

Programme Specification: Undergraduate

For students starting in Academic Year 2017/2018

1. Course Summary

Names of programme(s) and award title(s)	Medicine MBChB Honours Degree
Award type	Honours
Mode of study	Full time
Framework of Higher Education Qualification (FHEQ) level of final award	Level 6
Duration	5 years
Location of study	Years 1 and 2 are predominantly based at Keele campus. The majority of clinical placements in Years 3 - 5 are based in Staffordshire and Shropshire. There are a small number of placements in adjoining counties.
Accreditation (if applicable)	This programme is accredited by the General Medical Council. For further details see section 12.
Regulator	Higher Education Funding Council for England (HEFCE) General Medical Council
Tuition Fees	<p>UK/EU students: Fee for 2017/18 is £9,250*</p> <p>International students: Fee for 2017/18 is £27,800**</p> <p>Home (England and Wales) and EU students are eligible for an NHS bursary towards their fees in their 5th year of study not counting repeated years. For Scotland and Northern Ireland, students should check directly with their relevant authority.</p> <p>More information on eligibility can be found on the NHS Bursaries website: http://www.nhsbsa.nhs.uk/Students/816.aspx</p> <p>International students are not eligible for the NHS Bursary.</p>

* These fees are regulated by Government. We reserve the right to increase fees in subsequent years of study in response to changes in government policy and/or changes to the law. If permitted by such change in policy or law, we may increase your fees by an inflationary amount or such other measure as required by government policy or the law. Please refer to the accompanying Student Terms & Conditions. Further information on fees can be found at <http://www.keele.ac.uk/studentfunding/tuitionfees/>

** We reserve the right to increase fees in subsequent years of study by an inflationary amount. Please refer to the accompanying Student Terms & Conditions for full details. Further information on fees can be found at <http://www.keele.ac.uk/studentfunding/tuitionfees/>

Additional Costs	Refer to section 18
------------------	---------------------

How this information might change: Please read the important information at <http://www.keele.ac.uk/student-agreement/>. This explains how and why we may need to make changes to the information provided in this document and to help you understand how we will communicate with you if this happens.

2. Medicine at Keele

Keele Medical School has 650 students across the five academic years. We offer those aspiring to be doctors:

- Excellent clinical opportunities in primary care and hospital settings across Staffordshire, Shropshire and others adjoining counties
- Excellent teaching facilities at all teaching sites
- A large group of trained and experienced teachers
- An enjoyable, interactive, small group based learning approach
- Opportunities for student selected components in a wide range of clinical as well as biomedical, behavioural and social science topics
- A strong student support system
- A beautiful rural campus, conveniently located in central England.

3. Overview of the Programme

Our mission: *To graduate excellent clinicians*

The Philosophy of the Programme

Doctors need to update and develop their skills, knowledge and behaviours throughout their working lives. The programme at Keele emphasises their responsibility for learning what they need to know. Learning is student-led to prepare them for their careers.

4. Aims of the Programme

The programme is an innovative, highly integrated, modern medical curriculum, comprising a mixture of core and student-selected components.

Integration occurs at all levels, and the three vertical themes are included in the core and selected elements in all years. The three themes taken from **Outcomes for Graduates (Tomorrows Doctors) (GMC, 2015)** are:

The doctor as a scholar and a scientist:

The graduate will be able to apply to medical practice biomedical scientific principles, method and knowledge relating to: anatomy, biochemistry, cell biology, genetics, immunology, microbiology, molecular biology, nutrition, pathology, pharmacology and physiology.

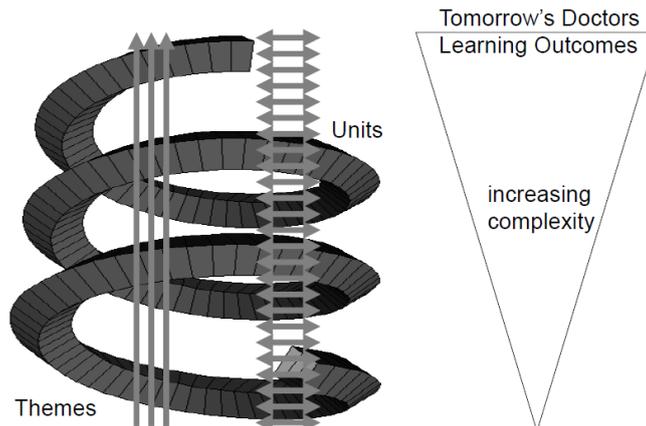
The doctor as a practitioner:

The graduate will be able to carry out a consultation with a patient.

The doctor as a professional:

The graduate will be able to behave according to ethical and legal principles.

Keele Spiral Curriculum



Objectives

The MBChB Honours Degree at Keele University is designed to ensure graduates meet the necessary standards in terms of knowledge, skills and professionalism that new doctors should have as they embark on further training. The curricular outcomes for undergraduate medical education are set out in **Outcomes for Graduates (Tomorrow's Doctors)** (GMC, 2015), the duties of a doctor are set out in the GMC document **Good Medical Practice** (GMC, 2013).

Good Medical Practice (GMC, 2013).

Patients must be able to trust doctors with their lives and health. To justify that trust you must show respect for human life and make sure your practice meets the standards expected of you in four domains.

Knowledge, skills and performance

- Make the care of your patient your first concern.
- Provide a good standard of practice and care.
 - Keep your professional knowledge and skills up to date.
 - Recognise and work within the limits of your competence.

Safety and quality

- Take prompt action if you think that patient safety, dignity or comfort is being compromised.
- Protect and promote the health of patients and the public.

Communication, partnership and teamwork

- Treat patients as individuals and respect their dignity.
 - Treat patients politely and considerately.
 - Respect patients' right to confidentiality.
- Work in partnership with patients.
 - Listen to, and respond to, their concerns and preferences.
 - Give patients the information they want or need in a way they can understand.
 - Respect patients' right to reach decisions with you about their treatment and care.
 - Support patients in caring for themselves to improve and maintain their health.
- Work with colleagues in the ways that best serve patients' interests.

Maintaining trust

- Be honest and open and act with integrity.
- Never discriminate unfairly against patients or colleagues.
- Never abuse your patients' trust in you or the public's trust in the profession.

You are personally accountable for your professional practice and must always be prepared to justify your decisions and actions.

Good Medical Practice (GMC, 2013). (http://www.gmc-uk.org/guidance/good_medical_practice.asp):

Keele Graduate attributes:

Engagement with this programme will enable you to develop your intellectual, personal and professional capabilities. At Keele, we call these our ten Graduate Attributes and they include independent thinking, synthesizing information, creative problem solving, communicating clearly, and appreciating the social, environmental and global implications of your studies and activities. Our educational programme and learning environment is designed to help you to become a well-rounded graduate who is capable of making a positive and valued contribution in a complex and rapidly changing world, whichever spheres of life you engage in after your studies are completed.

Further information about the Keele Graduate Attributes can be found here: <http://www.keele.ac.uk/journey/>.

5. What you will learn

Intended learning outcomes

The curricular outcomes of Tomorrow's Doctors (GMC, 2015) form the learning outcomes of the programme thus ensuring that graduates meet the requirements the GMC. 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/en/Publications/Documents/Subject-benchmark-statement-Medicine.pdf>

NB Tomorrow's Doctors 2009 has 124 outcomes and standards that define undergraduate medical education:

TD 2009 Points 1-7 outlines the different and complementary roles in medical education and therefore are indicative of responsibilities only.

TD 2009 Outcomes 8-23 demonstrates in which Year the student will achieve each of the learning outcomes (student learning outcomes). See below

TD 2009 Points 24-174 are the professional standards that the school is required to comply with, with respect to teaching, learning and assessment. The GMC require an annual self-assessment document (MSAR - Medical School Annual Return) from the school demonstrating compliance for each of the points.)

Tomorrow's doctors 2015	Knowledge and understanding, skills and other attributes TD2015 outcomes 1 The doctor as a scientist and scholar At the end of the programme students should:	Occurs in Year:	Assessed at graduate level by completion of Year:
8	Apply to medical practice biomedical scientific principles, method and knowledge relating to: anatomy, biochemistry, cell biology, genetics, immunology, microbiology, molecular biology, nutrition, pathology, pharmacology and physiology.		
8A	Explain normal human structure and functions.	1 - 4	2
8B	Explain the scientific bases for common disease presentations.	1 - 4	4
8C	Justify the selection of appropriate investigations for common clinical cases.	3 - 5	5
8D	Explain the fundamental principles underlying such investigative techniques.	1 - 5	4
8E	Select appropriate forms of management for common diseases, and ways of preventing common diseases, and explain their modes of action and their risks from first principles.	3 - 5	5
8F	Demonstrate knowledge of drug actions: therapeutics and pharmacokinetics; drug side effects and interactions, including for multiple treatments, long-term conditions and non-prescribed medication; and also including effects on the population, such as the spread of antibiotic resistance.	1 - 5	5
8G	Make accurate observations of clinical phenomena and appropriate critical analysis of clinical data.	1 - 5	5
9	Apply psychological principles, method and knowledge to medical practice.		
9A	Explain normal human behaviour at an individual level.	1 - 3	2
9B	Discuss psychological concepts of health, illness and disease.	1 - 3	2
9C	Apply theoretical frameworks of psychology to explain the varied responses of individuals, groups and societies to disease.	1 - 3	3
9D	Explain psychological factors that contribute to illness, the course of the disease and the success of treatment.	1 - 5	5
9E	Discuss psychological aspects of behavioural change and treatment compliance.	1 - 5	4
9F	Discuss adaptation to major life changes, such as bereavement. Compare and contrast the abnormal adjustments that might occur in these situations.	1 - 4	4

