

Keele University
Directorate of Academic Services
Quality and Standards Division

MBChB Honours Degree Programme Specification (2009-2010)*

1. General Information

Programme Title MBChB Honours Degree	UCAS Code	Duration 4 or 5 Years	Mode of study Full time
School	Keele University School of Medicine		
Faculty	Faculty of Health, Keele University		
Awarding Institution / Body	Keele University		
Teaching Institution	Keele University		
Programme Accredited by:	General Medical Council (GMC)		
Final Award:	MBChB Honours Degree		
QAA Benchmarking Group:	Medicine: http://www.qaa.ac.uk/academicinfrastructure/benchmark/honours/medicine.asp		

2. Aims of the Programme

The programme aims to provide:

01. Knowledge:	the acquisition of knowledge and understanding of: health; health promotion; and the management and prevention of disease, in the context of the individual, families, and society
02. Skills:	the acquisition of and proficiency in essential skills needed in clinical practice, for example, obtaining a patient's history, undertaking a comprehensive physical and mental state examination and interpreting the findings.
03. Attitudes:	the acquisition and demonstration of appropriate attitudes for high quality medical practice, in relation to both interpersonal relationships; personal development; and the care of individuals, their families, and others.

**** This programme specification gives an overview of the MBChB curriculum, and details of Module 1, 2 and 3 (Year 1,2 and 3). The full programme is approved over a five-year period by the General Medical Council and Keele University, therefore more detail will be added to the Programme Specification during each academic year from 2007-2008. A revised version will be available on an annual basis.***

3. Objectives of the programme

Explanation of the course; whom it is for; points of reference and distinctiveness

The MBChB Honours Degree at Keele University is designed to ensure graduates meet the necessary standards in terms of knowledge, skills and attitudes that new doctors should have. The curricular outcomes for undergraduate medical education are set out in Tomorrow's Doctors (GMC, 2003) (see http://www.gmc-uk.org/med_ed/tomdoc.htm), and the principles of professional practice as set out in the GMC document Good Medical Practice (GMC, 2001). These are:

- Good clinical care - Doctors must practise good standards of clinical care, practise within the limits of their competence, and make sure that patients are not put at unnecessary risk.
- Maintaining good medical practice - Doctors must keep up to date with developments in their field and maintain their skills.
- Relationships with patients - Doctors must develop and maintain successful relationships with their patients.
- Working with colleagues - Doctors must work effectively with colleagues (from all health and social care professions).
- Teaching and training - If doctors have teaching responsibilities, they must develop the skills, attitudes and practices of a competent teacher.
- Probity - Doctors must be honest.
- Health - Doctors must not allow their own health or condition to put patients and others at risk.

Curriculum 2007 is an innovative highly integrated modern medical curriculum, which includes Problem Based Learning. The distinctiveness of the course is that it has been designed to allow diversity and integration. Integration occurs at all levels, and there are five domains / vertical themes included in core systems-based modules in all years. The five domains / vertical themes are:

Domains/Vertical themes:

- Scientific basis of medicine
- Clinical, communication and information management skills
- Individual, community, and population health
- Quality and efficiency in health care
- Ethics, personal & professional development

There is a phased integration of basic science and clinical experience throughout the modules in Years 1, 2 and 3, with proportionately greater exposure to clinical practice throughout the course.

There are opportunities for interprofessional learning within the course with other undergraduate disciplines across the Faculty of Health, Keele University, and for graduate-entry students to be admitted into Year 2. The structure, timetabling and philosophy of the course make this exceptional level of integration possible.

Diversity is intended to mean allowing students with different personalities, aspirations, preferences, learning styles and strengths and weaknesses to be successful, to enjoy their undergraduate time, and to be able to build on these experiences during postgraduate training. It is recognised that career options for doctors have never been greater, and although the School's primary aim is to deliver competent Foundation Year trainees, the course should allow students to experience

more specialised activity by recognising and developing natural aptitudes. This can be achieved through great flexibility in the student-selected components, consolidation periods, and final year electives. These have well-defined intended learning outcomes related to competencies, while allowing for maximum variety of choice in terms of activity and learning environment. This enables students to devise a 'pathway' that concentrates on research, community practice, a particular speciality, or on breadth and general experience. The opportunity exists for students to take an intercalated Bachelors degree year anytime after year 2, or study for an intercalated Masters degree after Year 4.

4. Intended Learning Outcomes (and the means by which they are achieved and demonstrated)

The curricular outcomes of Tomorrow's Doctors (GMC, 2003) form the learning outcomes of the programme, thus ensuring that graduates meet the requirements of the New Doctor (GMC, 2004) in attaining the goals of undergraduate medical education and Good Medical Practice (GMC, 2001) (please see Table 1). Additionally, the Intended Learning Outcomes take account of the Quality Assurance Agency (QAA, 2002) Subject Benchmark Statements Academic Standards - Medicine: <http://www.qaa.ac.uk/academicinfrastructure/benchmark/honours/medicine.asp>

Table 1: Programme Intended Learning Outcomes

Knowledge and Understanding / Skills and other attributes At the end of the programme students should:	
A1.	<p><i>Good clinical care (Paragraph 4 Tomorrow's Doctors GMC, 2003).</i></p> <p>a. Know about and understand the following.</p> <p>i. The GMC guidance on the principles of good medical practice and the standards of competence, care and conduct expected of doctors in the UK.</p> <p>ii. The environment in which medicine is practised in the UK.</p> <p>iii. How errors can happen in practice and the principles of managing risks.</p> <p>b. Know about, understand and be able to apply and integrate the clinical, basic, behavioural and social sciences on which medical practice is based.</p> <p>c. Be able to perform clinical and practical skills safely.</p> <p>d. Demonstrate the following attitudes and behaviour.</p> <p>i. Recognise personal and professional limits, and be willing to ask for help when necessary.</p> <p>ii. Recognise the duty to protect patients and others by taking action if a colleague's health, performance or conduct is putting patients at risk.</p>
A2.	<p><i>Maintaining good medical practice (Paragraph 5 Tomorrow's Doctors GMC, 2003).</i></p> <p>a. Be able to gain, assess, apply and integrate new knowledge and have the ability to adapt to changing circumstances throughout their professional life.</p> <p>b. Be willing to take part in continuing professional development to make sure that they maintain high levels of clinical competence and knowledge.</p> <p>c. Understand the principles of audit and the importance of using the results of audit to improve practice.</p> <p>d. Be willing to respond constructively to the outcome of appraisal, performance review and assessment.</p>
A3.	<p><i>Relationships with patients (Paragraph 6 Tomorrow's Doctors GMC, 2003).</i></p> <p>a. Know about and understand the rights of patients.</p> <p>b. Be able to communicate effectively with individuals and groups.</p> <p>c. Demonstrate the following attitudes and behaviour.</p> <p>i. Accept the moral and ethical responsibilities involved in providing care to individual patients and communities.</p> <p>ii. Respect patients regardless of their lifestyle, culture, beliefs, race, colour, gender, sexuality, disability, age, or social or economic status.</p> <p>iii. Respect the right of patients to be fully involved in decisions about their care, including the right to refuse treatment or to refuse to take part in teaching or research.</p> <p>iv. Recognise their obligation to understand and deal with patients' healthcare needs by consulting them and, where appropriate, their relatives or carers.</p>
A4.	<p><i>Working with colleagues (Paragraph 7 Tomorrow's Doctors GMC, 2003).</i></p> <p>a. Know about, understand and respect the roles and expertise of other health and social care professionals.</p> <p>b. Be able to demonstrate effective teamworking and leadership skills.</p> <p>c. Be willing to lead when faced with uncertainty and change.</p>
A5.	<p><i>Teaching and training (Paragraph 8 Tomorrow's Doctors GMC, 2003).</i></p> <p>a. Be able to demonstrate appropriate teaching skills.</p> <p>b. Be willing to teach colleagues and to develop their own teaching skills.</p>
A6.	<p><i>Probity (Paragraph 9 Tomorrow's Doctors GMC, 2003).</i></p>

Graduates must demonstrate honesty.

