# Programme Specification: Undergraduate

# For Academic Year 2026/27

## 1. Course Summary

| | |
|---|---|
| **Names of programme and award title(s)** | Medicine MBChB Honours Degree |
| **Award type** | Single Honours |
| **Mode of study** | Full-time |
| **Framework of Higher Education Qualification (FHEQ) level of final award** | Level 6 |
| **Normal length of the programme** | 5 years |
| **Maximum period of registration** | The normal length as specified above plus 3 years |
| **Location of study** | Hospital - Medical<br>Keele Campus |
| **Accreditation (if applicable)** | This programme is accredited by the General Medical Council. For further details see the section on accreditation. |
| **Regulator** | Office for Students (OfS); General Medical Council |
| **Tuition Fees** | **UK students:**<br><br>Fee for 2026/27 is £9,790*<br><br>**International students:**<br><br>Fee for 2026/27 is £46,700**<br><br>*Bursary information:*<br><br>Home (England) students are eligible for an NHS bursary towards their fees in their 5th year of study not counting repeated years. For Scotland, Wales and Northern Ireland, students should check directly with their relevant authority. EU students may be eligible for an NHS bursary.<br><br>More information on eligibility can be found on the NHS Bursaries website: https://www.nhsbsa.nhs.uk/nhs-bursary-students<br><br>International students are not eligible for the NHS Bursary.<br><br>*More information:*<br><br>Home (England) students receiving the NHS bursary for tuition fees may also be eligible for a non-means-tested grant and a means-tested bursary in addition to a reduced maintenance loan from Student Finance England (see https://www.gov.uk/nhs-bursaries/what-youll-get). |

***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.*

** 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/*

*** These fees are for new students. 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/*

## 2. Medicine at Keele

Keele Undergraduate Medicine programme is normally delivered over 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.

In your programme you will sometimes be expected to role play and engage in simulated clinical scenarios with other students, such as the practice and observation of practical skills in physical contact with other students. For some specific practices, this may necessitate modification of dress - e.g., to shorts and t-shirt. These activities will be conducted in a professional, safe, respectful and culturally sensitive way, under the supervision of academic staff, according to a defined protocol.

## 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 (GMC, 2018)** are:

**Outcome 1 Professional values and behaviours**

***Professional and ethical responsibilities***

Graduates must:

- behave according to ethical and professional principles
- demonstrate awareness of the importance of their personal physical and mental wellbeing and incorporate compassionate self-care into their personal and professional life

***Legal responsibilities Patient safety and quality improvement***

Graduates must:

- demonstrate knowledge of the principles of the legal framework in which medicine is practised in the jurisdiction in which they are practising, and have awareness of where further information on relevant legislation can be found.

***Patient safety and quality improvement***

Graduates must:

- demonstrate that they can practise safely.
- participate in and promote activity to improve the quality and safety of patient care and clinical outcomes.

***Dealing with complexity and uncertainty***

Graduates must:

- be able to recognise complexity and uncertainty. And, through the process of seeking support and help from colleagues, learn to develop confidence in managing these situations and responding to change

***Safeguarding vulnerable patients***

Graduates must:

- be able to recognise and identify factors that suggest patient vulnerability and take action in response.

***Leadership and team working***

Graduates must:

- recognise the role of doctors in contributing to the management and leadership of the health service.
- learn and work effectively within a multi-professional and multi-disciplinary team and across multiple care settings. This includes working face to face and through written and electronic means, and in a range of settings where patients receive care, including community, primary, secondary, mental health, specialist tertiary and social care settings and in patients' homes.

**Outcome 2 Professional skills**

***Communication and interpersonal skills***

Graduates must:

- be able to communicate effectively, openly and honestly with patients, their relatives, carers or other advocates, and with colleagues, applying patient confidentiality appropriately.
- be able to carry out an effective consultation with a patient.

***Diagnosis and medical management***

Graduates must:

- work collaboratively with patients and colleagues to diagnose and manage clinical presentations safely in community, primary and secondary care settings and in patients' homes.
- wherever possible, support and facilitate patients to make decisions about their care and management.
- be able to perform a range of diagnostic, therapeutic and practical procedures safely and effectively, and identify, according to their level of skill and experience, the procedures for which they need supervision to ensure patient safety.
- be able to work collaboratively with patients, their relatives, carers or other advocates to make clinical judgements and decisions based on a holistic assessment of the patient and their needs, priorities and concerns, and appreciating the importance of the links between pathophysiological, psychological, spiritual, religious, social and cultural factors for each individual.
- demonstrate that they can make appropriate clinical judgements when considering or providing compassionate interventions or support for patients who are nearing or at the end of life.
- understand the need to involve patients, their relatives, carers or other advocates in management decisions, making referrals and seeking advice from colleagues as appropriate.
- be able to give immediate care to adults, children and young people in medical and psychiatric emergencies and seek support from colleagues if necessary.
- be able to recognise when a patient is deteriorating and take appropriate action.

***Prescribing medications safely***

Graduates must:

- be able to prescribe medications safely, appropriately, effectively and economically and be aware of the common causes and consequences of prescribing errors.

***Using information effectively and safely***

Graduates must:

- be able to use information effectively and safely in a medical context, and maintain accurate, legible, contemporaneous and comprehensive medical records.

**Outcome 3 Professional knowledge**

***The health service and healthcare systems in the four countries***

Graduates must:

- demonstrate how patient care is delivered in the health service.

***Applying biomedical scientific principles***

Graduates must:

- be able to apply biomedical scientific principles, methods and knowledge to medical practice and integrate these into patient care. This must include principles and knowledge relating to anatomy, biochemistry, cell biology, genetics, genomics and personalised medicine, immunology, microbiology, molecular biology, nutrition, pathology, pharmacology and clinical pharmacology, and physiology.

***Applying psychological principles***

Graduates must:

- explain and illustrate by professional experience the principles for the identification, safe management and referral of patients with mental health conditions.

***Applying social science principles***

Graduates must:

- be able to apply social science principles, methods and knowledge to medical practice and integrate these into patient care.

***Health promotion and illness prevention***

Graduates must:

- be able to apply the principles, methods and knowledge of population health and the improvement of health and sustainable healthcare to medical practice.

***Clinical research and scholarship***

Graduates must:

- be able to apply scientific method and approaches to medical research and integrate these with a range of sources of information used to make decisions for care.