9G	Identify appropriate strategies for managing patients with dependence issues and other demonstrations of self-harm.	1 - 5	5
Tomorrow's doctors 2015	Knowledge and understanding, skills and other attributes TD2015 outcomes 1 The doctor as a scientist and scholar At the end of the programme students should:	Occurs in Year:	Assessed at graduate level by completion of Year:
10	Apply social science principles, method and knowledge to medical practice.		
10A	Explain normal human behaviour at a societal level.	1 - 2	2
10B	Discuss sociological concepts of health, illness and disease.	1 - 3	3
10C	Apply theoretical frameworks of sociology to explain the varied responses of individuals, groups and societies to disease.	1 - 2	2
10D	Explain sociological factors that contribute to illness, the course of the disease and the success of treatment, including issues relating to health inequalities, the links between occupation and health and the effects of poverty and affluence.	1 - 3	3
10E	Discuss sociological aspects of behavioural change and treatment compliance.	1 - 2	3
11	Apply to medical practice the principles, method and knowledge of population health and the improvement of health and health care.		
11A	Discuss basic principles of health improvement, including the wider determinants of health, health inequalities, health risks and disease surveillance.	1 - 3	3
11B	Assess how health behaviours and outcomes are affected by the diversity of the patient population.	1 - 2	2
11C	Describe measurement methods relevant to the improvement of clinical effectiveness and care.	1,3	3
11D	Discuss the principles underlying the development of health and health service policy, including issues relating to health economics and equity, and clinical guidelines.	1,3	3
11E	Explain and apply the basic principles of communicable disease control in hospital and community settings.	1 - 5	5
11F	Evaluate and apply epidemiological data in managing healthcare for the individual and the community.	1,3	3
11G	Recognise the role of environmental and occupational hazards in ill-health and discuss ways to mitigate their effects.	3	3
11H	Discuss the role of nutrition in health.	1 - 4	4
11I	Discuss the principles and application of primary,	1 - 5	3

	secondary and tertiary prevention of disease.		
11J	Discuss from a global perspective the determinants of health and disease and variations in health care delivery and medical practice.	1,3	3

Tomorrow's doctors 2015	Knowledge and understanding, skills and other attributes TD2015 outcomes 1 The doctor as a scientist and scholar At the end of the programme students should:	Occurs in Year:	Assessed at graduate level by completion of Year:
12	Apply scientific method and approaches to medical research.		
12A	Critically appraise the results of relevant diagnostic, prognostic and treatment trials and other qualitative and quantitative studies as reported in the medical and scientific literature.	1 - 3	3
12B	Formulate simple relevant research questions in biomedical science, psychosocial science or population science, and design appropriate studies or experiments to address the questions.	3	3
12C	Apply findings from the literature to answer questions raised by specific clinical problems.	1 - 5	3
12D	Understand the ethical and governance issues involved in medical research.	3	3
13	Carry out a consultation with a patient.		
13B	Elicit patients' questions, their understanding of their condition and treatment options, and their views, concerns, values and preferences	1 - 5	5
13C	Perform a full physical examination.	1 - 5	5
13D	Perform a mental-state examination.	3 - 5	5
13E	Assess a patient's capacity to make a particular decision in accordance with legal requirements and the GMC's guidance (in Consent: Patients and doctors making decisions together).	2 - 5	5
13F	Determine the extent to which patients want to be involved in decision-making about their care and treatment.	3 - 5	5
13G	Provide explanation, advice, reassurance and support.	2 - 5	5
14	Diagnose and manage clinical presentations.		
14A	Interpret findings from the history, physical examination and mental-state examination, appreciating the importance of clinical, psychological, spiritual, religious, social and cultural factors.	2 - 5	5
14B	Make an initial assessment of a patient's problems and a differential diagnosis. Understand the processes by which doctors make and test a differential diagnosis.	3 - 5	5
14 C	Formulate a plan of investigation in partnership with the patient, obtaining informed consent as an essential part of this process.	3 - 5	5

	Knowledge and understanding, skills and other attributes TD2015 outcomes 1 The doctor as a scientist and scholar At the end of the programme students should:	Occurs in Year:	Assessed at graduate level by completion of Year:
14E	Synthesise a full assessment of the patient's problems and define the likely diagnosis or diagnoses.	3 - 5	5
14F	Make clinical judgements and decisions, based on the available evidence, in conjunction with colleagues and as appropriate for the graduate's level of training and experience. This may include situations of uncertainty.	3 - 5	5
14G	Formulate a plan for treatment, management and discharge, according to established principles and best evidence, in partnership with the patient, their carers, and other health professionals as appropriate. Respond to patients' concerns and preferences, obtain informed consent, and respect the rights of patients to reach decisions with their doctor about their treatment and care and to refuse or limit treatment.	4 - 5	5
14I	Identify the signs that suggest children or other vulnerable people may be suffering from abuse or neglect and know what action to take to safeguard their welfare.	3 - 4	4
14J	Contribute to the care of patients and their families at the end of life, including management of symptoms, practical issues of law and certification, and effective communication and team working.	1 - 5	5
15	Communicate effectively with patients and colleagues in a medical context.		
15A	Communicate clearly, sensitively and effectively with patients, their relatives or other carers, and colleagues from the medical and other professions, by listening, sharing and responding.	1 - 5	5
15B	Communicate clearly, sensitively and effectively with individuals and groups regardless of their age, social, cultural or ethnic backgrounds or their disabilities, including when English is not the patient's first language.	1 - 5	5
15C	Communicate by spoken, written and electronic methods (including medical records), and be aware of other methods of communication used by patients. Appreciate the significance of non-verbal communication in the medical consultation.	1 - 5	5
15D	Communicate appropriately in difficult circumstances, such as breaking bad news, and when discussing sensitive issues, such as alcohol consumption, smoking or obesity.	1 - 5	5
15E	Communicate appropriately with difficult or violent patients.	1,3,4	5

Tomorrow's doctors 2015	Knowledge and understanding, skills and other attributes	Occurs in Year:	Assessed at graduate level by completion of Year:
	TD2015 outcomes 2 The doctor as a practitioner At the end of the programme students should:		
15F	Communicate appropriately with people with mental illness.	3 - 5	5
15H	Communicate effectively in various roles, for example as patient advocate, teacher, manager or improvement leader.	4 - 5	5
16	Provide immediate care in medical emergencies.		
16A	Assess and recognise the severity of a clinical presentation and a need for immediate emergency care.	1 - 5	5
16B	Diagnose and manage acute medical emergencies.	1 - 5	5
16C	Provide basic first aid.	2	2
16D	Provide immediate life support.	1 - 5	5
16E	Provide cardio-pulmonary resuscitation or direct other team members to carry out resuscitation.	1 - 5	5
17	Prescribe drugs safely, effectively and economically.		
17A	Establish an accurate drug history, covering both prescribed and other medication.	2 - 5	5
17B	Plan appropriate drug therapy for common indications, including pain and distress.	3 - 5	5
17C	Provide a safe and legal prescription.	4 - 5	5
17D	Calculate appropriate drug doses and record the outcome accurately.	2 - 5	5
17E	Provide patients with appropriate information about their medicines.	3 - 5	5
17F	Access reliable information about medicines.	3 - 5	5
17G	Detect and report adverse drug reactions.	3 - 5	5
17H	Demonstrate awareness that many patients use complementary and alternative therapies, and awareness of the existence and range of these therapies, why patients use them, and how this might affect other types of treatment that patients are receiving.	2	2
18	Carry out practical procedures safely and effectively.		
18A	(a) Be able to perform a range of diagnostic procedures, as listed in Appendix 1 and measure and record the findings.	See below	5
18B	(b) Be able to perform a range of therapeutic procedures, as listed in Appendix 1.	See below	5

Tomorrow's doctors 2015	Knowledge and understanding, skills and other attributes	Occurs in Year:	Assessed at graduate level by completion of Year:
	TD2015 outcomes 2 The doctor as a practitioner At the end of the programme students should:		
18C	(c) Be able to demonstrate correct practice in general aspects of practical procedures, as listed in Appendix 1	See below	5
19	Use information effectively in a medical context.		
19A	Keep accurate, legible and complete clinical records.	3 - 5	5
19B	Make effective use of computers and other information systems, including storing and retrieving information.	1 - 5	5
19C	Keep to the requirements of confidentiality and data protection legislation and codes of practice in all dealings with information.	1 - 5	5
19D	Access information sources and use the information in relation to patient care, health promotion, advice and information to patients, and research and education.	1, 3 - 5	5
19E	Apply the principles, method and knowledge of health informatics to medical practice.	1 - 5	5
20	Behave according to ethical and legal principles.		
20A	Know about and keep to the GMC's ethical guidance and standards including Good Medical Practice, the 'Duties of a doctor registered with the GMC' and supplementary ethical guidance which describe what is expected of all doctors registered with the GMC.	1 - 5	All years
20B	Demonstrate awareness of the clinical responsibilities and role of the doctor, making the care of the patient the first concern. Recognise the principles of patient-centred care, including self-care, and deal with patients' healthcare needs in consultation with them and, where appropriate, their relatives or carers.	1 - 5	All years
20C	Be polite, considerate, trustworthy and honest, act with integrity, maintain confidentiality, respect patients' dignity and privacy, and understand the importance of appropriate consent.	1 - 5	All years
20D	Respect all patients, colleagues and others 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. Respect patients' right to hold religious or other beliefs, and take these into account when relevant to treatment options.	1 - 5	All years
20E	Recognise the rights and the equal value of all people and how opportunities for some people may be restricted by others' perceptions.	1 - 5	All years

Tomorrow's doctors 2015	Knowledge and understanding, skills and other attributes TD2009 Outcomes 3 - The doctor as a professional At the end of the programme students should:	Occurs in Year:	Assessed at graduate level by completion of Year:
20F	Understand and accept the legal, moral and ethical responsibilities involved in protecting and promoting the health of individual patients, their dependants and the public including vulnerable groups such as children, older people, people with learning disabilities and people with mental illnesses.	1 - 5	Attributes are monitored throughout the programme
20G	Demonstrate knowledge of laws, and systems of professional regulation through the GMC and others, relevant to medical practice, including the ability to complete relevant certificates and legal documents and liaise with the coroner or procurator fiscal where appropriate.	1 - 5	5
21	Reflect, learn and teach others.		
21A	Acquire, assess, apply and integrate new knowledge, learn to adapt to changing circumstances and ensure that patients receive the highest level of professional care.	1 - 5	Attributes are monitored throughout the programme
21	Establish the foundations for lifelong learning and continuing professional development, including a professional development portfolio containing reflections, achievements and learning needs.	1 - 5	Attributes are monitored throughout the programme
21C	Continually and systematically reflect on practice and, whenever necessary, translate that reflection into action, using improvement techniques and audit appropriately for example, by critically appraising the prescribing of others.	1 - 5	Attributes are monitored throughout the programme
21D	Manage time and prioritise tasks, and work autonomously when necessary and appropriate.	1 - 5	Attributes are monitored throughout the programme
21E	Recognise own personal and professional limits and seek help from colleagues and supervisors when necessary.	1 - 5	Attributes are monitored throughout the programme
21F	Function effectively as a mentor and teacher including contributing to the appraisal, assessment and review of colleagues, giving effective feedback, and taking advantage of opportunities to develop these skills.	1 - 5	Attributes are monitored throughout the programme
22	Learn and work effectively within a multi-professional team.		