A7. *Health (Paragraph 10 Tomorrow's Doctors GMC, 2003).*

Graduates must be aware of the health hazards of medical practice, the importance of their own health and the effect that their health has on their ability to practise safely and effectively as a doctor.

Learning & Teaching Processes (to allow students to achieve intended learning outcomes)

Learning outcomes A1 to A7 will be achieved through a blend of:

Problem-based learning

Laboratory sessions (e.g., anatomy, biochemistry, histopathology, microbiology, pharmacology, physiology, clinical skills, information technology)

Communication skills sessions

Experiential learning on clinical placements and other environments

Student-Selected Components (SSCs)

Clinical Reasoning and problem solving components

'Question time sessions' / lectures / seminars

Tutorials

Distributed learning

Private Study – directed and self-directed

Assessment of intended learning outcomes is by theme. The percentage of each assessment allotted to each theme is informed by the amount of learning time allocated to each theme.

Phase 1 (Module 1):

Assessment of academic content:

Knowledge-based assessments

Skills-based assessments

Student-Selected Component: Essay style written assignment

Assessment of professional competence:

Attitude-based assessments: Learning Portfolio and appraisal meeting

Phase 2 (Modules 2-3)

Assessment of academic content:

Knowledge-based assessments

Skills-based assessments

Student-Selected Components: Essay style written assignments; Formal written reports; Scientific meeting style presentations.

Assessment of professional competence:

Attitude-based assessments: Learning Portfolio, including the Clinical Log Book and appraisal meeting

Phase 3 (Module 4)

Assessment of academic content:

Written reports; essay style written assignments

Progress test

Competency-based assessments

Assessment of professional competence:

Attitude-based assessments: Learning Portfolio, including the Clinical Log Book and appraisal meeting

Phase 4 (Module 5)

Assessment of academic content:

Progress test

Competency-based assessments

Assessment of professional competence:

Attitude-based assessments: Learning Portfolio, including the Clinical Log Book and appraisal meeting

Programme structure

1. The curriculum has four phases:
 - I. **Challenges to Health**- Comprehensive overview cycle at the level patho-physiology (normal/why abnormal). Intended Outcomes pitched at readiness for immersion in clinical/pathology.
 - II. **Integrated Clinical Pathology** - 2nd cycle run through clinical systems at pathology/clinical levels. Intended Learning outcomes pitched at readiness for immersion into supervised clinical practice.
 - III. **Integrated Clinical Practice** - Immersion in hospital based clinical practices rotating through key general specialities.
 - IV. **Preparation for Professional Practice**- 'Finishing School' preparation for practice. Intended Learning Outcomes pitched at readiness for Foundation Year (F1) training.

Educational strategies

The programme is based on a 'hybrid' approach that uses many methods.

Key Features:

- Vertical themes in each Module/year
- Problem Based Learning (PBL) (groups of 10) will be used in Years 1-2
- Cased Based Learning (CBL) will be used in Year 3
- Up to 20 scheduled contact hours per week
- Up to 20 hours directed study per week
- Approximately 20% of contact time in community settings throughout the course
- Maximum of 5-6 theatre events each week
- Each week Year 1-2 ends with an 'integrating' event, 'Wrap up', for the week e.g., debate, panel presentation, clinical case presentation, Clinico-Pathological Cases (CPCs).
- Emphasis on practical sessions
- Clinical/communication/information skills starts early in Year 1
- Clinical teams of up to 6 students in Years 4-5.

Indicative Assessment

- Integrated assessment where possible
- More formative than summative assessment
- Summative assessment to combine within-year assessment and end-of-module assessment.
- Multiple assessment methods to show application of knowledge, skills and professional attitude
- Learning portfolios throughout, with evolving model of use, assessment and appraisal
- Year 5 workplace assessment, including Foundation Year (F1) style assessments

Location

- Years 1 - 3: predominantly Keele campus and North Staffordshire health economy clinical settings
- Years 4 & 5: Allocations to dispersed bases in North Staffordshire (50-60%) Shropshire & Mid-Wales (30-40%); and Mid/south Staffordshire (10-15%)
- Year 5: Community placement in rural community nodes. These need to be developed in clusters of communities with integrated primary and secondary care/DGH exposure.

Programme Structure

Integrated curricular themes (present in all phases)	Phase	Philosophy	Modules and units	
Scientific Basis of Medicine Clinical, Communication, and Information management skill Individual, Community, and Population Health Quality and Efficiency in healthcare Ethics and Personal and Professional Development	1	1 st cycle through broad range of basic sciences with early clinical exposure. 'supported' PBL groups Ratio 90% non clinical:10% clinical	Phase 1: Year 1 : Module 1: Level 1: Challenges to health Credit value: 120 credits	
			Unit 1	Emergencies
			Unit 2	Infection & immunity
			Unit 3	Cancer
			Unit 4	Ageing
			Unit 5	Lifestyle
			Unit 6	Complex family
	SSC	Student-Selected Component		
	2 ^a	2 nd cycle through basic sciences PBL groups and weekly cases Ratio 80% non clinical:20% clinical Appropriately qualified graduates who enter at this phase carry 120 credits in respect of phase 1.	Phase 2: Year 2 : Module 2 Level 2: Integrated Clinical pathology 1 Credit values: 120 credits per year	
			Unit 1	Inputs and Outputs
			Unit 2	Movement
			Unit 3	Life Support and Defence
			Unit 4	Sensation
	SSC	Student-Selected Component		
	2 ^b	2 nd cycle through basic sciences 50% Clinical=Case Based Learning (CBL) groups and weekly cases in clinical rotation blocks 50% Non clinical = 1 day a week Keele Spine , 1.5 days non clinical learning opportunities provided on clinical site Ratio 50% non clinical:50% clinical	Phase 2 Year 3 : Module 3; Level 3 Integrated Clinical pathology 2 Credit values: 120 credits per year. Optional Intercolated Bachelors Degree after Module 2* (see below)	
			Unit 1	Surgical patient
			Unit 2	Medical patient
			Unit 3	Young patient
			Unit 4	Elderly patient
			Unit 5	Neuroscience
Unit 6			Musculoskeletal	
SSC	Student-Selected Component			
Optional Intercolated Bachelors Degree * (see below)			Phase 3 : Year 4: Module 4: Level 3: Integrated clinical practice Credit value: 120 credits.	
3	Mainly hospital-based Small group clinical learning Readiness for workplace Yr 5 model Ratio 20% non clinical:80% clinical	Unit 1	Surgery	
		Unit 2	Childs Health	
		Unit 3	Womens Health	
		Unit 4	Medicine	
		Unit 5	Mental Health	
SSC	Student-Selected Component			
Optional Intercolated Masters Degree* (see below)			Phase 4 : Year 5: Module 5: Level 3: Preparation for Professional Practice Credit value: 120 credits.	
4	Workplace-immersed F1 preparation Focus on application of knowledge & skills Ratio 10% non clinical:90% clinical	Unit 1	Medicine in the community (primary care, home care and community hospitals) (Adult, child, mental, women's and men's health) (following patient pathways and aged care)	
		Unit 2	Acute and critical care (emergency medicine, Intensive care unit & anaesthesia)	
		Unit 3	Surgical student assistantship	
		Unit 4	Medical student assistantship	
		Unit 5	Distant elective	

*Intercolated degrees

*The opportunity exists for students to take an intercolated Bachelors degree year anytime after year 2, or an intercolated Masters degree after Year 4.