Image of the Keele Spiral Curriculum

*For all who graduate from 2025 onwards, the GMC require UK medical students to pass the Medical Licensing Assessment (MLA). The first component of the MLA, the Applied Knowledge Test (AKT) will replace the Year 4 written assessment in June 2024 onwards. More information on the MLA, its components, content map and student-facing guides can be found here* Medical Licensing Assessment - GMC (gmc-uk.org)

## Keele Graduate attributes

The Keele Graduate Attributes are the qualities (skills, values and mindsets) which you will have the opportunity to develop during your time at Keele through both the formal curriculum and also through co- and extra-curricular activities (e.g., work experience, and engagement with the wider University community such as acting as ambassadors, volunteering, peer mentoring, student representation, membership and leadership of clubs and societies). Our Graduate Attributes consist of four themes: **academic expertise, professional skills, personal effectiveness, and social, environmental and ethical responsibility.** You will have opportunities to engage actively with the range of attributes throughout your time at Keele: through your academic studies, through self-assessing your own strengths, weaknesses, and development needs, and by

setting personal development goals. You will have opportunities to discuss your progress in developing graduate attributes with, for example, Academic Mentors, to prepare for your future career and lives beyond Keele.

### *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** (GMC, 2018), the duties of a doctor are set out in the GMC document **Good Medical Practice** (GMC, 2024).

**Good Medical Practice** (GMC,2024).

Patients must be able to trust medical professionals with their lives and health. To justify that trust you must make the care of patients your first concern, and meet the standards expected of you in all four domains.

Knowledge, skills and development

- Provide a good standard of practice and care, and work within your competence.
- Keep your knowledge and skills up to date.

Patients, partnership and communication

- Respect every patient's dignity and treat them as an individual.
- Listen to patients and work in partnership with them, supporting them to make informed decisions about their care.
- Protect patients' personal information from improper disclosure.

Colleagues, culture and safety

- Work with colleagues in ways that best serve the interests of patients, being willing to lead or follow as circumstances require.
- Be willing to share your knowledge, skills and experience with colleagues, whether informally or through teaching, training, mentoring or coaching.
- Treat people with respect and help to create a working and training environment that is compassionate, supportive and fair, where everyone feels safe to ask questions, talk about errors and raise concerns.
- Act promptly if you think that patient safety or dignity may be seriously compromised.
- Take care of your own health and wellbeing needs, recognising and taking appropriate action if you may not be fit to work.

Trust and professionalism

- Act with honesty and integrity, and be open if things go wrong.
- Protect and promote the health of patients and the public.
- Never unfairly discriminate against patients or colleagues.
- Never abuse patients' trust in you or the public's trust in your profession.

https://www.gmc-uk.org/professional-standards/the-professional-standards/good-medical-practice

## 5. What you will learn

#### Intended learning outcomes

The GMC have published 'Outcomes for Graduates' (June 2018) and a supplementary list of procedures (see below). All medical school courses will be required to meet these outcomes by 2020.

| **Professional Values & Behaviours** |
| --- |
| **Outcomes 2018** |
| **Overarching outcome for graduates** |
| 1. Medical students are tomorrow's doctors. In accordance with good medical practice, newly qualified doctors must make the care of patients their first concern, applying their knowledge and skills in a competent, ethical and professional manner and taking responsibility for their own actions in complex and uncertain situations. |

| |
|---|
| **Professional values and behaviours** |
| We expect newly qualified doctors to demonstrate appropriate generic personal and professional values and behaviours. They must keep to our ethical guidance and standards, good medical practice and the explanatory guidance, which together describe what is expected of all doctors who are registered with us. |
| **Professional and ethical responsibilities** |
| **2. Newly qualified doctors must behave according to ethical and professional principles. They must be able to:** |
| 2a. demonstrate awareness of the clinical responsibilities and role of the doctor |
| 2b. demonstrate compassionate professional behaviour and their professional responsibilities in making sure the fundamental needs of patients are addressed |
| 2c. summarise the current ethical dilemmas in medical science and healthcare practice; the ethical issues that can arise in everyday clinical decision-making; and apply ethical reasoning to situations which may be encountered in the first years after graduation |
| 2d. maintain confidentiality and respect patients' dignity and privacy |
| 2e. act with integrity, be polite, considerate, trustworthy and honest |
| 2f. take personal and professional responsibility for their actions |
| 2g. manage their time and prioritise effectively |
| 2h. recognise and acknowledge their own personal and professional limits and seek help from colleagues and supervisors when necessary, including when they feel that patient safety may be compromised |
| 2i. protect patients from any risk posed by their own health including:<br>- the risks to their health and to patient safety posed by self-prescribing medication and substance misuse<br>- the risks to their health and to patient safety posed by fatigue - they must apply strategies to limit the impact of fatigue on their health |
| 2j. recognise the potential impact of their attitudes, values, beliefs, perceptions and personal biases (which may be unconscious) on individuals and groups and identify personal strategies to address this |
| 2k. demonstrate the principles of person-centred care and include patients and, where appropriate, their relatives, carers or other advocates in decisions about their healthcare needs |
| 2l. explain and demonstrate the importance of:<br>- seeking patient consent, or the consent of the person who has parental responsibility in the case of children and young people, or the consent of those with lasting power of attorney or independent mental capacity advocates if appropriate<br>- providing information about options for investigations, treatment and care in a way that enables patients to make decisions about their own care<br>- assessing the mental capacity of a patient to make a particular decision, including when the lack of capacity is temporary, and knowing when and how to take action |
| 2m. act appropriately, with an inclusive approach, towards patients and colleagues |
| 2n. be open and honest in their interactions with patients, colleagues and employers when things go wrong - known as the professional duty of candour |
| 2o. raise and escalate concerns through informal communication with colleagues and through formal clinical governance and monitoring systems about:<br>- patient safety and quality of care<br>- bullying, harassment and undermining |
| 2p. explain and demonstrate the importance of professional development and lifelong learning and demonstrate commitment to this |
| 2q. work effectively and appropriately as a mentor and teacher for other learners in the multi-professional team |
| 2r. respect patients' wishes about whether they wish to participate in the education of learners |
| 2s. access and analyse reliable sources of current clinical evidence and guidance and have established methods for making sure their practice is consistent with these |
| 2t. explain and demonstrate the importance of engagement with revalidation, including maintaining a professional development portfolio which includes evidence of reflection, achievements, learning needs and feedback from patients and colleagues |