Tomorrow's doctors 2015	Knowledge and understanding, skills and other attributes	Occurs in Year:	Assessed at graduate level by completion of Year:
	TD2009 Outcomes 3 - The doctor as a professional At the end of the programme students should:		
22A	Understand and respect the roles and expertise of health and social care professionals in the context of working and learning as a multi-professional team.	1 - 5	5
22B	Understand the contribution that effective interdisciplinary team working makes to the delivery of safe and high-quality care.	1 - 5	5
22C	Work with colleagues in ways that best serve the interests of patients, passing on information and handing over care, demonstrating flexibility, adaptability and a problem-solving approach.	3 - 5	5
22D	Demonstrate ability to build team capacity and positive working relationships and undertake various team roles including leadership and the ability to accept leadership by others.	5	5
23	Protect patients and improve care.		
23A	Place patients' needs and safety at the centre of the care process.	1 - 5	Integral to all aspects of the course
23B	Deal effectively with uncertainty and change.	3 - 5	5
23C	Understand the framework in which medicine is practised in the UK, including: the organisation, management and regulation of healthcare provision; the structures, functions and priorities of the NHS; and the roles of, and relationships between, the agencies and services involved in protecting and promoting individual and population health.	1 - 3	3
23D	Promote, monitor and maintain health and safety in the clinical setting, understanding how errors can happen in practice, applying the principles of quality assurance, clinical governance and risk management to medical practice, and understanding responsibilities within the current systems for raising concerns about safety and quality.	3 - 5	5
23E	Understand and have experience of the principles and methods of improvement, including audit, adverse incident reporting and quality improvement, and how to use the results of audit to improve practice.	1,3,5	5
23F	Respond constructively to the outcomes of appraisals, performance reviews and assessments.	1 - 5	monitored throughout the programme

Tomorrow's doctors 2015	Knowledge and understanding, skills and other attributes TD2009 Outcomes 3 - The doctor as a professional At the end of the programme students should:	Occurs in Year:	Assessed at graduate level by completion of Year:
23G	Demonstrate awareness of the role of doctors as managers, including seeking ways to continually improve the use and prioritisation of resources.	1,3	3
23H	Understand the importance of, and the need to keep to, measures to prevent the spread of infection, and apply the principles of infection prevention and control.	1 - 2	monitored throughout the programme
23 I	Recognise own personal health needs, consult and follow the advice of a suitably qualified professional, and protect patients from any risk posed by own health.	1 - 5	monitored throughout the programme
23J	Recognise the duty to take action if a colleague's health, performance or conduct is putting patients at risk.	1 - 5	5

Appendix 1 procedures			
Diagnostic procedures			
1	Measuring body temperature	2	2
2	Measuring pulse rate and blood pressure	2	2
3	Transcutaneous monitoring of oxygen saturation	2	2
4	Venepuncture	3	3
5	Managing blood samples correctly	2	3
6	Taking blood cultures	5	5
7	Measuring blood glucose	2	2
8	Performing and interpreting a 12-lead Electrocardiograph (ECG)	3	3
9	Managing an Electrocardiograph (ECG) monitor	5	5
10	Basic respiratory function tests	2	2
11	Urinalysis using Multistix	2 - 3	3
12	Advising patient on how to collect a mid- stream urine specimen	3	3
13	Taking nose, throat and skin swabs	3	3
14	Nutritional assessment	3	3
15	Pregnancy testing	4	4
Therapeutic procedures			
16	Administering oxygen	3 - 4	4
17	Establishing peripheral intravenous access and setting up an infusion; use of infusion devices	3 - 5	5
18	Making up drugs for parenteral administration	5	5
19	Dosage and administration of insulin and use of sliding scales	5	5
20	Subcutaneous and intramuscular injections	3	3
21	Blood transfusion	5	5
22	Male and female urinary catheterisation	3	3

Diagnostic procedures			
23	Instructing patients in the use of devices for inhaled medication	2	2
24	Use of local anaesthetics	2,5	5
25	Skin suturing	5	5
26	Wound care and basic wound dressing	5	5
27	Correct techniques for 'Moving and handling', including patients	3	3
General aspects of practical procedures			
28	Giving information about the procedure, obtaining and recording consent, and ensuring appropriate aftercare	1 - 5	1 - 5
29	Hand washing (including surgical 'scrubbing up')	1 - 5	1 - 5
30	Use of personal protective equipment (gloves, gowns, masks and so on) in relation to procedures	1 - 5	1 - 5
31	Infection control in relation to procedures	1 - 5	1 - 5
32	Safe disposal of clinical waste, needles and other 'sharps'	1 - 5	1 - 5

Students on the MBChB programme at Keele University will achieve the graduate level learning outcomes through a range of learning, teaching and assessment opportunities.

Learning outcomes		
		
Learning (to allow students to achieve intended learning outcomes) will be achieved through a blend of learning and teaching activities including:		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.
Problem/Case-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		Phase 1 (Year 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 (Years 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 (Year 4) Assessment of academic content: Written reports; essay style written assignments Student-Selected Components: Essay style written assignments Competency-based assessments Assessment of professional competence: Attitude-based assessments: Learning Portfolio, including the Clinical Log Book and appraisal meeting Phase 4 (Year 5) Assessment of academic content: Competency-based assessments Assessment of professional competence: Attitude-based assessments: Learning Portfolio, including the Clinical Log Book and appraisal meeting

6. How is the Programme taught?

Learning medicine relies on methods that are clinically realistic. This programme achieves this by offering students many and varied learning opportunities: Problem/Case Based Learning, lectures, practicals, experiential learning and extensive clinical placements.

Assessment is constructed both to facilitate learning (formative) and to allow summative judgements about knowledge, understanding and skill development. Teaching, learning and assessment are inter-related throughout.

Our programme is designed to assist undergraduates to achieve the requirements of the course and to maximise their career progression and leadership potential through opportunities to study a range of complementary subjects drawn from the University, including the humanities. We aim to make learning enjoyable through small

class sizes, small group learning, early clinical experience and supporting individual students to develop into highly competent and self-aware professionals.

1. The curriculum has four phases jointly delivered at the University and in primary and secondary care settings.
 - i. **Challenges to health:** Year 1 is an overview year with early clinical exposure. There is an emphasis on learning the fundamentals of biomedical, behavioural and social science with a focus on normal structure and function.
 - ii. **Integrated Clinical Pathology:** Years 2 and 3. A second run through many aspects of biomedical, behavioural and social science with an increased emphasis on complexity and pathology, combined with learning fundamental clinical skills and knowledge. Year 3 is mainly hospital based.
 - iii. **Advanced Clinical Experience:** Year 4 – immersion in clinical placements building on the foundations of clinical knowledge and skills developed in the preceding years.
 - iv. **Preparation for Professional Practice:** Year 5 – Very extensive student assistantships to prepare students for practice as Foundation Year 1 doctors.

Educational strategies

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

Key Features:

- A spiral curriculum, with vertical themes running through the 5 years.
- Scheduled learning and teaching activities
- Anatomy teaching based in the Dissection Room
- Problem Based/Case based Learning
- Extensive clinical placements in hospital and community settings
- Guided Independent Study

7. Teaching Staff

All members of the faculty have the capability and continued commitment to be effective teachers. They have knowledge of: the discipline; an understanding of pedagogy; methods of measuring student performance consistent with the learning objectives; and readiness to be subjected to internal and external evaluations.

The academic staff have the required academic qualification for the discipline(s) they teach; expertise in one or more subdivisions or specialties within those disciplines; appropriate research and scholarship capabilities. They contribute to the advancement of knowledge and to the intellectual growth of their students through the scholarly activity of research and continuing education. Persons appointed to the faculty demonstrate achievement within their disciplines commensurate with their faculty rank.

Keele Medical School has a 7.5:2 ratio between medical and non-medical academic staff as well as the ratio of 2:9 between full-time and part-time staff.

The University will attempt to minimise changes to our core teaching teams, however, delivery of the programme depends on having a sufficient number of staff with the relevant expertise to ensure that the programme is taught to the appropriate academic standard. The University will endeavour to ensure that any impact on students is limited if such changes occur

Staff turnover, for example where key members of staff leave, fall ill or go on research leave, may result in changes to the programme's content. The University will endeavour to ensure that any impact on students is limited if such changes occur.

8. What is the Structure of the Programme?

A spiral curriculum, with vertical themes running through the 5 years. Scheduled learning and teaching activities. Problem Based/Case based Learning. Extensive clinical placements in hospital and community settings.

