examination (and the reliability trends over time). Additionally, each year the Board of Studies reviews psychometric data on performance of key groups of students (entry route, gender, fee status, Base Unit (Phase II), WP).

Calibration

Not applicable to the MBBS programme.

Scaling

Not applicable to the MBBS programme.

Availability of this Policy

This policy will be made available to all staff and students on the MBBS programme and also to external examiners. It will also be referred to and a weblink (WEBLINK) provided in the relevant degree programme handbooks and on the Learning Support Environment.

ANNEX 8: RE-MARKING OF ASSESSED WORK POLICY

Assessed work for the MBBS programme is marked according to published criteria. Students are advised to follow instructions issued with assignments carefully and to submit work in advance of the published deadline in order to ensure that they do not lose marks unnecessarily.

This policy only applies to in-course work listed in Appendix 1 and only to provisional marks: once grades have been approved by the Board of Examiners, assessed work may not be re-marked. Challenges to the decision of the Board of Examiners may only be made through the University's Academic Appeals Procedure (available on the website at <http://www.ncl.ac.uk/spo/appeals.html>).

All requests for re-marking of assessed work will be considered on an individual basis. Students requesting a re-mark must be aware that *the grade awarded as a result of a re-mark may be better or worse than the original grade* and that, whatever the outcome of the re-mark, *the re-marked grade will be the final grade which contributes to the overall Stage assessment*.

Any assignment in which two markers scores are discrepant by more than 25% will be moderated by a third marker. Where an assignment has been moderated the final mark awarded will be the average score across all three markers.

Any student who believes that they have reasonable grounds on which to request a re-mark must formally request a remark.

Reasonable grounds may include:-

- Failure of the marker(s) to apply the published criteria
- Failure of the marker(s) to provide marks for one or more criteria
- Failure of the marker(s) to have taken account of sections of the submitted work

Challenges to the academic judgement of the marker(s) cannot form the basis of a re-mark.

Re-mark procedure

1. Collect a re-mark request form from the Medical Student Office.
2. Complete the form outlining in detail the reasons for the re-mark request.
3. Submit the form, together with a copy of the contested work, to the Medical Student Office for scrutiny by a Curriculum Officer.
4. If the Curriculum Officer agrees that there are sufficient grounds for a re-mark then the work will be passed to an experienced marker who has not previously seen the work.
5. The marks awarded by this independent marker will constitute the final marks allocated for this piece of work, whether they are higher or lower than the original marks.

There is no further recourse for any student who remains dissatisfied with an assessment outcome.

ANNEX 9: EXTERNAL EXAMINERS

| | |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MBBS Accelerated | Dr Laura Mongan (TBC) Deputy Director of Undergraduate Medical Education University of Leicester Medical School |
| MBBS Stage1 | Professor David Bristow Professor in Medical Education University of Plymouth |
| MBBS Stage 2 | Professor Roger Soames Professor of Anatomy University of Dundee Dr David Lewis Senior Lecturer in Neurosciences and Scientific Ethics University of Leeds |
| MBBS Stage 3 | Prof Cathy Jackson MD FHEA Head of Medical School UCLAN Dr Andrew Brown Senior Lecturer in Medical Education and Rheumatology University of York |
| MBBS Stage 4 | Dr Jeremy Morton Consultant Anaesthetist Edinburgh University |
| MBBS Stage 5 | Miss Lorna Marson Honorary Consultant Transplant Surgeon Royal Infirmary of Edinburgh Dr Colin MacDougall (TBC) Deputy Head of MBChB Warwick Medical School The University of Warwick |

ANNEX 10: RAISING A CONCERN

Background

Occasionally students may witness an event, or be subject to behaviours, which cause significant concern or distress. Such events may relate to the safety and wellbeing of patients, but may also relate to situations unrelated to patient care. Such events should be reported via the Raising a Concern process in order that they can be formally investigated and appropriate action taken.

Behaviour of students

Under certain circumstances the behaviours of another student may cause you significant concern:

- Actions or behaviours which compromise patient safety, or which disregard the welfare or dignity of a patient.
- Engagement in illegal or criminal activity.
- Behaviour which contravenes the professional standards described in the GMC guidance 'Medical Students: professional values and fitness to practise'.

Behaviour of clinical or academic staff

Under certain circumstances the behaviours of a member of clinical or academic staff may cause you significant concern:

- Actions or behaviours which compromise patient safety, or which disregard the welfare or dignity of a patient.
- Instructing or encouraging a student to engage in behaviour which compromises patient safety, or which disregards the welfare or dignity of a patient.
- Behaviour towards an individual student which results in the student feeling unsafe or humiliated, or which has a significant impact on the student's performance or wellbeing.

Submitting a concern

If you have a serious concern you should complete the Raising a Concern form available on the LSE providing a factual account of the circumstances. A dedicated e-mail account has been set up to manage this process mbbs.concern@ncl.ac.uk.

Information which may break patient confidentiality should not be included.

Process

A concern submitted via this process will be considered initially by the Senior Officers within the MBBS programme, and a senior member of staff will be nominated to investigate the issue raised in greater detail. This investigation may involve you being contacted for further information or clarification of details.

Outcomes

The outcome of the initial investigation will be considered by the Senior Officers Group who will determine the most appropriate course of further action. This may include passing a formal concern to another body such as the University or an NHS Trust, and you will be kept appropriately informed.

Confidentiality

All submissions made under this process will be treated in a sensitive and confidential manner. The identity of the individual raising the concern will be kept confidential unless this will hinder the investigation. It is possible that the investigation process may lead to the identity of the individual being revealed.

Support

It is recognised that formally raising concern about a member of staff or a student colleague is challenging and senior members of staff within the Medical School Office will be available to provide support and advice.

Advice

If you are aware of an issue that you think should be raised as a formal concern, but you wish to discuss the issue, or the process, Dr David Kennedy, the Degree Programme Director, or Helen Maitland, the Senior Pastoral Tutor, will be happy to meet with you.

University Complaint Procedure

Students should also be aware of the University complaints procedure which is intended to allow students to make a complaint about a service, a member of staff or another student within the University, and this process may be used as an alternative. Further information is available at:

<http://www.ncl.ac.uk/students/progress/Regulations/SPS/complaints.htm>