| |
|---|
| 2u. engage in their induction and orientation activities, learn from experience and feedback, and respond constructively to the outcomes of appraisals, performance reviews and assessments |
| **3. Newly qualified doctors must demonstrate awareness of the importance of their personal physical and mental wellbeing and incorporate compassionate self-care into their personal and professional life. They must demonstrate awareness of the need to:** |
| 3a. self-monitor, self-care and seek appropriate advice and support, including by being registered with a GP and engaging with them to maintain their own physical and mental health |
| 3b. manage the personal and emotional challenges of coping with work and workload, uncertainty and change |
| 3c. develop a range of coping strategies, such as reflection, debriefing, handing over to another colleague, peer support and asking for help, to recover from challenges and set-backs |
| **Legal responsibilities** |
| **4. Newly qualified doctors must demonstrate knowledge of the principles of the legal framework in which medicine is practised in the jurisdiction in which they are practising, and have awareness of where further information on relevant legislation can be found. NOTE: To be read in conjunction with our supplementary guidance on legislation which sets out specific areas of legislation that we expect newly qualified doctors to be able to understand the principles of.** |
| explain and demonstrate the importance of engagement with revalidation, including maintaining a professional development portfolio which includes evidence of reflection, achievements, learning needs and feedback from patients and colleagues |
| access and analyse reliable sources of current clinical evidence and guidance and have established methods for making sure their practice is consistent with these |
| engage in their induction and orientation activities, learn from experience and feedback, and respond constructively to the outcomes of appraisals, performance reviews and assessments. |
| **Patient safety and quality improvement** |
| **5. Newly qualified doctors must demonstrate that they can practise safely. They must participate in and promote activity to improve the quality and safety of patient care and clinical outcomes. They must be able to:** |
| 5a. place patients' needs and safety at the centre of the care process. |
| 5b. promote and maintain health and safety in all care settings and escalate concerns to colleagues where appropriate, including when providing treatment and advice remotely |
| 5c. recognise how errors can happen in practice and that errors should be shared openly and be able to learn from their own and others' errors to promote a culture of safety |
| 5d. apply measures to prevent the spread of infection, and apply the principles of infection prevention and control |
| 5e. describe the principles of quality assurance, quality improvement, quality planning and quality control, and in which contexts these approaches should be used to maintain and improve quality and safety |
| 5f. describe basic human factors principles and practice at individual, team, organisational and system levels and recognise and respond to opportunities for improvement to manage or mitigate risks |
| 5g. apply the principles and methods of quality improvement to improve practice (for example, plan, do, study, act or action research), including seeking ways to continually improve the use and prioritisation of resources |
| 5h. describe the value of national surveys and audits for measuring the quality of care |
| **Dealing with complexity and uncertainty** |
| **6. The nature of illness is complex and therefore the health and care of many patients is complicated and uncertain. Newly qualified doctors must be able to recognise complexity and uncertainty. And, through the process of seeking support and help from colleagues, learn to develop confidence in managing these situations and responding to change. They must be able to:** |
| 6a. recognise the complex medical needs, goals and priorities of patients, the factors that can affect a patient's health and wellbeing and how these interact. These include psychological and sociological considerations that can also affect patients' health |

| |
|---|
| 6b. identify the need to adapt management proposals and strategies for dealing with health problems to take into consideration patients' preferences, social needs, multiple morbidities, frailty and long term physical and mental conditions |
| 6c. demonstrate working collaboratively with patients, their relatives, carers or other advocates, in planning their care, negotiating and sharing information appropriately and supporting patient self-care |
| 6d. demonstrate working collaboratively with other health and care professionals and organisations when working with patients, particularly those with multiple morbidities, frailty and long term physical and mental conditions |
| 6e. recognise how treatment and care can place an additional burden on patients and make decisions to reduce this burden where appropriate, particularly where patients have multiple conditions or are approaching the end of life |
| 6f. manage the uncertainty of diagnosis and treatment success or failure and communicate this openly and sensitively with patients, their relatives, carers or other advocates |
| 6g. evaluate the clinical complexities, uncertainties and emotional challenges involved in caring for patients who are approaching the end of their lives and demonstrate the relevant communication techniques and strategies that can be used with the patient, their relatives, carers or other advocates. |
| **Safeguarding vulnerable patients** |
| **7. Newly qualified doctors must be able to recognise and identify factors that suggest patient vulnerability and take action in response. They must be able to:** |
| 7a. identify signs and symptoms of abuse or neglect and be able to safeguard children, young people, adults and older people, using appropriate systems for sharing information, recording and raising concerns, obtaining advice, making referrals and taking action |
| 7b. take a history that includes consideration of the patient's autonomy, views and any associated vulnerability, and reflect this in the care plan and referrals |
| 7c. assess the needs of and support required for children, young people and adults and older people who are the victims of domestic, sexual or other abuse |
| 7d. assess the needs of, and support required, for people with a learning disability |
| 7e. assess the needs of, and support required, for people with mental health conditions |
| 7f. adhere to the professional responsibilities in relation to procedures performed for non-medical reasons, such as female genital mutilation and cosmetic interventions |
| 7g. explain the application of health legislation that may result in the deprivation of liberty to protect the safety of individuals and society |
| 7h. recognise where addiction (to drugs, alcohol, smoking or other substances), poor nutrition, self-neglect, environmental exposure, or financial or social deprivation are contributing to ill health. And take action by seeking advice from colleagues and making appropriate referrals |
| 7i. describe the principles of equality legislation in the context of patient care |
| **Leadership and team working** |
| **8. Newly qualified doctors must recognise the role of doctors in contributing to the management and leadership of the health service. They must be able to:** |
| 8a. describe the principles of how to build teams and maintain effective team work and interpersonal relationships with a clear shared purpose. |
| 8b. undertake various team roles including, where appropriate, demonstrating leadership and the ability to accept and support leadership by others |
| 8c. identify the impact of their behaviour on others |
| 8d. describe theoretical models of leadership and management that may be applied to practice. |
| **9. Newly qualified doctors must learn and work effectively within a multi-professional and multi-disciplinary team and across multiple care settings. This includes working face to face and through written and electronic means, and in a range of settings where patients receive care, including community, primary, secondary, mental health, specialist tertiary and social care settings and in patients' homes. They must be able to:** |

9a. demonstrate their contribution to effective interdisciplinary team working with doctors from all care settings and specialties, and with other health and social care professionals for the provision of safe and high-quality care

9b. work effectively with colleagues in ways that best serve the interests of patients. This includes:
- safely passing on information using clear and appropriate spoken, written and electronic communication:
- at handover in a hospital setting and when handing over and maintaining continuity of care in primary, community and social care settings
- when referring to colleagues for investigations or advice
- when things go wrong, for example when errors happen
- questioning colleagues during handover where appropriate
- working collaboratively and supportively with colleagues to share experiences and challenges that encourage learning
- responding appropriately to requests from colleagues to attend patients
- applying flexibility, adaptability and a problem-solving approach to shared decision making with colleagues

9c. recognise and show respect for the roles and expertise of other health and social care professionals and doctors from all specialties and care settings in the context of working and learning as a multi-professional team.