Integrated curricular themes	Phase	Key features	Year and units		
The doctor as a scholar and a scientist. The doctor as a practitioner. The doctor as a professional	1	An overview year of all aspects of medicine with early clinical exposure. Emphasis on normal structure and function 'supported' PBL groups Ratio 90% non-clinical:10% clinical learning	Phase 1: Year 1: FHEQ Level 4 Challenges to health Credit value: 120 credits		
			Unit 1	Emergencies	
			Unit 2	Infection & immunity	
			Unit 3	Cancer	
			Unit 4	Lifestyle	
			Unit 5	Ageing	
			Unit 6	Complex family	
		SSC	Student-selected component		
		Phase	Key features	Year and units	
	2 ^a	A second cycle through several aspects of medicine. Emphasis on abnormal structure and function PBL groups and weekly cases Ratio 80% non-clinical:20% clinical learning	Phase 2: Year 2 FHEQ Level 5 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	
	Optional Intercalated Bachelors Degree after Year 2* (see below)				
		Phase	Key features	Year and units	
	2 ^b	A second cycle through several aspects of medicine. Emphasis on abnormal structure and function Clinical-Case Based Learning (CBL) groups and weekly cases in clinical rotation blocks 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 learning	Phase 2 Year 3; FHEQ Level 6 Integrated Clinical pathology 2 Credit values: 120 credits per year.		
			Unit 1	Surgical patient	
			Unit 2	Medical patient 1	
Unit 3			Young patient		
Unit 4			Elderly patient		
Unit 5			Medical patient 2		
Unit 6			Mental Health		
Unit 7			General Practice		
SSC			Student-Selected Component		

Integrated curricular themes	Phase	Key features	Year and units		
The doctor as a scholar and a scientist. The doctor as a practitioner. The doctor as a professional.	3	Mainly hospital-based	Phase 3 : Year 4: FHEQ Level 6 Advanced Clinical Experience Credit value: 120 credits.		
		Small group clinical learning	Unit 1	Surgery	
		Readiness for workplace Year 5 model	Unit 2	Child Health	
		Ratio 20% non-clinical:80% clinical learning	Unit 3	Mental Health	
			Unit 4	Women's Health	
			Unit 5	Integrated Medical Practice1: Medicine and Neurology	
			Unit 6	Integrated Medical Practice 2: Medicine and Musculoskeletal	
			Unit 7	Higher consultation skills placement in general practice	
	SSC	Student-selected component			
	Optional Intercalated Master's Degree * (see below)				
		Phase	Key features	Year and units	
	4		Workplace-immersed FY1 preparation	Phase 4 : Year 5: FHEQ Level 6 Preparation for Professional Practice	
			Focus on application of knowledge & to refine skills	Unit 1	GP assistantship 15 weeks
				Unit 2	Acute and Critical Care (emergency medicine, Intensive care unit & anaesthesia) 5 weeks
				Unit 3	Medicine student assistantship 5 weeks
Unit 4				Surgical student assistantship 5 weeks	
Unit 5				Distant elective/corrective 8 weeks	
Intended learning outcome by the end of Year 5 - Prepared for Professional Practice			1 weeks Preparation for Professional Practice		

Intercalated degrees

Undergraduates may suspend their medical degree for a period of 12 months to undertake either a BSc degree, normally after Year 2 or Year 4 or a Master's degree after Year 4.

To undertake such an intercalated degree, students must be given permission by the School of Medicine, as well as being offered a place on their chosen course following an application from the student. The former will be decided by an intercalation panel at interview (held in November of the year prior to intercalation) and will be based on the student's overall academic record and on their motivation for completing the intercalated degree. The presence of a resit examination on the student's academic record will not necessarily prevent them being granted permission to intercalate and decisions will be made on a case-by-case basis, following the interview process. We anticipate that preliminary notification of the permission to intercalate will be sent out by end November.

Students who are given permission to intercalate will have passed all their assessments by the time they commence their intercalated degree. Final permission to intercalate will be given after the results of the relevant

examinations are known. From 2015, following a change to our policies surrounding intercalation, permission may be withdrawn if the student's year 4 performance is deemed to be a cause for concern, and the student may be required to attend a second interview.

<http://www.keele.ac.uk/health/schoolofmedicine/undergraduatemedicalcourse/courseinformation/intercalateddegrees/>

Student-Selected Components

In addition to the core modular content, there is the opportunity to consolidate that information and gain non-core experience and knowledge in Student-Selected Components (SSCs) in Years 1, 2, 3 and 4 and the Year 5 elective.

The SSC programme has a defined progression:

Year 1: Literature review

Year 2: Engagement with local community

Year 3: Career path exploration: in the humanities, research or clinical areas.

Year 4: Career exploration in clinical areas

For further information on the content of modules currently offered please visit:

www.keele.ac.uk/recordsandexams/az

9. Final and intermediate awards

MBCbB (Honours)	600 credits	You will require at least 120 credits at each of levels 4 and 5 and 360 credits at level 6 or higher.
BSc Honours Degree in Applied Medical Sciences	360 credits	You will require at least 120 credits at each of levels 4, 5 and 6.
Diploma of Higher Education in Applied Medical Sciences	240 credits	You will require at least 120 credits at level 4 or higher and at least 120 credits at level 5 or higher
Certificate of Higher Education in Applied Medical Sciences	120 credits	You will require at least 120 credits at level 4 or higher

Please note that the intermediate awards of BSc, Diploma of Higher Education and Certificate of Higher Education imply no eligibility for professional recognition or registration, or fitness to practise.

10. How is the Programme assessed?

The wide variety of assessment methods used within Medicine at Keele reflects the broad range of knowledge and skills that are developed as you progress through the degree programme. Teaching staff pay particular attention to specifying clear assessment criteria and providing timely, regular and constructive feedback that helps to clarify things you did not understand and helps you to improve your performance.

Aims:

The School of Medicine has a comprehensive assessment programme. Overall assessment is designed to:

- Assist students to achieve the learning objectives of the medical programme.
- Facilitate the development in students of the learning skills necessary to maintain currency in later professional practice.
- Provide evidence of the extent to which students have achieved the learning objectives of the course.
- Employ assessment practices that reflect current, evidence-based, best practice.
- Align with the curriculum in both content and process and will assess knowledge, skills and attitudes in an integrated manner.
- Provide feedback to all students after summative assessments
- Follow a process of blueprinting to ensure appropriate sampling of material reflecting common international assessment practices.

Assessment Formats

The School uses a variety of assessment formats throughout the programme. These include written and practical assessments. Examples of written assessments include Single Best Answer questions (SBAs), Extended Matching questions (EMQs), short answer questions known as Key Feature Problems (KFPs). Examples of practical assessments include the Objective Structured Clinical Assessments (OSCEs) and Objective Structured Skills Examinations (OSSEs). This list is not exhaustive; other formats may be used to support specific years of the course.

Some assessments will be ‘low stakes’ as their primary purpose is to provide feedback to students on their learning progress. Other assessments will be ‘high stakes’ or summative as their primary purpose is to inform decision-making about a student’s capacity to proceed to the next year of the course or to graduate. Feedback will still be offered after high stakes assessments in order to encourage students to continually improve their performance. Feedback is provided in a variety of ways, including via an online portal, small and large group sessions, and individual meetings with tutors for students whose performance is unsatisfactory.

Assessment methods

The medical school has a range of assessment modes appropriate to assess each of the ILOs, categorized across three domains; **Doctor as a Professional, Doctor as a Practitioner, Doctor as a Scholar and Scientist.**

In every year all domains will be summatively assessed using appropriate assessment methods.

Doctor as a Professional	Doctor as a Practitioner		Doctor as a Scholar and Scientist
	Information Management Skills	Clinical and Practical Skills	
Learning portfolio MSF (multi source feedback) Reflective summaries Appraisal End of firm reports	Written communication skills	Practical assessment of skills	Knowledge assessment

The modes of assessment include:

In-Year written work - Written work/assignments test the quality and application of the subject knowledge. In addition they allow students to demonstrate their ability in communicating effectively for a range of audiences and purposes.

Written information management skills assessments - Students are required to demonstrate competence in a range of skills in defined conditions e.g. publication based paper, data interpretation paper, critical appraisal paper

Written knowledge examination - Knowledge is examined in a range of formats that test students' knowledge and their ability to apply this knowledge to professional practice. Examinations may consist of multiple choice questions, extended multiple choice question and key feature problems.

Reflective assignments - Reflective assignments enable students to develop the skills of reflective learning and practice; these are fundamental skills used by the medical profession as part of their continuing professional development.

Practical examinations - These examinations enable students to demonstrate a safe and effective application of practical clinical and laboratory skills.

11. Contact Time and Expected Workload

This contact time measure is intended to provide you with an indication of the type of activity you are likely to undertake during this programme. The data is compiled based on learning patterns of students on similar programmes in previous years. Every effort is made to ensure this data is a realistic representation of what you are likely to experience, but changes to programmes, teaching methods and assessment methods mean this data is representative and not specific.

The figures below are an example of activities that you may expect on your chosen course by year/stage of study. Contact time includes scheduled activities such as: lecture, seminar, tutorial, project supervision, demonstration, practical classes and labs, supervised time in labs/workshop, fieldwork and external visits. The figures are based on 1,200 hours of student effort each year for full-time students.

Activity	Year 1 (Level 4)	Year 2 (Level 5)	Year 3 (Level 6)	Year 4 (Level 6)	Year 5 (Level 6)
Scheduled learning and teaching activities	43%	43%	29%	27%	11%
Guided independent Study	54%	50%	15%	8%	13%
Placements	3%	7%	56%	65%	76%

12. Accreditation

This programme is accredited by the General Medical Council. Please note the following:

Module Selection: Students should note that to be awarded the MBChB accreditation they must pass all modules. All modules are compulsory.

Regulations: Your programme has professional accreditation and there are specific regulations, which you have to agree to abide by – see the following section on Regulations:

Study abroad: due to GMC accreditation requirements there are no Study Abroad options available to students on this programme.