6. Module Units and Assessments

Indicative assessment of thematic content: Module 1

Module unit	Assessment types	Weighting within module	
		In-module assessment	End of module assessment
Unit 1: Emergencies	Indicative knowledge- and skills-based assessments: <ul style="list-style-type: none"> written assessments (75%): e.g., Multiple Choice Questions; Extended Matching Questions; Short Answer Questions; essays practical assessments (25%): e.g., Objective Structured Skills assessments 	15%	60%
Unit 2: Infection & Immunity			
Unit 3: Cancer			
Unit 4: Ageing			
Unit 5: Lifestyle			
Unit 6: Complex family			
Student-selected component	Knowledge and skills- based assessments: <ul style="list-style-type: none"> Essay style written assignment 2500 words (+ / - 10%) and an Oral presentation 	10%	0%
Total percentage assessment Module 1:		40%	60%

Module 2

Module unit	Assessment types	Weighting within module	
		In-module assessments	End of module assessment
Unit 1: Inputs and Outputs	Indicative knowledge- and skills-based assessments: <ul style="list-style-type: none"> written assessments (75%): e.g., Multiple Choice Questions; Extended Matching Questions; Short Answer Questions; essays practical assessments (25%): e.g., Objective Structured Skills assessments 	15%	60%
Unit 2: Movement			
Unit 3: Life support and Defence			
Unit 4: Sensation			
Student-selected component	Knowledge and skills- based assessments: <ul style="list-style-type: none"> Poster presentation and supervisor report 	10%	0%
Total percentage assessment Module 2:		40%	60%

Module 3

Module unit	Assessment types	Weighting within module	
		In-module assessments	End of module assessment
Unit 1: The surgical patient	Indicative knowledge- and skills-based assessments: <ul style="list-style-type: none"> written assessments (60%): e.g., Multiple Choice Questions; Extended Matching Questions; Short Answer Questions; essays practical assessments (30%): e.g., Objective Structured Skills assessments 	20%	40%
Unit 2: The medical patient			
Unit 3: The young patient			
Unit 4: The elderly patient			
Unit 5: Neuroscience			
Unit 6: Musculoskeletal			
Critical appraisal of qualitative research paper		5%	
Medico legal interpretation			5%
Total percentage assessment Module 3:		25%	75%

Assessment of Professional Competence:

Assessment type
Attitude- based assessments:
<ul style="list-style-type: none"> Assessment of Submitted Learning Portfolio including appraisal meeting Student Selected Component assessed in Module 4

Similar indicative assessment grids will be available for Modules 4-5 (Years 4-5) in subsequent years following GMC and University approval processes

Progression Criteria

See Course Regulations

Similar indicative assessment grids will be available for Modules 4-5 (Years 4-5) in subsequent years following GMC and University approval processes.

Student-Selected Components, Elective Units and Consolidation Periods

The undergraduate medical curriculum has a core of knowledge, skills and experience covered in core modular units throughout the course. In addition, there is the opportunity to consolidate that information and gain non-core experience and knowledge in four Student-Selected Components (SSCs) in years 1; 2; 3; and 4; and a year 5 elective. The SSCs and Elective Unit have core intended-learning outcomes (ILOs) but these ILOs are not specific to location or topic. Their assessments provide an opportunity to test skills of a more general nature, such as the ability to write in different styles and for different audiences, utilising material which is not necessarily core curriculum content. This is believed to be important because the majority of the assessments are tightly-focused on core knowledge and clinical skills.

Year 1:

The SSCs foundation will be formed in Year 1 when the students will gain experience in researching literature, extracting relevant information and consolidate that information into a written and oral report. The topic of the report is chosen by the student from a list of diverse topics that staff members of the school can support through interest, expertise and personal networks.

Objective: To develop students' skills in researching topics, consolidating information, and constructing a cohesive report in written and verbal formats.

Format: A 3 week, literature review, with a 2,000 word written report, and a 5 minute presentation. Students either choose a topic from a list or generate their own topic.

Year 2:

The students' SSC experience in Year 2 will focus on gaining a basic understanding of patient, community, and/or population needs and services outside the clinical setting, and build on their Year 1 skills by requiring the students to continue developing their knowledge acquisition and consolidation / reporting skills.

Objectives: To develop students' skills in understanding and analysing the community service work of public / third sector organisations.

Format: A total of 4 weeks throughout the year participating in the activities of a community (non-clinical) organisation that is involved in improving the quality of people's lives. There are 8 half days spent visiting the organisation, 8 half days given to researching the organisation and / or what issues it addresses, and scheduled student presentations in conference style poster sessions.

Year 3: Students will be given a broad choice of avenues to expand thinking about different career paths through a choice of activities in clinical medicine, medical humanities or research.

Objectives: To allow students to explore potential career paths.

Format: A total of 8 weeks with a choice from 4 types of SSCs: a clinical case report, based on shadowing a clinical team; a study in the medical humanities; a study to gather and analyse qualitative data or an Introduction to Research. Exploration of more than one theme may be permitted.

Academic pathways (e.g., Research route, European route, Community route)

The Curriculum aims to encourage diversity and allow able students to use the non-core periods to devise their own “academic pathway” which complements their aptitudes and aspirations. Thus one student might wish to have more experience in community settings while another wishes to forge strong links with a research group or to study abroad. Most students will probably want to gain broad experience in the SSC units but the opportunity exists for students to be more focussed if they wish, since the Learning Objectives are not subject or location specific.

Shared Learning

The Faculty of Health is committed to the development & provision of high quality multi- and interprofessional learning in line with its interprofessional education strategy. The Faculty Interprofessional Education Group are actively developing plans to make IPE an inclusive experience for all undergraduate students. Pre-registration students from health and social care disciplines, for example, medicine, pharmacy, physiotherapy, and others will work together to develop collaborative skills, an understanding of the roles of future colleagues and a broader perspective of the patient experience in order to support interprofessional patient care. Interprofessional learning will be delivered through the Quality and Efficiency in Healthcare theme.

Learning Portfolio

The Learning Portfolio forms part of the attitude based assessment of Professional Competence. In each module students will be allocated an appraiser who will formatively assess their submitted Learning Portfolio and discuss the student’s development in an appraisal meeting. The appraiser will also offer professional and clinical support encouraging students to reflect on their professional development and learning experiences.

7. Support for Learning

7.1 The Learning Environment and Facilities

The programme has a mixture of academic and clinical experiences and thus a wide range of learning resources support the programme.

The main teaching hospital in Staffordshire is the University Hospital of North Staffordshire which is on the same site as the North Staffordshire Combined Healthcare NHS Trust which also offers clinical placements. In addition, the Royal Shrewsbury Hospital (RSH) will be an Associated Teaching Hospital from 2007, providing teaching hospital facilities in Shropshire. In Years four and five approximately 100 students in total will undertake clinical experience at the Shropshire Development of the School of Medicine on a rotational basis. Approximately 40 students will undertake clinical placements at the Mid- Staffordshire Foundation NHS Trust. Additionally, students will have placements in a range of community and District General Hospital or Specialist Hospital settings (please see below for further details).