**Professional Skills**

**We expect doctors to demonstrate appropriate skills in clinical practice.**

**Communication and interpersonal skill**s

**10. Newly qualified doctors must be able to communicate effectively, openly and honestly with patients, their relatives, carers or other advocates, and with colleagues, applying patient confidentiality appropriately. They must be able to:**

10a. communicate clearly, sensitively and effectively with patients, their relatives, carers or other advocates, and colleagues from medical and other professions, by:
- listening, sharing and responding
- demonstrating empathy and compassion
- demonstrating effective verbal and non-verbal interpersonal skills
- making adjustments to their communication approach if needed, for example for people who communicate differently due to a disability or who speak a different first language
- seeking support from colleagues for assistance with communication if needed

10b. communicate by spoken, written and electronic methods (including in medical records) clearly, sensitively and effectively with patients, their relatives, carers or other advocates, and colleagues from medical and other professions. This includes, but is not limited to, the following situations:
- where there is conflict or disagreement
- when sharing news about a patient's condition that may be emotionally challenging for the patient and those close to them
- when sharing news about a patient's death with relatives and carers or other advocates
- when discussing issues that may be sensitive for the patient, such as alcohol consumption, smoking, diet and weight management or sexual behaviour
- when communicating with people who lack insight into their illness or are ambivalent about treatment
- when communicating with children and young people
- when communicating with people who have impaired hearing, language, speech or sight
- when communicating with people who have cognitive impairment
- when communicating with people who have learning disabilities
- when English is not the patient's first language - by using an interpreter, translation service or other online methods of translation
- when the patient lacks capacity to reach or communicate a decision on their care needs
- when advocating for patients' needs
- when making referrals to colleagues from medical and other professions
- when providing care remotely, such as carrying out consultations using telecommunications.

10c. use methods of communication used by patients and colleagues such as technology-enabled communication platforms, respecting confidentiality and maintaining professional standards of behaviour

**11. Newly qualified doctors must be able to carry out an effective consultation with a patient. They must be able to:**

11a. elicit and accurately record a patient's medical history, including family and social history, working with parents and carers or other advocates when the patient is a child or young person or an adult who requires the support of a carer or other advocate

| |
|---|
| 11b. encourage patients' questions, discuss their understanding of their condition and treatment options, and take into account their ideas concerns, expectations, values and preferences |
| 11c. acknowledge and discuss information patients have gathered about their conditions and symptoms, taking a collaborative approach |
| 11d. provide explanation, advice and support that matches patients' level of understanding and needs, making reasonable adjustments to facilitate patients' understanding if necessary |
| 11e. assess a patient's capacity to understand and retain information and to make a particular decision, making reasonable adjustments to support their decision making if necessary, in accordance with legal requirements in the relevant jurisdiction and the GMC's ethical guidance as appropriate |
| 11f. work with patients, or their legal advocates, to agree how they want to be involved in decision making about their care and treatment |
| 11g. describe the principles of holding a fitness for work conversation with patients, including assessing social, physical, psychological and biological factors supporting the functional capacity of the patient, and how to make referrals to colleagues and other agencies. |
| **Diagnosis and medical management** |
| **12. Newly qualified doctors must work collaboratively with patients and colleagues to diagnose and manage clinical presentations safely in community, primary and secondary care settings and in patients' homes. Newly qualified doctors must, wherever possible, support and facilitate patients to make decisions about their care and management.** |
| **13. Newly qualified doctors must be able to perform a range of diagnostic, therapeutic and practical procedures safely and effectively, and identify, according to their level of skill and experience, the procedures for which they need supervision to ensure patient safety.** |
| **14. Newly qualified doctors must be able to work collaboratively with patients, their relatives, carers or other advocates to make clinical judgements and decisions based on a holistic assessment of the patient and their needs, priorities and concerns, and appreciating the importance of the links between pathophysiological, psychological, spiritual, religious, social and cultural factors for each individual.**<br>**They must be able to:** |
| 14a. propose an assessment of a patient's clinical presentation, integrating biological, psychological and social factors, agree this with colleagues and use it to direct and prioritise investigations and care |
| 14b. safely and sensitively undertake:<br>- an appropriate physical examination (with a chaperone present if appropriate)<br>- a mental and cognitive state examination, including establishing if the patient is a risk to themselves or others, seeking support and making referrals if necessary<br>- a developmental examination for children and young people |
| 14c. interpret findings from history, physical and mental state examinations |
| 14d. propose a holistic clinical summary, including a prioritised differential diagnosis/diagnoses and problem list |
| 14e. propose options for investigation, taking into account potential risks, benefits, cost effectiveness and possible side effects and agree in collaboration with colleagues if necessary, which investigations to select |
| 14f. interpret the results of investigations and diagnostic procedures, in collaboration with colleagues if necessary |
| 14g. synthesise findings from the history, physical and mental state examinations and investigations, in collaboration with colleagues if necessary, and make proposals about underlying causes or pathology |
| 14h. understand the processes by which doctors make and test a differential diagnosis and be prepared to explain their clinical reasoning to others |
| 14i. make clinical judgements and decisions with a patient, based on the available evidence, in collaboration with colleagues and as appropriate for their level of training and experience, and understand that this may include situations of uncertainty |
| 14j. take account of patients' concerns, beliefs, choices and preferences, and respect the rights of patients to reach decisions with their doctor about their treatment and care and to refuse or limit treatment |
| 14k. seek informed consent for any recommended or preferred options for treatment and care |