13. Regulations

The University Regulations form the framework for learning, teaching and assessment and other aspects of the student experience. Further information about the University Regulations can be found at: <http://www.keele.ac.uk/student-agreement/>

The MBChB programme fully complies with the GMC: Outcomes for graduates - [http://www.gmc-uk.org/Outcomes_for_graduates Jul 15.pdf](http://www.gmc-uk.org/Outcomes_for_graduates_Jul_15.pdf) 61408029.pdf

14. What are the typical admission requirements for the programme?

Please check website for current entry requirements:

<http://www.keele.ac.uk/medicine/mbchb5years/entryrouteshowtoapply/>

Admissions policy for applications submitted in 2016 for entry in 2017

Introduction

Keele University School of Medicine seeks to train excellent clinicians with the ability to practise in any branch of medicine or surgery, and with the highest level of commitment to patient care and professionalism. The school provides both undergraduate (MBChB) and postgraduate (certificate, diploma, masters and doctoral level) programmes and works closely with the three research institutes within the Faculty of Medicine and Health Sciences to provide research-based teaching and extensive opportunities for intercalated degrees and postgraduate research. The MBChB programme has a strong emphasis on acquisition of knowledge and skills that will prepare graduates fully for their future roles as scholar & scientist, practitioner and professional, as defined by the General Medical Council in [Tomorrow's Doctors](#). A high level of integration throughout the programme ensures that students develop a thorough understanding of how biological, behavioural and social sciences underpin and inform medical practice and professional development, as well as how problems encountered in practice and profession drive further learning.

Principles of selection

The aim of our selection processes is to recruit students with the greatest potential to graduate as excellent clinicians. The medical school admissions team is tasked with selecting those applicants with the potential to be the best doctors, not simply those with the highest levels of prior academic attainment. We are guided by current thinking on what makes a good doctor, for example the [Role of the Doctor Consensus Statement](#), updated in 2014, outlines the unique combination of attributes and abilities doctors require. Keele University School of Medicine recognises the importance of a transparent and valid selection process, avoiding discrimination of any kind, and seeks to apply the Medical Schools Council's [Guiding Principles for the Admission of Medical Students](#), revised in 2010. The selection process leading up to the offer of a place on the MBChB programme operates entirely independently of any fitness to practise or fitness for study considerations. Only when an applicant has reached the stage of qualifying for the offer of a place will issues relating to health, disability or criminal record be taken into account. In common with all organisations within and funded by the NHS, Keele University School of Medicine adheres to the principles of [values-based recruitment](#) and will assess applicants for appropriate values throughout the student selection process.

When taking the decision to embark on a career in medicine it is advisable to consider the range of different careers within the medical profession, and the education and training these involve. The majority of UK graduates will go on to work as hospital doctors or in primary care for the NHS. Significantly, up to 50% of all UK graduates become general practitioners, providing comprehensive health care for the local community. There is a broad spectrum of careers across medical, surgical and other specialties, and it should be noted that while many of these specialties have historically been hospital-based, healthcare is moving towards a more community-centred model of delivery; consequently, doctors will increasingly be expected to deliver healthcare in a range of settings. It is important, therefore, that we recruit students with the potential to develop into the variety of different kinds of doctor who will be needed in the next generation.

The UK Clinical Aptitude Test (UKCAT), the UCAS application, the roles and responsibilities (R+R) form, and the multiple mini-interview (MMI) will be used to assess the majority of applicants' academic and non-academic attributes. Applicants may be selected for interview on the basis of any one of the following criteria:

- evidence of excellent motivation, commitment, responsibility, resilience and interpersonal skills including team-working and communication
- overcoming significant educational and/or socio-economic disadvantage to acquire appropriate qualifications and experience
- demonstration of strong academic and language abilities (international students)

Selection process

Applications must be made through the Universities and Colleges Admissions Service (UCAS) by the deadline of 15th October.

All home/EU applicants meeting the minimum academic requirements (including GCSE/level-2 qualifications, A-level or equivalent qualifications and the UKCAT) and returning the R+R form are assessed in detail by admissions tutors and admissions office staff. The highest-ranking applicants will be selected for interview. Typically, we receive approximately 2,000 applications each year. We have the resources to interview about 500 of these. Therefore, about 25% of applicants succeed in reaching the interview stage. It is vital that applicants provide us with an accurate and clear picture of the roles and responsibilities they have undertaken as an assessment of this will be a major factor in the selection of most students for interview.

Applicants with international student fee status will be required to take the Biomedical Admissions Test (BMAT) to provide supplementary evidence of academic ability and standard of written English. Students applying for international student places will be selected for interview on the basis of their BMAT scores.

General requirements for 2017 entry

- The standard offer for school-leavers will be 3 A-levels at grades A*AA; students who have already completed A-levels will be permitted to apply with achieved grades of AAA from 3 A-levels plus A in a fourth AS-level
- Requirements for other level-3 qualifications – including International Baccalaureate and Scottish Highers/Advanced Highers – and all other detailed requirements are shown on the web site
- GCSE requirements should be met before applying
- Graduate applicants must meet minimum A-level requirements of BBB (including chemistry or biology plus one other science), or Graduate Australian Medical School Admissions Test (GAMSAT) scores as specified on the web site, in addition to a first or upper second-class honours degree
- We will not normally consider applications from anybody who is currently in the third – or later – year of study for A-levels or other level-3 qualifications required for entry
- Applicants in the bottom quintile for UKCAT total score or in band 4 for the situational judgement test (SJT) will not be considered
- We will not consider any applicant who is currently studying at university and is not due to graduate with an honours degree before August 2017
- We will not consider any applicant who has been excluded from another medical, dental, veterinary, nursing or other healthcare course on academic, disciplinary or fitness to practise grounds, or who is in breach of financial or other obligations to another university. We will not accept requests to transfer from other medical or other healthcare degree programmes and will no longer accept applications to enter our programme at any level from students who have already commenced study of medicine, dentistry or veterinary science elsewhere

The minimum academic entry requirements for each programme will be published on the web site. Any offer of a place will be conditional on fulfilment of these requirements. However, that fulfilment of the academic requirements alone is not sufficient to qualify for selection for interview. All applicants must submit UCAS applications and the R+R form. International students should check requirements on the web site.

Applicants with qualifications from other countries will be assessed on a case-by-case basis but must have appropriate English, mathematics and science qualifications as outlined on the web site. Equivalences to English, Welsh and Northern Irish qualifications will usually be decided on the basis of tables published by the National Academic Recognition Information Centre (NARIC).

Admissions/aptitude tests

UKCAT

All applicants must take the UKCAT in the year of application (i.e. in 2015 for 2016 entry). No allowance will be made for inability to take the test (or poor performance) owing to illness, family circumstances, etc.

Applicants requiring extra time for the test owing to a specific disability (e.g. dyslexia, dyspraxia, dysgraphia, dysorthographia or working memory deficit) should register for the special educational needs test (UKCATSEN). Applicants who have taken this version of the test must provide us with a report from a licensed medical practitioner or registered educational psychologist, signed and dated within the last three years, that shows eligibility for the extra time provision. This will be requested if the applicant is invited for interview. Any student who has taken the UKCATSEN but cannot provide the required evidence of eligibility will be barred from receiving an offer.

Analysis of 2013, 2014 and 2015 applications showed that applicants with total UKCAT scores in the lowest quintile (i.e. in the bottom 20% of the cohort) had an extremely low probability of being successful at the personal statement and interview stages. Therefore, for 2016 entry, applicants with total UKCAT scores in the lowest quintile will not be considered.

Analysis of 2014, 2015 and 2016 applications showed that applicants with UKCAT SJT scores in the lowest band (band 4) were overwhelmingly unsuccessful in gaining offers. Therefore, for 2017 entry, applicants with SJT scores in band 4 will not be considered.

GAMSAT

Graduate applicants who do not meet the minimum A-level requirements will be required to take the GAMSAT (see above) prior to application. Threshold total and section scores will be published on the web site. Applicants meeting the required standard will proceed to scoring of the R+R form.

BMAT

Applicants with international fee status (i.e. not UK/EU students) who meet the academic requirements for eligibility will be required to take the BMAT in November of the year of application. Students will be shortlisted for interview for international student places on the basis of their BMAT scores.

English language requirements

All UK applicants must have completed an English language qualification that meets the requirements of the National Curriculum for Key Stage 4 in England, Wales & Northern Ireland, including the assessment of speaking & listening.

Applicants from the European Economic Area and overseas who do not offer GCSE English Language at the required grade must have one of the following:

- Grade B or above in the Certificate of Proficiency or Advanced Certificate in English offered by Cambridge English under the English for Speakers of Other Languages (ESOL) programme
- International English Language Testing Service (IELTS, academic standard) with a minimum score of 7.0 in each component taken at the same sitting

We do not normally accept Test of English as a Foreign Language (TEFL) qualification. The requirement for an appropriate English Language qualification will not be waived under any circumstances.

Candidates are assessed on the information provided in the UCAS application, the R+R form (or BMAT in the case of international students) and the MMI. Any significant personal extenuating circumstances accounting for a non-standard academic record – e.g. more than two years between beginning and completing A-levels – must be declared in the reference and personal statement. If these circumstances might qualify to be taken into consideration we shall contact the applicant's school, college or university to request supporting evidence.

The UCAS form must be completed fully and accurately. If a qualification is not declared in the UCAS application we will conclude that it has not been taken. Subsequent declaration of qualifications will not be accepted. If any discrepancy is found between the grades stated in the UCAS application and those stated on certificates, the application will be rejected and UCAS will be notified of the discrepancy. Any offer made will be conditional upon achieving specified grades in the qualifications declared as being undertaken at the time of application.

Candidates may not change the qualifications they are undertaking without notifying UCAS and gaining permission from the School of Medicine.

Each application must be accompanied by a reference from a current or former educational institution. Any application that does not include a reference will be rejected. In general, any reference that is not from a current or former educational institution will be ignored. Applications from people who have not been engaged in some kind of formal study (school, college, undergraduate or postgraduate) in the previous 5 years will be scrutinised carefully to determine whether the applicant is likely to be suitable for university study. If the decision is favourable, a non-academic reference may be taken into consideration. It is strongly recommended that any applicant in this situation contact the School of Medicine before applying to discuss how her/his application would be viewed.

No applicant will be offered a place without attending for interview. Interviews take place on the Keele University campus. When necessary – for example, when a large number of applicants from a particular geographical region have been selected for interview – a small number of interviews may be conducted at centres in other countries. The decision on the offer of a place will be based primarily on the applicant's performance at interview. Candidates with interview scores close to the threshold for an offer will be differentiated on the basis of UKCAT score.