The non-clinical components are based in the School of Medicine building on Keele campus. This is a very spacious, light and airy building, opened in September 2003, and includes a large lecture theatre, seminar rooms, IT laboratory, student common room and social gathering and refreshment areas. Additionally, there is an anatomy suite comprising a large dissecting room, several adjoining laboratories and a resource room where exhibits are displayed to facilitate study. Although most of the material is anatomical, other disciplines such as pathology are included. There are dissected specimens (prosections), models, bones, microscopes with histology slides, pathology pots, posters and CAL material. There are three Multi User Laboratories with equipment and resources that are mainly for the study of human physiology, pharmacology and histopathology. The resources range from microscopes for histology work, to biochemical equipment and facilities for biological investigations to computerised spirometry and ECG recording. Groups of networked PCs are available throughout the University, however the largest groups of open-access PCs (over 200 in total) are available in the Library Building. Most of these will be found in the in the IT Suite on the first floor. The computing facilities comprise a laboratory containing 63 PCs with monochrome printers and scanners. Colour printing may be directed to the library building machines and collected from there. The PCs run Microsoft Office XP, providing access to the standard word processing, spreadsheets and database software. Additional software includes many CAL (computer aided learning) packages. The suite is networked and has full access to the Internet. In addition, there is a computer in each of the 12 seminar rooms in the building, and computers in the Anatomy Suite Resource room and the Multi-user lab. All students have individual e-mail accounts and a small amount of private file space on the University fileservers.

At the University Hospital of North Staffordshire the School of Medicine building, which opened in January 2003, contains a lecture theatre, seminar rooms and a student resource room. In addition, there are a range of seminar/meeting rooms strategically placed around the hospital adjacent to wards and other clinical areas to assist in teaching close to or in contact with patients and other professional colleagues. The Student PBL Resource Room contains 15 computers for student use, together with both mono and colour printers, and a photocopier. The PCs are on the Keele network, with full Internet access, and the full range of software including the Microsoft Office suite. There are also PCs in the seminar rooms.

Additionally, the programme is also delivered in the Clinical Education Centre, within the University Hospital of North Staffordshire, which opened in September 2004, This houses not only facilities for student doctors, but also incorporates the School of Nursing & Midwifery, and Postgraduate Medical Education. The seminar rooms, extensive clinical skills laboratories, interprofessional Health Library and IT laboratories, not only provide state of the art teaching facilities, but also allow and encourage multi disciplinary learning and team working. This multi professional approach is seen as key to developing the workforce of the NHS. At the Clinical Education Centre,

there are three clinical skills laboratories, including resuscitation and paediatric areas, each individually designed to provide a wide range of clinical skills. Additional facilities are the intermediate and advanced skills laboratories. In the IT Suite on the ground floor, adjacent to the Health Library, there are 75 computers for student use, together with scanners and printers. The Library itself has photocopying facilities and 5 computers in a central area, and there are a further 24 computers in the Student Resource Room on the first floor.

University Hospital of North Staffordshire

The University Hospital of North Staffordshire is one of the largest acute Trusts in the country with an annual turnover in excess of £200 million. The hospital serves almost 500,000 people in North Staffordshire and provides a range of specialty services for more than 3,000,000. It employs around 6,700 staff and has over 1,300 beds. In the last financial year the hospital saw more than 77,081 in-patients, 35,942 day cases, 103,545 new outpatient referrals, and 261,031 outpatient follow-up appointments. In total, the Trust handled 130,846 emergency attendances (90,518 came through the Emergency Department, and a further 14,885 via the Walk-in Centre which opened in June 2000). The hospital is based at Hartshill in the City of Stoke-on-Trent, where its two main sites - the City General Hospital (CGH) and the North Staffordshire Royal Infirmary (NSRI) - are less than a mile apart. The hospital is being substantially re-built on the City General Site as part of a major development of healthcare in North Staffordshire, "Fit for the Future". The plans involve an integrated single-site hospital with high quality modern accommodation, facilities for education and research, new technology, and a 'same day' diagnostic and treatment centre. Between the City General and Royal Infirmary sites, another site accommodates the Central Outpatients Department (COPD), the Central Pathology Laboratory and some other smaller Departments. The Research Laboratories are also on this central site.

The University Hospital Trust provides a full range of acute, clinical and non clinical services, including an extensive range of specialty services such as plastic surgery, paediatric intensive care, neonatal intensive care, diagnostic and interventional cardiac services, neurosciences, and renal medicine. The Trust is also a designated Cancer Centre working in partnership with a network of West Midlands Cancer Units. The Trust is the focus for trauma care in the North West Midlands. The Trust is organised on a Divisional and a clinical directorate basis.

North Staffordshire Combined Healthcare NHS Trust.

The North Staffordshire Combined Healthcare Trust provides secondary care mental health services to the population of North Staffordshire as well as some community healthcare services for the elderly. Specialist rehabilitation services for older people and stroke rehabilitation are provided in community hospitals at Bucknall, Longton and Cheadle. These hospitals offer the opportunity for exposure to specialist services such as the stroke service, a multidisciplinary Parkinson's clinic, an incontinence clinic, tissue viability services, as well as day hospital and community rehabilitation. As part of "Fit for the Future", some of these community services will be developed further on other sites, such as the Haywood Hospital (below)

Harplands Hospital and Community Mental Healthcare services

The Harplands Hospital complex, opened in 2001, is the central facility within the network of psychiatric services in North Staffordshire. The main building houses 120 beds for General Adult and Old Age Psychiatry. The site also accommodates an assessment unit for people with learning disabilities who are also mentally ill, a specialised unit for the treatment and rehabilitation of people with addictions, and a number of other sub-specialty services. In the surrounding district are to be found six centres housing teams of mental health professionals. These teams provide the full range of psychiatric treatments to patients in the community. Designed with strong input from users, they are intended to be easily accessible to people living in local communities. They are each equipped with eight beds, intended to provide continuing care in a less institutional setting for mentally ill people who were initially treated at the Harplands Hospital, as well as respite care and support at times of crisis.

Haywood Hospital

Rheumatology and specialist rehabilitation are provided at the Haywood Hospital, five miles away from the UHNS, in Burslem. The hospital is managed by Stoke on Trent Primary Care Trust and includes in-patient and out-patient facilities, including physiotherapy, hydrotherapy and occupational therapy. On-site diagnostic facilities include plain radiography, ultra sound and Dexa scanning. The Haywood is currently being re-built, as part of the Fit for the Future project. The new hospital is on target to open in July 2009.

Elective placement

The elective period is in Year 5.

The objectives of the elective periods are to explore fields of medical practice:

- of particular interest to a student.
- in a different health setting.
- that a student feels has been inadequately covered for their own needs by the course.

It is envisaged in most cases then the student will spend the unit at a distant location - possibly overseas. However, subject to previous satisfactory performance, the period will offer maximum flexibility. Students will be encouraged to study any topic of their interest that has relevance to medicine. This could include an attachment to primary care or community facilities such as hospices; all hospital specialities; academic medicine undertaking a period of research; public health; management or other less usual areas such as alternative medicine. Overall support and supervision is provided by the Year 5 leader as well as individual tutors. This period may be used for directed study if the student has been found to be unsatisfactory in assessments in Phase 4, in order to allow successful completion of assessments in time to allow graduation at the end of Year 5.