| |
|---|
| 14l. propose a plan of management including prevention, treatment, management and discharge or continuing community care, according to established principles and best evidence, in collaboration with other health professionals if necessary |
| 14m. support and motivate the patient's self-care by helping them to recognise the benefits of a healthy lifestyle and motivating behaviour change to improve health and include prevention in the patient's management plan |
| 14n. recognise the potential consequences of over-diagnosis and over-treatment |
| **15. Newly qualified doctors must demonstrate that they can make appropriate clinical judgements when considering or providing compassionate interventions or support for patients who are nearing or at the end of life. They must understand the need to involve patients, their relatives, carers or other advocates in management decisions, making referrals and seeking advice from colleagues as appropriate.** |
| **16. Newly qualified doctors must be able to give immediate care to adults, children and young people in medical and psychiatric emergencies and seek support from colleagues if necessary.** |
| **17. Newly qualified doctors must be able to recognise when a patient is deteriorating and take appropriate action. They must be able to:** |
| 17a. Assess and recognise the severity of a clinical presentation and a need for immediate emergency care |
| 17b. diagnose and manage acute medical and psychiatric emergencies, escalating appropriately to colleagues for assistance and advice |
| 17c. provide immediate life support |
| 17d. perform cardiopulmonary resuscitation. |
| **Prescribing medicines safely** |
| **18. Newly qualified doctors must be able to prescribe medications safely, appropriately, effectively and economically and be aware of the common causes and consequences of prescribing errors.**<br>**They must be able to:** |
| 18a. establish an accurate medication history, covering both prescribed medication and other drugs or supplements, and establish medication allergies and the types of medication interactions that patients experience |
| 18b. carry out an assessment of benefit and risk for the patient of starting a new medication taking into account the medication history and potential medication interactions in collaboration with the patient and, if appropriate, their relatives, carers or other advocates |
| 18c. provide patients, their relatives, carers or other advocates, with appropriate information about their medications in a way that enables patients to make decisions about the medications they take |
| 18d. agree a medication plan with the patient that they are willing and able to follow |
| 18e. access reliable information about medications and be able to use the different technologies used to support prescribing |
| 18f. calculate safe and appropriate medication doses and record the outcome accurately |
| 18g. write a safe and legal prescription, tailored to the specific needs of individual patients, using either paper or electronic systems and using decision support tools where necessary |
| 18h. describe the role of clinical pharmacologists and pharmacists in making decisions about medications and prescribe in consultation with these and other colleagues as appropriate |
| 18i. communicate appropriate information to patients about what their medication is for, when and for how long to take it, what benefits to expect, any important adverse effects that may occur and what follow-up will be required |
| 18j. detect and report adverse medication reactions and therapeutic interactions and react appropriately by stopping or changing medication |
| 18k. monitor the efficacy and effects of medication and with appropriate advice from colleagues, reacting appropriately by adjusting medication, including stopping medication with due support, care and attention if it proves ineffective, is no longer needed or the patient wishes to stop taking it |
| 18l. recognise the challenges of safe prescribing for patients with long term physical and mental conditions or multiple morbidities and medications, in pregnancy, at extremes of age and at the end of life |

| |
|---|
| 18m. respect patient choices about the use of complementary therapies, and have a working knowledge of the existence and range of these therapies, why patients use them, and how this might affect the safety of other types of treatment that patients receive |
| 18n. recognise the challenges of delivering these standards of care when prescribing and providing treatment and advice remotely, for example via online services |
| 18o. recognise the risks of over-prescribing and excessive use of medications and apply these principles to prescribing practice |
| **Using information effectively and safely** |
| **19. Newly qualified doctors must be able to use information effectively and safely in a medical context, and maintain accurate, legible, contemporaneous and comprehensive medical records. They must be able to:** |
| 19a. make effective use of decision making and diagnostic technologies |
| 19b. apply the requirements of confidentiality and data protection legislation and comply with local information governance and storage procedures when recording and coding patient information |
| 19c. explain their professional and legal responsibilities when accessing information sources in relation to patient care, health promotion, giving advice and information to patients, and research and education |
| 19d. discuss the role of doctors in contributing to the collection and analysis of patient data at a population level to identify trends in wellbeing, disease and treatment, and to improve healthcare and healthcare system |
| 19e. apply the principles of health informatics to medical practice |
| **Professional knowledge** |
| **We expect newly qualified doctors to demonstrate their knowledge through scholarly application to the care of patients in practice. Newly qualified doctors must recognise biomedical, psychological and social science principles of health and disease, and integrate and apply scholarly principles to the care of patients. Newly qualified doctors must understand the patient journey through the full range of health and social care settings.** |
| **The health service and healthcare systems in the four countries** |
| **20. Newly qualified doctors must demonstrate how patient care is delivered in the health service. They must be able to:** |
| 20a. describe and illustrate from their own professional experience the range of settings in which patients receive care, including in the community, in patients' homes and in primary and secondary care provider settings |
| 20b. explain and illustrate from their own professional experience the importance of integrating patients' care across difference settings to ensure person-centred care |
| 20c. describe emerging trends in settings where care is provided, for example the shift for more care to be delivered in the community rather than in secondary care settings |
| 20d. describe the relationship between healthcare and social care and how they interact |
| **21 Newly qualified doctors must recognise that there are differences in healthcare systems across the four nations of the UK and know how to access information about the different systems, including the role of private medical services in the UK.** |
| **Applying biomedical scientific principles** |
| **22. Newly qualified doctors must be able to apply biomedical scientific principles, methods and knowledge to medical practice and integrate these into patient care. This must include principles and knowledge relating to anatomy, biochemistry, cell biology, genetics, genomics and personalised medicine, immunology, microbiology, molecular biology, nutrition, pathology, pharmacology and clinical pharmacology, and physiology. They must be able to:** |
| 22a. explain how normal human structure and function and physiological processes applies, including at the extremes of age, in children and young people and during pregnancy and childbirth |
| 22b. explain the relevant scientific processes underlying common and important disease processes |
| 22c. justify, through an explanation of the underlying fundamental principles and clinical reasoning, the selection of appropriate investigations for common clinical conditions and diseases |