Conditions of entry to the programme

Owing to the requirement to attend placements off campus from an early stage in the programme, students should have reached the age of 18 before commencing the course. Applicants whose 18th birthday falls very soon after the beginning of the course (usually no more than 2 weeks) may be admitted at the discretion of the Admissions Committee. Successful applicants who are too young to join the course will be made a deferred offer for the following academic year.

Please note that entry to the degree programme does not guarantee graduation. Furthermore, graduation is only the first stage in acquiring the right to practise as a doctor in the UK. The following statement was issued by the Medical Schools Council in July 2012:

At the end of the undergraduate course you will receive your MBChB (or equivalent) degree, which is a primary medical qualification (PMQ). Holding a PMQ entitles you to provisional registration with the General Medical Council, subject only to its acceptance that there are no fitness to practise concerns that need consideration. Provisional registration is time limited to a maximum of three years and 30 days (1,125 days in total). After this time period your provisional registration will normally expire.

Provisionally registered doctors can only practise in approved Foundation Year 1 posts: the law does not allow provisionally registered doctors to undertake any other type of work. To obtain a Foundation Year 1 post you will need to apply during the final year of your undergraduate course through the UK Foundation Programme Office selection scheme, which allocates these posts to graduates on a competitive basis. So far, all suitably qualified UK graduates have found a place on the Foundation Year 1 programme, but this cannot be guaranteed, for instance if there were to be an increased number of competitive applications from non-UK graduates.

Successful completion of the Foundation Year 1 programme is normally achieved within 12 months and is marked by the award of a Certificate of Experience. You will then be eligible to apply for full registration with the General Medical Council. You need full registration with a Licence to Practise for unsupervised medical practice in the NHS or private practice in the UK.

Although this information is currently correct, students need to be aware that regulations in this area may change from time to time.

There is some discussion about whether to remove provisional registration for newly qualified doctors. If this happens then UK graduates will receive full registration as soon as they have successfully completed an MBChB (or equivalent) degree. It should be noted that it is very likely that

UK graduates will still need to apply for a training programme similar to the current Foundation Programme and that places on this programme may not be guaranteed for every UK graduate.

In addition the GMC is currently considering whether to introduce a formal assessment that all doctors would need to pass in order to be granted full registration. Although no firm decision has been taken as to whether or when such an exam will be introduced applicants should be aware that the GMC envisages that future cohorts of medical students will need to pass parts of a new UK Medical Licensing Assessment before the GMC will grant them registration with a Licence to Practise.

Disclosure and Barring Service

Medicine, along with some other university courses, is exempt from the Rehabilitation of Offenders Act 1974. Applicants will therefore be required to apply through the university for an enhanced-level disclosure from the Disclosure and Barring Service (DBS). Applicants must bring photographic identification to interview so that their identity can be confirmed for the purposes of DBS applications. Failure to supply photographic evidence on the day of the interview will result in applicants being required to revisit the university at a later date.

Any offence on an applicant's DBS disclosure must be discussed with a pre-admission fitness to practise panel prior to the confirmation of the offer of a place. It is in applicants' own interest to declare any offences to the School of Medicine at the earliest possible opportunity in order to avoid multiple visits to the university.

The university follows the DBS code of practice in these issues (see <https://www.gov.uk/government/organisations/disclosure-and-barring-service>) 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. Having a criminal record is not necessarily a bar to obtaining a place on this course. However, deliberately withholding 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 offence on an applicant's record. 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 stands as a university-wide position.

More information about fitness to practise can be found on the GMC's website, where you can view the page on [Medical Students – Professional Values and Fitness to Practise](#)

Students with disabilities applying for medicine

Applicants with a disability are requested to contact the Admissions Manager for further advice prior to submitting their UCAS application so that individual circumstances may be considered and support can be given. Applicants are advised to declare any special needs on the UCAS application form. Applications will then be considered in the usual way.

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 Equality Act 2010 and any guidance issued by the Medical Schools Council ([Guiding Principles for the Admission of Medical Students](#)) and the General Medical Council (GMC). We consider applications against the usual academic criteria. However we also take into account any limitations in accordance with the General Medical Council's fitness to practise requirement that students must meet the standards of competence, care and conduct as laid out in the GMC's [Good Medical Practice guide \(2013\)](#). 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 an occupational health screen as part of the condition of their offer from Keele University. Applicants should declare a history of mental or

physical ill health, but this will not jeopardise a career in medicine unless the condition impinges on professional fitness to practise at any stage.

Applicants indicating a specific learning difficulty on their UCAS form who wish to register for extra time in written assessments will be expected to supply the university with a copy of their assessment by an educational psychologist and undergo a needs assessment. Any other adjustments will be considered in the light of fitness to practise requirements.

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. All students with declared disabilities will be offered an appointment with the School Disability Link Officer to discuss their needs.

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. If it appears that a student's 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 GMC, 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 their being unable to remain on their current programme.

The School of Medicine has an excellent Student Support Service which offers advice and support to students with disabilities. The Disability Link Officer of the School is happy to discuss individual queries via the Admissions Office.

Exam results and re-marks

Due to the Higher Education Funding Council for England (HEFCE) quota of places allocated to us as a medical school our numbers are tightly controlled. Therefore when the A-level results are published on 17 August 2017 we will make our decision based on those grades. Students who don't meet the academic terms of our offer and subsequently decide to appeal to the examination board for a re-mark must advise us of this immediately in writing. Our Admissions Policy states that we may defer entry to 2018 for applicants who do not initially meet the terms of their offer, but who do so after a re-mark.

Professional Requirements

There may be additional requirements as required by the professional body (the General Medical Council), including fitness to practise. Our website shows the current and prospective entry requirements located within the programme specification at:

<http://www.keele.ac.uk/health/schoolofmedicine/undergraduatemedicalcourse/>

15. How are students supported on the programme?

Pastoral support

Pastoral support will be organised and managed by the Director of Professional Development and Welfare for the School of Medicine. A team of pastoral tutors are available to see all students about any problems on a 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/or 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)
- Professional Development Tutors (PDTs) 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
- Year leads: will provide support for academic issues related to their year
- 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 Leads: who provide additional support at the Hospital campus when necessary
- Keele University provides support, guidance and advice for all its students available through Student Support and Development Services.

16. Learning Resources

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

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 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 (computer aided learning) material. There are three Multi User Laboratories with equipment and resources that are mainly for the study of human physiology, pharmacology and histopathology and related biosciences. 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 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 fileserver.

At the Royal Stoke University Hospital 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.

Additionally, the programme is also delivered in the Clinical Education Centre, within the Royal Stoke University Hospital, which opened in September 2004, This houses not only facilities for student doctors, but also incorporates the School of Nursing & Midwifery, and Postgraduate Medical and Dental Education (i.e. the NHS Foundation School and specialist training). 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, the clinical skills laboratories have recently been upgraded and extended to provide superb facilities including resuscitation and paediatric areas, intermediate and advanced skills laboratories, and allow the use of Sim Man training. In the IT Suite on the ground floor, adjacent to the Health Library, there are computers for student use, together with scanners and printers. The Library itself has photocopying facilities and 5 computers in a central area.

University Hospital of North Midlands NHS Trust

The Trust comprises Royal Stoke University Hospital, Stoke on Trent and County Hospital, Stafford.

University Hospitals of North Midlands NHS Trust (UHNM) was created on 1 November 2014 following the integration of Stafford Hospital with the University Hospital of North Staffordshire. Serving around three million

people across Staffordshire and North Wales, UHNM is one of the largest hospital trusts in the country. Its 10,000 strong workforce provides the full range of emergency treatment, planned operations and medical care from the two hospitals in Stafford and Stoke-on-Trent. Over the next few years there are major plans for improvements at the two hospitals. The investment of £250 million will be spent on new facilities, extra staffing, new equipment and developing the best quality, safest services. Some of the first changes to happen will be in acute surgery, maternity and paediatrics.

UHNM's specialised services include cancer diagnosis and treatment, cardiothoracic surgery, neurosurgery, renal and dialysis services, neonatal intensive care and paediatric intensive care. The Trust is also recognised for expertise in trauma, respiratory conditions, spinal surgery, upper gastro-intestinal surgery, complex orthopaedic surgery, laparoscopic surgery and the management of liver conditions.

North Staffordshire Combined Healthcare NHS Trust. (Harplands Hospital and Community Mental Healthcare services)

The Harplands Hospital complex, which opened in 2001, is the central facility within the network of psychiatric service provision in North Staffordshire. The main building houses about 120 beds for General Adult and Old Age Psychiatry, older people's Mental health Services and Neuropsychiatry. The site also accommodates an assessment unit for people with learning disabilities who have a variety of psychiatric disorders. In addition there is a specialised unit for the treatment and rehabilitation of people with addictions disorders, and a number of other sub-specialty services. In the surrounding district there are five centres which housing teams of mental health professionals. These teams provide the full range of psychiatric treatments to patients in the community. These units are designed with strong input from users, and thus their locations are intended to be easily accessible to people living in local communities

Haywood Hospital (Staffordshire and Stoke-on-Trent Partnership NHS Trust)

Rheumatology and specialist rehabilitation are provided at the Haywood Hospital in Burslem. The hospital has recently been re-built, as part of the Fit for the Future project, with state of the art facilities. It is managed by Stoke on Trent Primary Care Trust and includes in-patient and out-patient facilities, including consultation suites, physiotherapy, hydrotherapy and occupational therapy services. There are in-patient wards for Rheumatology and Rehabilitation, including stroke rehabilitation. On-site diagnostic facilities include plain radiography, ultra sound and bone density (Dexa) scanning.