The Shrewsbury and Telford Hospital NHS Trust

The Royal Shrewsbury Hospital (RSH) has a catchment population of 500,000 centred upon the county town of Shrewsbury and supplies services to a large rural population in West Shropshire and neighbouring Powys. RSH currently provides all the acute medical and surgical admissions for this area and provides a comprehensive diagnostic and therapeutic service. It has approximately 507 beds. The Princess Royal Hospital at Telford, opened in 1989, primarily served the population of east Shropshire, while the Royal Shrewsbury Hospital served the western half of the county into mid-Wales. Telford has 360 beds and is situated in over 50 acres of parkland. Following the managerial merger of the two hospitals in October 2003, there has been increased collaborative working with one surgical care directorate and a separate anaesthetic & critical care directorate for the combined trust.

Other NHS Trusts in the county of Shropshire include a Mental Health NHS Trust, situated in Shrewsbury, and The Robert Jones and Agnes Hunt Orthopaedic and District Hospital NHS Trust at Oswestry (on the Welsh border,) containing a spinal injuries and a children's orthopaedic unit. These 2 hospitals are independent from the recent Shrewsbury and Telford merger.

Mid-Staffordshire NHS Foundation Hospital

Mid Staffordshire NHS Foundation Trust operates and manages the two hospitals in Mid Staffordshire – Stafford Hospital and Cannock Chase Hospital. Foundation Trusts have more financial freedom to develop services best suited to local needs, along with greater involvement from patients and the public in deciding what they want from their local hospitals. The Trust provides a wide range of healthcare services – both medical and surgical – for the people of Stafford, Cannock, Rugeley and surrounding areas, with a catchment of over 300,000 people.

Stafford Hospital has a 24-hour Accident and Emergency department, and provides all the acute medical and surgical admissions for the area with a comprehensive diagnostic and therapeutic service. It has 354 inpatient beds. Cannock Chase Hospital is home to the Trust's impressive elective orthopaedic unit opened in 2002, and is also the base for rheumatology, dermatology and elderly care services. It has a 24-hour nurse-led minor injury unit, an Outpatient Department, 115 inpatient beds and comprehensive rehabilitation facilities.

District General Hospitals and Specialist Hospitals

Students will have the opportunity for attachments to District General Hospitals (DGHs) and Specialist Hospitals in their consolidation periods and SSC periods in years 3 and 4; and in final year attachments. District General Hospitals include Stafford; Telford; and the Robert Jones and Agnes Hunt Orthopaedic and District Hospitals NHS Trust, Oswestry.

Community Experience

In all years, there will be opportunities to achieve Learning Outcomes in a variety of sectors. At least one fifth of clinical time will be in the Community. Towards the end of Years 3 and 4 students also have the opportunity to undertake community experience and will undertake an SSC in a community setting. Additionally, in Year 5 students undertake a period of study entitled 'Medicine in the Community' which includes experience in primary care, home care and community hospitals Adult, child, mental, women's and men's health (following patient pathways).

Currently over 50 local practices are involved in teaching students. Here the students spend time with the doctors, district nurses, and other community health workers to support their learning around the case being studied in their weekly Problem-Based Learning Group. They are able to see how illness impacts on the individual, whole family and community and how it is managed in the community.

In North Staffordshire GP practices are grouped within Primary Care Trusts. The University, wherever possible, works with the PCTs to identify potential teaching practices and co-ordinates this activity with the Workforce Development Directorate, the Area Director for General Practice and West Midlands Deanery. This partnership maximises available resources so that practices can fulfil their teaching ambitions, for example, providing tutor development and support and identifying any facility development the practice requires to provide an appropriate learning environment for both medical students and General Practitioners in training

7.2 Library Resources

Library and IT services support student learning by providing:

- Collections of reference and multiple lending copies of textbooks, paper journals, DVDs, CD-ROMs, and videos
- Ready access to electronic resources (online journals and documents, bibliographic and knowledge databases, Internet), both on and off-campus
- Interlibrary loans and copies of journal articles
- Training sessions and enquiry services

There are two principal collections of textbooks and paper journals: the Health Library, Clinical Education Centre at the University Hospital of North Staffordshire NHS Trust and the Keele University Library, Keele campus. A third collection will be located at the Royal Shrewsbury Hospital NHS Trust.

The Health Library

The Health Library is the main library and information resource for Keele's teaching and learning activities based at the hospital site. This library is located on the ground floor of the Clinical Education Centre (opened in October 2004) at the University Hospital of North Staffordshire NHS Trust (about four miles from Keele University campus). The Library caters principally for medical, nursing, and midwifery students, but is open to all university staff and students and is regularly used by local NHS practitioners.

The Health Library contains more than 30,000 books, small collections of videos and CD-ROMs, and subscribes to more than 530 medical and healthcare journals. The Health Library houses lending and reference copies of all books mentioned in course Reading Lists. All the Library's resources are included in Keele Library's [web catalogue](http://opac.keele.ac.uk) (<http://opac.keele.ac.uk>).

Other facilities and services include:

- IT Suite with access to electronic resources
- Four self service photocopiers
- Quiet Study area
- Enquiry desk
- Training sessions (IT Training Room)
- Interlibrary loan and other document delivery services
- Video and CD-ROM players
- Stationery sales, including floppy disks
- Thermal binding service
- OHP and colour-printing services

More information about services and resources can be found on the Health Library web site

(<http://www.keele.ac.uk/depts/li/hl/>)

Keele University Library (KUL)

KUL is the main library and information resource for campus-based courses and is located at the centre of the campus in the Information Services building, overlooking Union Square. It houses some 460,000 books and subscribes to approximately 2,000 current journal titles.

The main book collection is housed on the first and second floors of the Information Services building and contains material that can be borrowed for either three weeks or seven days. There are lending and reference copies of all recommended textbooks.

Journals are shelved separately from books, in classified subject order, on the ground floor. Current issues are displayed separately; back issues are shelved on mobile bookcases. Titles include the BMJ, Student BMJ, Lancet, Medicine, New England Journal of Medicine, and New Scientist.

Electronic Resources

Many useful resources relating to medicine and health are freely accessible via the Internet, e.g. PubMed, Cochrane Library, the NHS Centre for Reviews and Dissemination, Clinical Evidence, BioMed Central, and FreeMedicalJournals.com.

- Keele also offers a growing portfolio of subscription electronic resources, databases, and full-text journals, relating to medicine and health care, e.g. anatomy.tv, AMED, MEDLINE, PsycINFO, BNI, CINAHL, SportDiscus, Academic Search Elite, and ScienceDirect. The University provides access to thousands of online journals, many of which are relevant to medicine and healthcare.

7.3 Pastoral support

Pastoral support will be organised and managed by the Director of Student Support for the School of Medicine. A team of pastoral tutors are available to see all students about any problems on confidential basis. The students are also encouraged to use University and external sources of support. Particular support is arranged for disabled students and those who are called to Progress and Health and Conduct committees. The tutors are particularly able to advise and counsel students about the professional demands of a career in medicine.