| |
|---|
| 22d. 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 |
| 22e. describe medications and medication actions: therapeutics and pharmacokinetics; medication side effects and interactions, including for multiple treatments, long term physical and mental conditions and non-prescribed drugs; the role of pharmacogenomics and antimicrobial stewardship |
| 22f. analyse clinical phenomena and conduct appropriate critical appraisal and analysis of clinical data, and explain clinical reasoning in action and how they formulate a differential diagnosis and management plan |
| **Applying psychological principles** |
| **23. Newly qualified doctors must explain and illustrate by professional experience the principles for the identification, safe management and referral of patients with mental health conditions. They must be able to:** |
| 23a. describe and illustrate from examples the spectrum of normal human behaviour at an individual level |
| 23b. integrate psychological concepts of health, illness and disease into patient care and apply theoretical frameworks of psychology to explain the varied responses of individuals, groups and societies to disease |
| 23c. explain the relationship between psychological and medical conditions and how psychological factors impact on risk and treatment outcome |
| 23d. describe the impact of patients' behaviours on treatment and care and how these are influenced by psychological factors |
| 23e. describe how patients adapt to major life changes, such as bereavement, and the adjustments that might occur in these situations |
| 23f. identify appropriate strategies for managing patients with substance misuse or risk of self-harm or suicide |
| 23g. explain how psychological aspects of behaviour, such as response to error, can influence behaviour in the workplace in a way that can affect health and safety and apply this understanding to their personal behaviours and those of colleagues. |
| **Applying social science principles** |
| **24. Newly qualified doctors must be able to apply social science principles, methods and knowledge to medical practice and integrate these into patient care. They must be able to:** |
| 24a. recognise how society influences and determines the behaviour of individuals and groups and apply this to the care of patients |
| 24b. review the sociological concepts of health, illness and disease and apply these to the care of patients |
| 24c. apply theoretical frameworks of sociology to explain the varied responses of individuals, groups and societies to disease |
| 24d. recognise sociological factors that contribute to illness, the course of the disease and the success of treatment and apply these to the care of patients ¿ including issues relating to health inequalities and the social determinants of health, the links between occupation and health, and the effects of poverty and affluence |
| 24e. explain the sociological aspects of behavioural change and treatment concordance and compliance, and apply these models to the care of patients as part of person-centred decision making. |
| **Health promotion and illness prevention** |
| **25. Newly qualified doctors must be able to apply the principles, methods and knowledge of population health and the improvement of health and sustainable healthcare to medical practice. They must be able to:** |
| 25a. explain the concept of wellness or wellbeing as well as illness, and be able to help and empower people to achieve the best health possible, including promoting lifestyle changes such as smoking cessation, avoiding substance misuse and maintaining a healthy weight through physical activity and diet |
| 25b. describe the health of a population using basic epidemiological techniques and measurements. |
| 25c. evaluate the environmental, social, behavioural and cultural factors which influence health and disease in different populations |
| 25d. assess, by taking a history, the environmental, social, psychological, behavioural and cultural factors influencing a patient's presentation, and identify options to address these, including advocacy for those who are disempowered |

| |
|---|
| 25e. apply epidemiological data to manage healthcare for the individual and the community and evaluate the clinical and cost effectiveness of interventions |
| 25f. outline the principles underlying the development of health, health service policy, and clinical guidelines, including principles of health economics, equity, and sustainable healthcare |
| 25g. apply the principles of primary, secondary and tertiary prevention of disease, including immunisation and screening |
| 25h. evaluate the role of ecological, environmental and occupational hazards in ill-health and discuss ways to mitigate their effects |
| 25i. apply the basic principles of communicable disease control in hospital and community settings, including disease surveillance |
| 25j. discuss the role and impact of nutrition to the health of individual patients and societies |
| 25k. evaluate the determinants of health and disease and variations in healthcare delivery and medical practice from a global perspective and explain the impact that global changes may have on local health and wellbeing |
| **Clinical research and scholarship** |
| **26. Newly qualified doctors must be able to apply scientific method and approaches to medical research and integrate these with a range of sources of information used to make decisions for care. They must be able to:** |
| 26a. explain the role and hierarchy of evidence in clinical practice and decision making with patients |
| 26b. interpret and communicate research evidence in a meaningful way for patients to support them in making informed decisions about treatment and management |
| 26c. describe the role and value of qualitative and quantitative methodological approaches to scientific enquiry |
| 26d. interpret common statistical tests used in medical research publications |
| 26e. critically appraise a range of research information including study design, the results of relevant diagnostic, prognostic and treatment trials, and other qualitative and quantitative studies as reported in the medical and scientific literature |
| 26f. formulate simple relevant research questions in biomedical science, psychosocial science or population science, and design appropriate studies or experiments to address the questions |
| 26g. describe basic principles and ethical implications of research governance including recruitment into trials and research programmes |
| 26h. describe stratified risk |
| 26i. describe the concept of personalised medicine to deliver care tailored to the needs of individual patients |
| 26j. use evidence from large scale public health reviews and other sources of public health data to inform decisions about the care of individual patients |

| **Assessment of patient needs** | | | |
|---|---|---|---|
| N**o** | **Procedure** | **Description** | **Level of competence** |
| 1 | Take baseline physiological observations and record appropriately | Measure temperature, respiratory rate, pulse rate, blood pressure, oxygen saturations and urine output. | Safe to practise under indirect supervision |
| 2 | Carry out peak expiratory flow respiratory function test | Explain to a patient how to perform a peak expiratory flow, assess that it is performed adequately and interpret results. | Safe to practise under indirect supervision |
| 3 | Perform direct ophthalmoscopy | Perform basic ophthalmoscopy and identify common abnormalities. | Safe to practise under indirect supervision |

| | | | |
|---|---|---|---|
| 4 | Perform otoscopy | Perform basic otoscopy and identify common abnormalities. | Safe to practise under indirect supervision |
| **Diagnostic procedures** | | | |
| 5 | Take blood cultures via peripheral venepuncture | Take samples of venous blood to test for the growth of infectious organisms. | Safe to practise under direct supervision |
| 6 | Carry out arterial blood gas and acid base sampling from the radial artery in adults | Insert a needle into a patient's radial artery (in the wrist) to take a sample of arterial blood and interpret the results. | Safe to practise under direct supervision |
| 7 | Carry out venepuncture | Insert a needle into a patient's vein to take a sample of blood for testing. Make sure that blood samples are taken in the correct order, placed in the correct containers, that these are labelled correctly and sent to the laboratory promptly. | Safe to practise under indirect supervision |
| 8 | Measure capillary blood glucose | Measure the concentration of glucose in the patient's blood at the bedside using appropriate equipment. Record and interpret the results. | Safe to practise under indirect supervision |
| 9 | Carry out a urine multi dipstick test | Explain to patient how to collect a midstream urine sample. Test a sample of urine to detect abnormalities. Perform a pregnancy test where appropriate. | Safe to practise under indirect supervision |
| 10 | Carry out a 3- and 12-lead electrocardiogram | Set up a continuous recording of the electrical activity of the heart, ensuring that all leads are correctly placed. | Safe to practise under indirect supervision |
| 11 | Take and/or instruct patients how to take a swab | Use the correct technique to apply sterile swabs to the nose, throat, skin and wounds. Make sure that samples are placed in the correct containers, that these are labelled correctly and sent to the laboratory promptly and in the correct way. | Safe to practise under indirect supervision for nose, throat, skin or wound swabs |
| **Patient care** | | | |
| 12 | Perform surgical scrubbing up | Follow approved processes for cleaning hands and wearing appropriate personal protective equipment before procedures or surgical operations. | Safe to practise under direct supervision |
| 13 | Set up an infusion | Set up and run through an intravenous infusion. Have awareness of the different equipment and devices used. | Safe to practise under direct supervision |
| 14 | Use correct techniques for moving and handling, including patients who are frail | Use, or direct other team members to use, approved methods for moving, lifting and handling people or objects, in the context of clinical care, using methods that avoid injury to patients, colleagues, or oneself. | Safe to practise under indirect supervision |
| **Prescribing** | | | |
| 15 | Instruct patients in the use of devices for inhaled medication | Explain to a patient how to use an inhaler correctly, including spacers, and check that their technique is correct. | Safe to practise under indirect supervision |
| 16 | Prescribe and administer oxygen | Prescribe and administer oxygen safely using a delivery method appropriate for the patient's needs and monitor and adjust oxygen as needed. | Safe to practise under indirect supervision |
| 17 | Prepare and administer injectable (intramuscular, subcutaneous, intravenous) drugs | Prepare and administer injectable drugs and prefilled syringes. | Safe to practise under direct supervision |