The Shrewsbury and Telford Hospital NHS Trust

The Shrewsbury and Telford Hospital NHS Trust (SaTH) has a catchment population of approximately 500,000 centred upon the towns of Shrewsbury and Telford. The Royal Shrewsbury Hospital (RSH) supplies services to a large rural population in West Shropshire and neighbouring Powys. It has approximately 406 beds. The Princess Royal Hospital in Telford (PRH), opened in 1989, primarily serves the population of east Shropshire and Telford & Wrekin and has approximately 403 beds. Both Hospitals have 24 hour emergency departments. Acute medicine and associated specialties are provided at both hospitals, with acute surgery and trauma at the RSH site and a brand new Consultant Obstetric and Paediatric unit opened at the PRH site in autumn 2014. Both hospitals provide a comprehensive diagnostic and therapeutic service together with clinics and day surgery in most of the major hospital specialties.

Other NHS Trusts in the county of Shropshire include the Shrewsbury facilities of the South Staffordshire and Shropshire Healthcare NHS Foundation Trust, which is a mental health trust, (see below), and The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust at Oswestry (on the Welsh border) containing a spinal injuries and a children's orthopaedic unit.

South Staffordshire and Shropshire Healthcare NHS Foundation Trust

South Staffordshire and Shropshire Healthcare NHS Foundation Trust facilities at Shrewsbury and at St. George's Hospital in Stafford provide mental health, learning disability and specialist children's services across South

Staffordshire and mental health and learning disability services in Shropshire, Telford & Wrekin and Powys. The Trust serves a population of 1.1 million, over an area of 2,200 square miles, with over 3,400 staff, and offers an extensive range of services including Children and Family services, Adult Mental Health, Specialist Services, Forensic Mental Health services and Developmental Neurosciences & Learning Disabilities.

Community Experience

One of the major changes to modern medical school curricula is the amount of teaching that now takes place in general practice and community settings. Medical students now must understand that patients receive most of their health care in or close to their own homes from their general practitioners and community services. As a result, relatively little healthcare is delivered in hospitals. This is reflected in students spending more time learning in general practices and with community services than in the past.

Throughout your time as a medical student at Keele you will be encouraged to think of community and social dimensions of illness and health. You will have placements with community services and general practices in Years 1 and 2 and approximately 20% of teaching in Years 3, 4 and 5 takes place in general practices. Examples of other community services we use are schools, chemists/pharmacies, the workplace, residential homes, gyms and drop-in centres; all places which contribute to the health and care of people.

You will be learning in general practice and/or the community in each Year at Keele:

Year 1: 6 half days in general practices

Year 2: 24 hours working with community services

Year 3: 4 weeks in a general practice

Year 4: 4 weeks in a general practice

Year 5: 15 weeks in a general practice

Library Resources & Services

Keele's Library services, which operate from two sites, support student learning by providing:

- Copies of print textbooks and a growing collection of e-books
- Access to online journals and databases via the Library website
- Off-campus access to the majority of e-resources
- Inter-Library Loans services
- Training sessions/inductions
- Enquiries services
- Online and printed material, e.g. 'new starter' guide, floor plans

Keele University Library (Keele Campus) and the Health Library (Clinical Education, City General Hospital) both contain printed textbooks and journals. Access to key journal titles such as BMJ, New England Journal of Medicine and The Lancet is available.

- To search for books (includes e-books) and printed journals in Keele's Libraries use the Library Catalogue (covers both sites): <http://opac.keele.ac.uk/>
- To search for e-journals use the **Electronic journals** link on the Library Catalogue: <http://opac.keele.ac.uk/>
- To access relevant databases use the Library website (**Subject Resources**): www.keele.ac.uk/library

A third collection of printed material is at Shrewsbury Health Library, located in the Learning Centre, Royal Shrewsbury Hospital: view more details via the Library's website: <http://library.sath.nhs.uk>.

Keele University Library

Keele University Library accommodates Library and IT Services. It supports courses taught at the Keele Campus. The building overlooks Union Square - where the Students' Union is located. You will find copies of texts on your reading lists either online (as "e-books") or available for loan for two weeks or seven days; a limited number of copies of some core texts may also be found in the Short Loan collection on the Middle Floor (these are available for 24-hour loan). CDs and DVDs are also available to use/borrow in the Library. The building contains in the region of 460,000 volumes at the time of writing.

Printed journals are kept on the Ground Floor; current issues of titles are displayed separately.

The Library also offers the following services:

- Website (via Library Services page)
- Printed and online guides
- Self-service points to issue and return books
- Group Study Rooms. You can book one to work in a group (via the Main Service Counter) – the rooms are on the Middle & Top Floors
- Enquiries service
- Self-service photocopiers
- Group study areas (Middle Floor) and Silent Study areas (Ground & Top Floors)
- Out-of-hours book return box
- Access to IT Suite & IT Labs
- Sale of stationery items (please note: USB sticks are purchased from IT Services)

Details of any extended opening openings are advertised on the Library website

Via the **Subject Resources** link on the Library website you will find links to some freely-available resources such as the Cochrane Library along with resources purchased to support your studies: health-related databases are also listed on these pages and include (at the time of writing):

MEDLINE and other core health databases (AMED, BNI, CINAHL, PsycINFO, SPORTDiscus), Web of Science and more. Access to an online learning package called Anatomy.TV is also available.

For more details, visit www.keele.ac.uk/library/

Health Library

The Library is located on the Ground Floor of the Clinical Education Centre, Royal Stoke University Hospital, University Hospital of North Midlands NHS Trust. It opened in 2004. It is used by staff and students of the School of Nursing & Midwifery and medical students based there during years 3 - 5. It is open to all members of Keele University and local NHS practitioners. It contains printed books and journals.

Services include:

- Access to IT Suite
- Binding service
- Self-service photocopies (use your Keele Card)
- Self-service points to issue and return books
- Silent Study Room
- Sale of stationery items/USB sticks
- Video and CD Players

The Health Library contains in the region of thirty thousand volumes and printed journals (for reference only) purchased by Keele and the NHS, in addition to collections of CDs and DVDs.

Details of opening times can be found on the Library website. To view more information visit www.keele.ac.uk/healthlibrary/

Using Libraries while on Placement

NHS Libraries in Staffordshire/Shropshire

<http://library.sath.nhs.uk/> - Shrewsbury and Telford Hospital Trusts Health Libraries

<http://www.keele.ac.uk/healthlibrary/> - University Hospitals of North Midlands NHS Trust

<http://library.sssft.nhs.uk/> - South Staffordshire and Shropshire Healthcare Trust

<http://www.rjah.nhs.uk/library> - Francis Costello Library, Robert Jones Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

Please note: While on placement at an NHS Library you should ask about access to online resources purchased by the NHS: you should register for an NHS ATHENS account.

Don't forget you can check your Keele e-mail account remotely via Keele's WebMail service – this is available via the student information page: <http://students.keele.ac.uk/>

Keele IT Services

Here is a summary of IT Services offered at the Keele Campus (Library & IT Services Building):

- Open access IT Suite and Labs (Campus Library/IT Services Building)
- IT Service Desk for help and advice (open 7 days a week term time)
- Wireless network areas
- Software deals for specialist packages such as SPSS, NVivo
- Scanners
- Self-service printing in both colour and monochrome
- Adjustable disability workstation with scanner

More information available on www.keele.ac.uk/it

Here is a summary of IT services offered at the CEC:

- Open access IT Suite
- IT Service Desk for help and advice
- Scanners
- Self-service printing in both colour and monochrome

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

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.

17. Other learning opportunities

Study abroad

Due to GMC accreditation requirements there are no Study Abroad options available to students on this programme.

18. Additional costs

Medicine Programme Costs

In common with other Medical Schools our Medical students should be aware that there are additional costs involved; such as the purchase of books, laboratory coats and travel to placements. We do not usually recommend that students purchase books or equipment before starting the course as advice will be given at Registration and during the degree as to what is required. Students intending to bring a car to Campus should note that student car parking is limited and there is a charge for student permits. An additional cost applicable to Medical Students is the purchase of smart clothing for clinical placements.

Currently the School of Medicine is able to help with the costs for immunisations and the initial Disclosure and Barring Service check (DBS). Students may need to pay for any additional DBS checks required by elective placement coordinators.

Students are required to purchase two lab coats: Howie lab coat at a cost of around £20 and a standard lab coat at a cost of around £14.

Keele School of Medicine MBChB placement information.

Secondary Care, Primary Care and 3rd sector placements are mainly based across Staffordshire and Shropshire, and neighbouring counties including some in Herefordshire, Cheshire, Worcestershire and Powys. These placements provide a range of experiences integral to the course's learning outcomes. All students are required to travel, and attend their allocated placements as a course requirement. Every effort is made to balance the travel burden for each student over the 5 year course, but it is not possible to give every student placements that involves limited travel.

In Years 3, 4 and 5 students will be allocated to a Secondary Care base site, either Royal Stoke University Hospital or Royal Shrewsbury Hospital, most students will be required to spend one year (Either Year 4 or 5) based in Shropshire .

Indicative mileage for placement years 1-5

Students can expect to travel an average of 5400 miles (ranging from 3100 to 10400 miles, although most students may expect a total mileage closer to the mean), over the course of the 5 year programme. Mileage was calculated from Keele School of Medicine for Years 1 and 2 and from the allocated base secondary care site for year 3, 4 and 5. (Either Royal Stoke University Hospital or Royal Shrewsbury Hospital)

Students will travel to placements as follows:

Year 1 and 2: up to 20 ½ day placements mainly based in North Staffordshire.

Year 3: 25 weeks based at UHNM

Year 3: 4 weeks General Practice mainly based in North Staffordshire but some are in South Staffordshire, Shropshire and adjoining counties.

Year 3: 8 weeks Student Selected Component mainly based in North Staffordshire

Year 4: 36 weeks based at their secondary care site (Either Royal Stoke University Hospital or Royal Shrewsbury Hospital)

Year 4: 4 weeks Student Selected Component based at their secondary care site (Either Royal Stoke University Hospital or Royal Shrewsbury Hospital)

Year 4: 4 weeks General Practice based in Staffordshire and Shropshire, with a few in Herefordshire, Cheshire and Worcestershire.

Year 5: 15 weeks based at their secondary care site (Either Royal Stoke University Hospital or Royal Shrewsbury Hospital)

Year 5: 15 weeks General Practice based in Staffordshire and Shropshire with a few in adjoining counties.