Academic and pastoral support is normally provided by:

- PBL tutors: who act as personal tutors for their current group(s)
- Appraisers: who oversee students through the course of the programme and are responsible for appraisal of their professional development
- Peer mentors: students in later years will have mentoring roles for students in earlier years
- Module leaders: will provide support for academic issues related to their module
- Firm tutors: will support students in clinical practice

Additional support is available from:

- Pastoral tutors: who provide additional support at the University campus when necessary
- Year Leaders: who provide additional support at the Hospital campus when necessary
- Senior Tutors: to whom students may be referred by other tutors; students may refer themselves.
- Directors of Undergraduate Studies: who also have disciplinary responsibility

- Keele University provides support, guidance and advice for all its students including:
- The Health Centre; Learning Support and Academic Guidance; Disability Services; English Language Unit; Independent Advice Unit; Student Support and Counselling.
- The local NHS Trusts also provide Counselling services.

8. Criteria for Admission, Exit Routes / Intercalated Degrees (2009 Entry).

Entry Requirements:

AS & A Levels

AS & A Levels

Three A Level subjects are required. Of these, Chemistry or Biology is essential plus one subject from Chemistry, Biology, Physics or Mathematics, plus one further rigorous academic subject if only 2 sciences are offered. If Chemistry is not taken at A Level, it must be offered at AS Level, grade B minimum. General Studies, Key Skills and Critical Thinking are not accepted as one of the three A2 level subjects. If only two sciences are offered, the science subjects not offered at AS/A Level are required at GCSE Level, at grade B or above.

Grades of AAB will be required at A Level. It is not necessary for a grade A pass to be achieved in Chemistry or Biology. Although the majority of students will be offering four AS Level subjects, those able to offer only three will not be disadvantaged.

If you are not sure as to the acceptability of your subjects, please check with the Admissions Manager for any further information on 'rigorous' subjects.

GCSEs Required

Chemistry, Physics, Biology (Dual Award Science is acceptable instead of these subjects, if achieved at BB minimum), English Language and Mathematics (grade B minimum) are essential. A broad spread of subjects is expected at GCSE with a minimum of 4 grade A passes.

Intermediate (level 2) GNVQ

GNVQ Intermediate Science may be acceptable in lieu of the science GCSEs listed above if the optional units include adequate coverage of subjects not taken at AS or A level. Please contact the Admissions Manager with details of the units taken and grades achieved before applying. A minimum of merit must be achieved in all six units. An overall distinction will be counted as equivalent to two A grades at GCSE, so at least two GCSEs must also be passed at grade A. An overall merit will be counted as equivalent to two B grades at GCSE.

GNVQ Intermediate ICT is acceptable in lieu of two GCSEs but this does not substitute for Mathematics or any science subjects. A minimum of merit must be achieved overall.

Achieved A Level Grades

Students applying with known A Level grades (AAB) will be considered even though their GCSE grades do not reach the previously mentioned standard. However, all applicants must have a minimum of grade B in English Language, Mathematics and the Sciences.

Welsh Baccalaureate

Students should pass the Welsh Baccalaureate Advanced Diploma including two science A2 Levels at AB grades. Chemistry or Biology is essential plus one subject from Chemistry, Biology, Physics or Mathematics. If Chemistry is not

taken at A Level, it must be offered at AS Level, grade B minimum.

Irish Leaving Certificate

Students should offer AAAAAB at higher level, to include Biology, Chemistry and Physics with Chemistry and one other science at grade A.

Advanced Highers (Scottish)

Three Advanced Highers at grades AAB are required for entry to the five-year programme. Of these, Chemistry or Biology is essential, plus one subject from Biology, Chemistry, Physics or Mathematics, plus one further rigorous academic subject if only two sciences are offered. Chemistry must be offered at Higher Grade B as a minimum. Alternatively, students may offer two Advanced Highers plus one new Higher at grades AAA, subjects to include Chemistry at Advanced Higher plus one other science at Advanced Higher and a further rigorous subject. We require a minimum of 4 subjects at standard grade/Intermediate Level 2 with a good range of subjects including English Language and Mathematics. Any science subject not being offered at the Higher or Advanced Higher level must have been passed at standard/Intermediate Level 2.

English Language Acceptable Qualifications

Students from the European Union and from overseas not offering GCSE English Language, are required to have one of the following:

- Grade B or above in the Certificate of Proficiency or Advanced Certificate in English offered by the Cambridge Syndicate
- International English Language Testing Service (IELTS) with an average score of 7
- Grade B or above in International General Certificate of Secondary Education (IGCSE)

We do not normally accept the Test of English as a Foreign Language (TOEFL) qualification, except in very unusual circumstances.

International Baccalaureate

Students undertaking the International Baccalaureate will be asked to achieve the IB Diploma with a score of at least 34 points. Subjects to include Chemistry or Biology, plus one from Chemistry, Biology, Physics or Mathematics and a third rigorous subject at higher level. Any science not taken at the higher level must be offered at subsidiary level or GCSE. Three grade 6 passes at IB Higher level and grades of 6,5,5 at subsidiary level are normally required. Points awarded for the Extended Essay or Theory of Knowledge are not taken into account.

European Baccalaureate

Applicants must offer Maths ("5 hours" or "8 hours") plus two science options, one of which must be Chemistry. Overall we require a final result of 78%.

Students not offering GCSE English Language or IELTS 7 should contact the Admissions Office.

French Baccalaureate

An overall score of 15 is required, including Chemistry and Biology at 15.

German Abitur

Average grade of 1.3 with a score of at least 13 in Biology and Chemistry.

Other European Qualifications:

Students offering other European school leaving certificates equivalent of A Level standard are advised to send in a copy of their academic transcript before submitting an application. Applicants should also refer to the section on acceptable

English Language qualifications.

Resit Offers

We normally expect students applying after resitting A Levels to have gained at least grades of BBB at the first attempt and these grades **must** be shown on the UCAS application. Students are required to achieve three grade A passes after three years of A Level study. Only a limited number of resit applicants are admitted each year.

It is not our policy to re-interview applicants who have been unsuccessful at interview the previous year. Offers made are only valid for the specified year of intake and no preference is given to students who fail to meet the entry criteria and then subsequently reapply.

Extenuating Circumstances

We expect entrants' extenuating circumstances to be taken into account by the relevant examination board at the time of the examination and therefore do not make any additional allowances for these circumstances when assessing applications or dealing with examination results. It is the responsibility of schools/colleges to bring extenuating circumstances to the attention of examination boards. Any evidence of extenuating circumstances that we require must be sent by post with a covering letter explaining its relevance. We will not accept evidence submitted via e-mail.

Graduate Applicants

The School of Medicine will consider applications from graduates who hold - or are expected to attain - an appropriate science (preferably bioscience)-based upper second-class honours degree. In addition applicants should ensure that they have the relevant subjects at GCSE and A level as listed. Allowances will be made for those whose A level grades do not meet the AAB criteria, but have achieved a 2i honours degree in a Biological Sciences subject. However, we reserve the right to request details from applicants of the content of their degree course if we have concerns about the A level grades obtained in specific sciences (e.g. Chemistry). Graduates should also hold at least grade B in GCSE English Language, Mathematics and the sciences.

Applicants with a non-science degree and an acceptable GAMSAT score may be considered for the course if they apply for this separately and undertake the UK Clinical Aptitude Test (UKCAT).

On registration they will be granted 120 credits

Transfers from Other Medical Degree Courses

Transfers will be considered from EU medical schools approved by the General Medical Council on an individual basis. Transfers are only considered in exceptional circumstances and it is highly unusual for transfers to be approved. We do not consider applicants who have failed examinations at other Medical Schools.