| Therapeutic procedures | | | |
|---|---|---|---|
| 18 | Carry out intravenous cannulation | Insert a cannula into a patient's vein and apply an appropriate dressing. | Safe to practise under direct supervision |
| 19 | Carry out safe and appropriate blood transfusion | Following the correct procedures, give a transfusion of blood (including correct identification of the patient and checking blood groups). Observe the patient for possible reactions to the transfusion, and take action if they occur. | Experienced in a simulated setting; further training required before direct supervision |
| 20 | Carry out male and female urinary catheterisation | Insert a urethral catheter in both male and female patients. | Safe to practise under direct supervision |
| 21 | Carry out wound care and basic wound closure and dressing | Provide basic care of surgical or traumatic wounds and apply dressings appropriately. | Safe to practise under direct supervision |
| 22 | Carry out nasogastric tube placement | Pass a tube into the stomach through the nose and throat for feeding and administering drugs or draining the stomach's contents. Know how to ensure correct placement. | Safe to practise in simulation |
| 23 | Use local anaesthetics | Inject or topically apply a local anaesthetic. Understand maximum doses of local anaesthetic agents. | Safe to practise under direct supervision |

## 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: Small group/Case Based Learning, workshops, lectures, anatomy and laboratory 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 the MBChB programme.

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.

The curriculum has three phases jointly delivered at the University, our local community, and in primary and secondary care settings.

1. **Phase 1: Years 1 & 2:** Overview with early clinical exposure. There is an emphasis on learning the fundamentals of biomedical, behavioural and social science with a focus on pathological processes, research, study skills and communication skills, basic clinical skills, and professionalism.
2. **Phase 2: Years 3 & 4:** 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. Immersion in clinical placements building on the foundations of clinical knowledge and skills developed in the preceding years.
3. **Phase 3: 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 five years.
- Scheduled learning and teaching activities with complementary online resource content.
- Anatomy teaching based in the Dissection Room.
- Small Group/Case based Learning.

- Extensive clinical placements in hospital and community settings.
- Guided independent study.

**Location**

- Years 1 and 2 are predominantly based at the Keele campus. The majority of clinical placements in Years 3 - 5 are based in Staffordshire and Shropshire. For some students there are a small number of placements in adjoining counties.

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

Apart from these formal activities, students are also provided with regular opportunities to talk through particular areas of difficulty, and any special learning needs they may have, with their Academic Mentors or lecturers on a one-to-one basis.

## 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.

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.

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?

The academic year runs from September to June for Years 1 and 2 and September to July in Year 3. Years 4 and 5 start in August with year 4 finishing in late June/early July (depending on assessment dates) and year 5 finishing in June with graduation normally in July.

Our degree courses are organised into modules. Each module is a self-contained unit of study and each 1 credit = 10 hours of student effort.  An outline of the structure of the programme is provided in the tables below, with an indicative example of a week.

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

**Phase 1:**

Overview with early clinical exposure. There is an emphasis on the foundations of biomedical, behavioural and social science knowledge and scholarship skills, embedded in a framework of clinical placements and basic clinical skills.

**Year 1 FHEQ Level 4 (120 credits)**

Learning through integrated units such as Health & Disease, Immunology and infection, Emergencies, Life Course, Scholarship, Brain & Mind, Pregnancy and Lifestyle, with longitudinal GP and hospital placements

| Indicative timetable | Monday | Tuesday | Wednesday | Thursday | Friday |
|---|---|---|---|---|---|

| | | | | | |
|---|---|---|---|---|---|
| **AM** | **Small group learning session** | **Lectures and seminars** | **Clinical skills sessions and Lab practicals** | **Lectures and experiential learning sessions** | **Lab practicals and seminars** |
| **PM** | **Small group learning session** | **Early clinical placement** | **Sports afternoon** | **Anatomy** | **End of week wrap up** |

**Professional values and behaviours**

**Professional skills**

**Professional knowledge**

**Year 2 FHEQ Level 5 (120 credits)**

A second run through many aspects of biomedical, behavioural and social science with an increased emphasis on complexity and pathology. Learning through integrated units such as Mechanism of Disease, Inputs & Outputs, Movement & Trauma, Circulation, Scholarship, Breath of Life, Sensory Motor systems, longitudinal GP and hospital placements and a Community Partnership Placement.

| **Indicative timetable** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
|---|---|---|---|---|---|
| **AM** | **Lab practical's and seminars** | **Anatomy sessions** | **Lectures and seminars** | **Clinical skills sessions** | **Small group learning session & End of week wrap up** |
| **PM** | **Clinical skills sessions** | **Lectures and experiential learning sessions** | **Sports afternoon** | **Early clinical placement** | **Small group learning session** |

**Optional Intercalated Bachelor's Degree * (see below)**

**Phase 2**

Comprehensive, scientifically-based clinical learning in a phase-long spiral of primary and secondary care placements, building on the foundations of clinical knowledge and skills through immersion in clinical placements.

**Year 3 FHEQ Level 6 (120 credits)**

Learning through integrated units such as Medicine, Surgery, Elderly Care, Mental Health, Paediatrics, General Practice and a Student-Selected Component.

| **Indicative timetable** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
|---|---|---|---|---|---|
| **AM** | **Case based learning session** | **Clinical placement** | **Clinical skills session** | **Anatomy & pathology sessions** | **Clinical placement** |
| **PM** | **Clinical placement** | **Clinical placement** | **Clinical placement** | **Lectures and seminars** | |

**Year 4 FHEQ Level 6 (120 credits)**

Learning through integrated units such as Medicine, Surgery, Women's Health, Mental Health, Paediatrics, Neurology/musculoskeletal and General Practice.

| **Indicative timetable** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
|---|---|---|---|---|---|

| | | | | | |
|---|---|---|---|---|---|
| **AM** | **Case illustrated learning session** | **Clinical placement** | **Clinical skills session** | **Seminars** | **Clinical placement** |
| **PM** | **Clinical placement** | **Clinical placement** | **Clinical placement** | **Clinical placement** | **Lectures** |

**Optional Intercalated Master's Degree * (see below)**

**Phase 3**

Very extensive student assistantships to prepare students for practice as Foundation doctors in secondary care and general practice. Secondary care assistantship placements include medicine, surgery, critical care and acute care placements. Student selected component includes a distant elective and the course ends with the Preparation for Professional Practice week.