Year 5: 8 week elective

Allocation method:

In the first instance all placements are allocated at random, thereafter the School aims to avoid sending a student to the same placement twice and be mindful of previous allocations re distance. The notable exception to this rule is that students in Years 2, 3 and 4 rank their Student Selected Component options and an allocation is made using this ranking, irrespective of previous allocations.

In order to ensure that placements are allocated in an equitable manner, and that the most effective use is made of available placements, it is not possible for students to choose their own placements.

In Years 3, 4 and 5 there is an opportunity, once the School allocation plan has been shared with students, for students to submit for consideration by the year leads a mutually acceptable swap. There is a clearly defined process and timeline to do this available on the VLE. (Virtual Learning Environment)

Accessibility

Most placements can be accessed using public transport. In the case of the more inaccessible placements, the School attempts to place students, who have declared they have access to a car, to such placements.

Special or extenuating circumstances:

The intention regarding allocation is to balance the travel burden across the student body but the School may make allowances for certain special or extenuating circumstances that may define the allocation for that student namely:

Criterion 1: The applicant is a parent or legal guardian of a child or children under the age of 18 who reside primarily with them and for whom they have significant caring responsibilities.

Criterion 2: The applicant is the Primary Carer for someone who is disabled (as defined by the Equality Act 2010).

Criterion 3: The applicant has a medical condition or disability for which ongoing follow up for the condition in the specified location is an absolute requirement.

Criterion 4: The applicant is nominated by the Medical School for pre-allocation on the grounds of educational special circumstances.

In addition to the above, the School requires students to identify where he/she or a close relative has had previous or current engagement with the allocated GP practice.

Assistance with expenses

The School is not able to offer a firm commitment to provide assistance with travel expenses but if external bodies agree funding, usually decided year by year, this will be allocated. The mechanism and amount to be advised each year dependent on funds available.

Home students may gain in additional financial support for travel expenses if eligible for an NHS bursary. (Means tested)

Overseas and EU students are not eligible for NHS bursary support.

These costs have been forecast by the University as accurately as possible but may be subject to change as a result of factors outside of our control (for example, increase in costs for external services). Forecast costs are reviewed on an annual basis to ensure they remain representative. Where additional costs are in direct control of the University we will ensure increases do not exceed 5%.

We do not anticipate any further additional costs for this undergraduate programme.

19. Quality management and enhancement

The quality and standards of learning in Medicine are subject to a continuous process of monitoring, review and enhancement.

- The Learning and Teaching Committee of the School of Medicine is responsible for reviewing and monitoring quality management and enhancement procedures and activities across the School.
- Individual modules and the Medicine Programme as a whole are reviewed and enhanced every year in the annual programme review which takes place at the end of the academic year and as part of the University's Curriculum Annual Review and Development (CARD) process.
- The programmes are run in accordance with the University's Quality Assurance procedures and are subject to periodic reviews under the Internal Quality Audit (IQA) process.

Student evaluation of, and feedback on, the quality of learning on every Medicine module takes place every year using a variety of different methods:

- The results of student evaluations of all modules are reported to module leaders and reviewed by the Programme Committee as part of the Curriculum Annual Review and Development (CARD) process.
- Findings related to the Medicine Programmes from the annual National Student Survey (NSS), and from regular surveys of the student experience conducted by the University, are subjected to careful analysis and a planned response at programme and School level.
- Feedback received from representatives of students in all five years of the Medicine Programme is considered and acted on at regular meetings of the Programmes Staff/Student Liaison Committee.

The University appoints senior members of academic staff from other universities to act as external examiners on all programmes. They are responsible for:

- Approving examination questions
- Confirming all marks which contribute to a student’s degree
- Reviewing and giving advice on the structure and content of the programme and assessment procedures

Information about current external examiner(s) can be found here:

<http://www.keele.ac.uk/ga/externalexaminers/currentexternalexaminers/>

Quality management

The evidence base informing Quality Management decisions comprise:

- 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
- Management information accessed by the Keele Curriculum Annual Review & Development (CARD) process

Quality review

Evaluation results, feedback and School response

The programme is monitored and reviewed as outlined in the MBChB evaluation strategy flowchart below. This gives students and staff a regular opportunity to express their views and to read the school response and action plan.

Participation

Student participation in focus groups is voluntary, but completion of questionnaires is very strongly encouraged. Students will be reminded of their responsibility to participate in education evaluation, as identified in the Medical School Charter.

Evaluation data gathering

Evaluation method	Year 1	Year 2	Year 3	Year 4	Year 5
On line questionnaires	1 at the end of each semester (2)	1 at the end of each semester (2)	3 spread though the year (3)	3 spread though the year (3)	4 spread though the year (4)
Focus groups	Rolling focus, in response to data				
Student away day	Annual cross Year student away day held with faculty members and selection of students from across all the Years.				

Confidentiality

Focus group participation is confidential. This is to be made clear to all participants and written consent to participate is sought at the start of the focus group. All data collected either by questionnaire or focus group will always be anonymised.

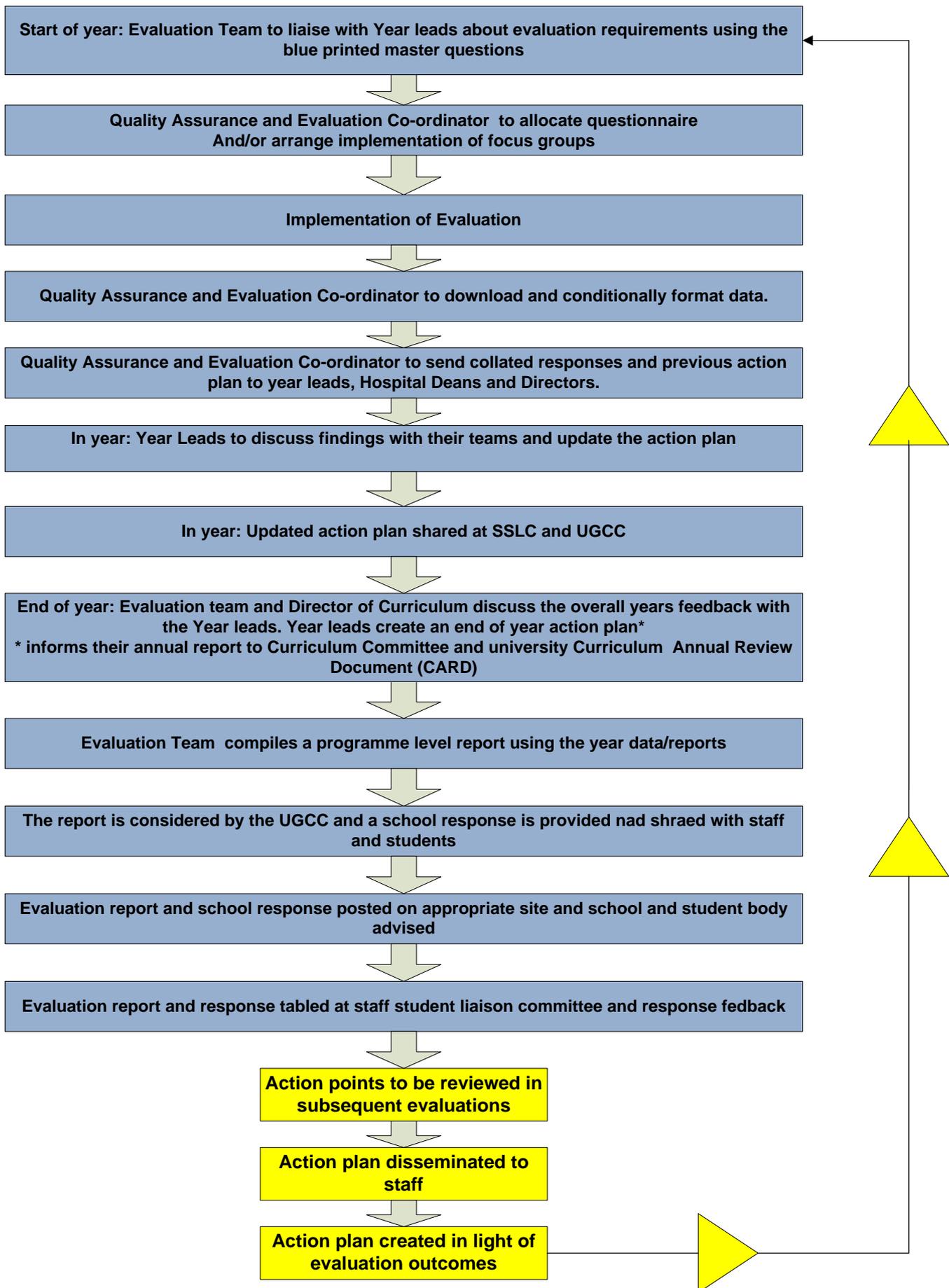
Web-based questionnaires

The medical school use web-based questionnaires to provide both quantitative and qualitative data.

Results

The final report and School response is tabled for Student Staff liaison Committee, School Learning and Teaching Committee and Undergraduate Course Committee. The relevant part of the evaluation and School response is posted on KLE and students advised.

Evaluation process flowchart 2015



20. The principles of programme design

The MBChB Programme described in this document has been drawn up with reference to, and in accordance with the guidance set out in, the following documents:

- a. UK Quality Code for Higher Education, Quality Assurance Agency for Higher Education: <http://www.qaa.ac.uk/assuring-standards-and-quality/the-quality-code>
- b. QAA Subject Benchmark Statement: Medicine (2002)
- c. Outcomes for Graduates (Tomorrow's Doctors), 2015, GMC
- d. [Medical students' code: professional values and fitness to practice](#), GMC, March 2009
- e. Good medical practice, GMC 2013
- f. Keele University Regulations and Guidance for Students and Staff: <http://www.keele.ac.uk/regulations>

21. Document Version History

This programme specification gives an overview of the MBChB curriculum. The full programme was approved by the General Medical Council and Keele University in December 2011.

Version history	Date	Notes
Date first created	October 2016	
Revision history		
Date approved		