Accreditation of Prior Learning (APL) and Accreditation of Prior Certificated Learning (APCL)

APL and APCL does not apply to the MBChB programme . See **Non traditional Applicants** below

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Non traditional Applicants

We are pleased to receive applications from non traditional applicants who are taking either A Levels or a recognised Access to Medicine Course. We expect that the majority of non traditional applicants will not have been in Higher Education for the last 5 years before commencing their course. Those applicants with a significant period outside Higher Education (10 years or more) will be required to show some evidence of recent academic study. For information on any other qualification you might be undertaking please refer to the Admissions Manager. We do not see Access to Medicine courses as a suitable substitute for those with poor A Levels or a poor degree; we will reject applications from students

who have entered Access courses directly from school or university.

The Access to Medicine courses we recognize are those from:

- College of West Anglia (CWA)
- Manchester College of Arts & Technology (ManCAT)
- Sussex Downs College

International Applicants

Keele University School of Medicine will consider applications from international students who are overseas for fees purposes. We will have approximately 10 places on the 5-year MBChB course available for entry in 2009. International applicants should indicate that they are applying for an international place on their UCAS application.

International students will be subject to the standard admissions procedure which involves application through UCAS. Short listed candidates are required to attend an interview, mostly these are held at Keele University Medical School, Staffordshire, UK. Course A101 (Graduate Entry Programme) is not currently open to international students.

All applicants should offer qualifications equivalent to the GCSE and A Level requirements. Applicants will be expected to provide evidence of the equivalence of their qualifications; this should be sent directly to the Admissions Office after submitting their UCAS application.

UKCAT

United Kingdom Clinical Aptitude Test (UKCAT)

All applicants should note that as part of the entry requirements they must undertake the United Kingdom Clinical Aptitude Test in the year of application. The results from this will contribute to our decision making process. A bursary system is in operation for candidates requiring assistance, please see www.ukcat.ac.uk

Immunisation Requirements

All applicants who are given an offer of a place must complete a satisfactory health questionnaire, which is sent out to applicants with the offer letter. All required immunisations will take place post registration through our Occupational Health Unit.

Students with Disabilities applying for Medicine

Applicants are advised to declare any special needs on the UCAS application form. Applications will then be considered in the usual way. Potential applicants are advised to contact the Admissions Administrator for further advice prior to submitting a UCAS application, so that individual circumstances may be considered.

Keele University welcomes applications from disabled students and strives to provide an appropriate level of support to meet known individual needs. The University is committed to comply with the Disability Discrimination Act (1995), the Special Educational Needs and Disabilities Act (2001) and any guidance issued by the Council of Heads of Medical Schools (Guiding Principles for the Admission of Medical Students 1999) and General Medical Council. We consider applications against the usual academic criteria. However we also take into account any limitations in accordance with the General Medical Council Fitness to Practise requirement that students must meet the standards of competence, care and conduct as laid out in the GMC Good Medical Practice guide (2001). Anyone with a disability wishing to enter medical school is advised to read and reflect on this document.

All applicants holding an offer to study medicine must satisfactorily complete a health questionnaire as part of the

condition of their offer to study medicine at Keele University. Applicants must declare a history of mental ill health, but this will not jeopardise a career in medicine unless the condition impinges on professional fitness to practise and is ongoing or likely to recur.

Applicants indicating Dyslexia on their UCAS form should note that they will be expected to supply the University with a copy of their assessment by an Educational Psychologist.

If an application is of a sufficiently good standard, applicants will be invited to attend for interview. No candidate will be offered a place without interview. Following this all successful applicants are sent a health questionnaire and the Occupational Health Unit may invite them to discuss how they manage their disability or condition and what coping strategies they have developed, so that a judgement can be reached regarding their fitness to practise.

Applicants should be aware that whilst appropriate measures can be taken to accommodate particular needs to enable them to study effectively in the theoretical and classroom components of the course, clinical practice placements may require alternative arrangements.

Under the direction of the Director of Student Support, the School of Medicine reviews all students' general progress regularly and will discuss with them any support issues related to their disability or condition. We operate a Health and Conduct committee as well as a Progress Committee.

If it appears that their condition compromises safety in a clinical setting or that it is unlikely that they will be able to meet the fitness to practise requirements for registration with the General Medical Council, then this will be discussed with them as soon as possible and appropriate guidance and support will be offered. This may result in a referral to the University's Fitness to Practise Committee, and possibly to them being unable to remain on their current programme.

Keele University has a Student Support Centre who are able to provide advice and support to disabled students. For further information see: www.keele.ac.uk/depts/aa/disabilityservices/
Further information can be found at:
Council of Heads of Medical Schools - www.chms.ac.uk/fastuds.html
General Medical Council - www.gmc-uk.org

Criminal Record Checks

Medicine, along with some other university courses, is exempt from the Rehabilitation of Offenders Act 1974. You are required to declare **any** criminal convictions on your UCAS application, regardless of whether they are "spent" under the terms of the Act.

If you apply and are offered a place on this degree programme, you will also be required to apply, through the University, for an Enhanced Disclosure from the Criminal Records Bureau. Students must bring their completed Enhanced Disclosure form to the interview together with photographic identification. Failure to supply photographic evidence on the day of the interview, may result in the candidate being required to revisit the University at a later date.

The University follows the CRB Code of Practice in these issues (see www.crb.gov.uk) and can provide a copy of this Code on request. The University also has a policy on the recruitment of ex-offenders, which will be made available to you should you wish to apply. Please note that having a criminal record is not necessarily a bar to obtaining a place on this course. However, failure to disclose relevant details is likely to result in withdrawal of the offer of a place.

The School reserves the right to ask for further information about any criminal conviction. (It may not be appropriate for the school to adopt a blanket position refusing to consider an applicant outright; that is potentially unfair and discriminatory). However, once detailed circumstances are known, an application can be judged against faculty-wide

student fitness to practise criteria that would apply once a student is admitted to the School. These have recently been formulated and are thought to be fully compliant with the law and with professional regulatory standards. They include public interest arguments (e.g., relating to child protection and sex offences) whereby a student could be considered a risk to patients and/or the public (including students and staff). This policy document has yet to be ratified, but once it has been passed by Senate and Council will stand as a university-wide position.

Gap Years

If applying for deferred entry, we would expect to see on the UCAS form some indication of how applicants intend to spend the year. The School of Medicine is happy to consider applications from those who want to defer their entry to undertake a medically related project. If applicants decide that they wish to defer entry after they have already submitted their UCAS form, they must write to us to tell us of their change of intention, and at that stage they can outline your plans for the year. We would not usually consider requests to defer entry once examination results have been published.

Professional Requirements

There may be additional requirements as required by the Professional Body (the General Medical Council) such as fitness to practise. 2009 entry policy is in the programme specifications and 2010 entry policy is on the website

Transfer routes / exit points

The end award is MBChB (Honours), however, the following Intermediate awards may be available at appropriate exit points: Certificate of Higher Education in Applied Medical Sciences; Diploma of Higher Education in Applied Medical Sciences; and BSc Honours Degree in Applied Medical Sciences. These intermediate awards imply no eligibility for professional recognition or registration, or fitness to practise.

Intercalated degrees

After satisfactorily completing a minimum of two years, undergraduates may suspend their medical studies for a period of twelve months to undertake an intercalated BSc degree. An intercalated BSc may be undertaken after Year 2 or Year 3. Eligibility to study a Masters degree after Year 4 would be decided at the commencement of Year 2 (to include Graduate Entry students) and would depend on prior academic performance, i.e. only higher level performing students would be eligible (details available upon request). Students accepted to pursue a Masters degree after Year 4 will undergo additional preparation for their studies from Year 2.

9. Evaluation and Improvement of Quality and Standards

The MBChB Honours Degree programme takes cognisance of the General Medical Council's standards for medical education e.g. Tomorrow's Doctors (GMC, 2003) form the learning outcomes of the programme, thus ensuring that graduates meet the requirements of the New Doctor (GMC, 2004) in attaining the goals of undergraduate medical education and Good Medical Practice (GMC, 2001). Additionally, other external quality indicators are taken into account such as the QAA subject benchmark statements for Medicine

(www.qaa.ac.uk/academicinfrastructure/benchmark/honours/medicine.asp); the need to develop transferable skills (NCIHE, 1997), the Universities' mission statements; and healthcare educational policy e.g., in the development of learning (DoH, 1999).

The School of Medicine Course Committee will be responsible for monitoring the programme. The MBChB Honours Degree Course Committee is responsible to the School of Medicine Learning and Teaching Committee, which in turn is responsible to the School of Medicine Committee. Student feedback and evaluation will be gathered and considered in various ways, e.g. at the end of each unit / module by on-line questionnaires, and open forum for evaluative discussion with Module Leaders. Such evaluation is analysed and the results and freehand student comments, i.e. quantitative and qualitative data, are discussed at regular meetings of the relevant Module committee. The Committee responds to the evaluations and takes appropriate action. The results of student evaluation and the responses to it, are regularly brought to the Staff/Student Liaison Committee, as required by the Keele University Quality Assurance office. The Staff/Student Liaison Committee reports directly to the Learning & Teaching Committee of the School of Medicine. As required by the Keele University Quality and Standards Procedures, the annual review of the course includes reports for all modules which form part of the course; the outcome of student evaluation of any of the modules forming part of the course which have been evaluated in the year under review; relevant statistical information, including student progression and mark distribution; first-destination statistics; admissions data; external examiners' reports; and reports of internal quality audits or external reviews. This annual review is sent to the Learning & Teaching Committee of the School of Medicine. These meetings feed into institutional quality audits and other quality enhancement processes e.g., the Quality Assurance Agency for Higher Education, and Keele University's annual monitoring and review process. The School of Medicine has regular quality monitoring inspections by the Quality Assurance team at Keele. Additionally, evaluative feedback will be available to the external stakeholders, and the regulatory body, the General Medical Council. Additionally, the School of Medicine was granted ISO 9001-2000 accreditation in the summer of 2005.

10. Regulation of Assessment

Assessment is regulated by the MBChB Honours Degree Course Regulations. The MBChB Assessments Committee will agree on: the types of assessment to be set; the appropriate weighting of marks, compensation, rules, etc; make formal approaches to possible External Examiners for the Course, and make recommendations for the appointment of such External Examiners; to the appropriate University body; receive, respond to and take any action on reports from External Examiners, monitor modifications to assessments required for students with declared disabilities; receive reports from the Boards of Examiners from the appropriate modules, consider relevant policy documents from national and local sources; and oversee assessment and examination arrangements. In addition, the Assessments Committee: evaluates the extent to which learning outcomes are achieved by students; contributes to the Annual Review / Triennial Reviews of the course; and produces relevant information for any QAA review. The Assessments Committee meets up to 5 times per year, and is chaired by the Head of the School of Medicine.

1. Assessment of Thematic Content:

Each module will have its own Examinations/Assessments Board, with the remit to: oversee the assessment and examining arrangements; be responsible for agreement on the questions and content of the various assessments for the module; monitor, maintain and enhance the standards of the assessment aspects; receive and consider feedback from external examiners; receive reports from the Emendation Committee; and refer students who fail to demonstrate adequate knowledge of thematic content to the Progress Committee.

2. Assessment of Professional Competence

The Faculty of Health Fitness to Practise Committee will ensure that students enrolled on programmes that lead directly to a professional qualification which gives the right to practise, fulfil the relevant professional requirements. The School of Medicine Health and Conduct Committee will monitor issues of student health and conduct – including attitudes and behaviour – that may affect students fitness to practise within their intended profession and refer students, where necessary, to the Fitness to Practise Committee.

11. Indicators of Programme Quality

Indicators of Programme Quality will include:

GMC accreditation

Evaluation by students

Standards of achievement by student and career success of graduates

Evaluative data from relevant committees

External Examiner reports

Pattern of attrition

The number of successful completers of the programme

Compliance with academic infrastructure including benchmark and Framework for Higher Education Qualifications (FHEQ) (in England, Wales and Northern Ireland)

Outcome for University periodic review described in the university's Academic Quality and Standards Manual (AQSM)

Compliance with Keele University's Quality Policy (for more information see:
<http://www.keele.ac.uk/depts/aa/qao/qamannual/index.htm>)

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Appendix 1: The Admissions Policy

Introduction

The Director for Undergraduate Medical Admissions is responsible for supervising the admissions process to ensure that the process is free from discrimination of any kind. The policy is reviewed annually by the Admissions Committee.

Application Procedure

All applications should be submitted to UCAS by the closing date. Any applications after this date will be considered at the discretion of the Director for Undergraduate Medical Admissions.

All applications meeting the minimum academic requirements (including UKCAT assessment) will be assessed in detail by both the Admissions Tutors and the Admissions Manager. Applicants will then be short-listed for interview; no applicant will be offered a place without attending for interview.

UKCAT

All applicants will be expected to take the UKCAT by the due deadline in the year of application.

The Admissions Process

The admissions process involves three phases – academic screen, short listing, and interviews.

Phase 1 – Academic Screen

All applications are checked to ensure that they meet the minimum academic requirement and given an overall academic score. Those not reaching the appropriate academic levels will not progress to the next phase of assessment.

Phase 2 - Short listing

The Admissions Tutors assess the personal statement and reference for:

- Reasons for choosing medicine/changing to medicine
- Work experience in a caring role
- Interests/hobbies/sports
- Knowledge/experience of health care system in UK
- Evidence of teamwork
- Communication skills
- Determination/conscientiousness
- Intellectual achievements and potential

Applications are awarded an overall score before applicants are selected for interview.

Phase 3 – Interviews

It is our policy to interview the top 400 highest ranked applicants for entry to the 5-year course.

Applicants are called for interview on the basis of the standard scoring system used to shortlist applications by the Admissions Tutors. Any applicant rejected prior to the interview will have been assessed independently by at least two senior members of staff.

Interviews are usually held at the School of Medicine building on the University Campus. Each candidate will have a similar structured interview. The panel of 3 interviewers are drawn from both the university, hospital and local (lay) environments and have undergone specific training for interviewing medical school applicants.

Interviews are likely to take place in blocks, including November, December and February.

All interviewees will be sent an advice sheet which explains in detail the interview procedure and format, with their interview invitation.

After the interview, applicants will receive the University's decision by post. Notification via UCAS including the conditions of the offer will be sent in due course. Successful applicants will be invited to attend a Visit Day.

Equal Opportunities

Keele University has adopted an Equal Opportunities Policy which states that no student will receive less favourable treatment on the grounds of race, colour, nationality, ethnic or national origins, gender, marital status, sexuality, disability, religion, political belief, socio-economic background, parental status, age or trades union membership. The University is committed to a programme of action to ensure that this policy is fully effective.