**Year 5 FHEQ Level 6 (120 credits)**

Preparation for Professional Practice: Including some evening, night and weekend full-shift working patterns in secondary care placements.

| **Indicative timetable (GP)** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
|---|---|---|---|---|---|
| **AM** | **Clinical placement** | **Clinical placement** | **Clinical placement (Cluster group learning - GP)** | **Clinical placement** | **Clinical placement** |
| **PM** | **Clinical placement** | **Clinical placement** | **Clinical placement** | **Clinical placement (Cluster group project- GP)** | **Clinical placement** |

| **Year** | **Compulsory** | **Optional** | |
|---|---|---|---|
| | | **Min** | **Max** |
| Level 4 | 120 | 0 | 0 |
| Level 5 | 120 | 0 | 0 |
| Level 6 | 360 | 0 | 0 |

## Module Lists

### *Level 4*

| **Compulsory modules** | **Module Code** | **Credits** | **Period** |
|---|---|---|---|
| UG MEDICINE YEAR 1 | MED-10008 | 120 | Semester 1-2 |

### *Level 5*

| Compulsory modules | Module Code | Credits | Period |
|---|---|---|---|
| UG MEDICINE YEAR 2 | MED-20001 | 120 | Semester 1-2 |

### *Level 6*

| Compulsory modules | Module Code | Credits | Period |
|---|---|---|---|
| UG MEDICINE YEAR 3 | MED-30001 | 120 | Semester 1-2 |
| UG MEDICINE YEAR 4 | MED-30002 | 120 | Semester 1-2 |
| UG MEDICINE YEAR 5 | MED-30003 | 120 | Semester 1-2 |

---

*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.
https://www.keele.ac.uk/medicine/intercalateddegrees/

Modern Language modules: You are able to take up to 60 credits across your degree programme as Faculty Funded additional Modern Language modules in order to graduate with the Enhanced Degree Title. [Please see link for more information on Enhanced degree titles.]

For further information on the content of modules currently offered please visit:
https://www.keele.ac.uk/recordsandexams/modulecatalogue/

## 9. Final and intermediate awards

### *Transfer routes / exit points*

The final award is MBChB (Honours), however, the following Intermediate awards may be available at appropriate exit points: Certificate of Higher Education in Applied Medical Sciences; Diploma of Higher Education in Applied Medical Sciences; and a classified BSc Honours Degree in Applied Medical Sciences. These intermediate awards imply no eligibility for professional recognition or registration with the GMC as a doctor, nor fitness to practise.

Credits required for each level of academic award are as follows:

| | | |
|---|---|---|
| **MBChB** | 600 credits | You will require 120 credits from each taught year of the programme:<br>Med-10008: 120 credits at level 4<br>Med-20008: 120 credits at level 5<br>Med-30001: 120 credits at level 6<br>Med-30002: 120 credits at level 6<br>Med-30003: 120 credits at level 6 |
| **BSc Honours Degree in Applied Medical Sciences** | 360 credits | You will require at least 120 credits at levels 4, 5 and 6 |
| **Diploma in 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 in Higher Education in Applied Medical Sciences** | 120 credits | You will require at least 120 credits at level 4 or higher |

## 10. How is the Programme Assessed?

The programme has an integrated and comprehensive assessment programme that 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. The overarching aims of the assessment programme are 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 to assess knowledge, skills and attitudes in an integrated manner.
- Provide high quality feedback to all students after both formative and summative assessments.
- Follow a process of blueprinting to ensure appropriate sampling of material reflecting common international assessment practices.

**Assessment Formats**

The programme uses a variety of assessment formats throughout the programme. These include both written and practical assessments. Examples of written assessments include Single Best Answer (SBA) questions and free text Short Answer Questions (SAQs). Examples of practical assessments include Objective Structured Clinical Examinations (OSCEs) and various Workplace Based Assessments (WBA). This list is not exhaustive; other formats may be used to support specific years of the course.

Some assessments will be solely formative, as their primary purpose is to provide feedback to students on their learning progress. Other assessments will be 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 summative assessments in order to encourage students to continually improve their performance.

Feedback is provided in a variety of ways, including through large group (plenary) sessions, one to one meetings with tutors and individualised communications with students. In C2018, Year 1 and Year 2 students will receive feedback on their assessment as part of their regular meetings with their Academic Mentors.

**Assessment methods**

The programme utilises a range of assessment modes appropriate to assess each of the Intended Learning Objectives of the programme, categorized across three domains; Professional values and behaviours**,** Professional skills and Professional knowledge.

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

| Professional values and behaviours | Professional skills | | Professional knowledge |
|---|---|---|---|
| | Information Management Skills | Clinical and Practical Skills | |
| Learning portfolio<br><br>TAB (Team Assessment of Behaviour)<br><br>Reflective summaries & Appraisals | Written Communication skills | Practical assessment of skills (OSCE/WBA) | Knowledge assessments |

The modes of assessment include:

**Written knowledge examinations.**

Knowledge is examined in a range of formats designed to test students' ability to apply relevant scientific and medical knowledge to professional practice. Examinations may consist of Single Best Answer (SBA) questions and free text Short Answer Questions (SAQs). Feedback will be given following all assessments to guide student learning.

In Phase 1, students will be tested at regular intervals, typically 3-4 times per year. The score from these knowledge assessments and in course assessments will then be used to determine progression to the next year/phase of the programme.

In Phase 2, students will be tested at regular points throughout the year (typically 2-3 tests per year) and these tests (as well as in course assessments) are used to determine progression to the next year/phase of the programme. From June 2024, the Year 4 written assessment has been replaced by the first component of the MLA, the Applied Knowledge Test (AKT).

In Phase 3 there are currently no written summative university assessments.

However, students will be required to sit any national assessment required for entry to the Foundation Training Programme or as specified by the General Medical Council (GMC).

**Practical examinations**

These examinations enable students to demonstrate a safe and effective application of practical clinical and laboratory skills and will be assessed though both Objective Structured Clinical Examinations (OSCEs) and a variety of Workplace Based Assessments (WBAs). Typically, students will be assessed at 2-3 points within each year from year 2 (which includes summative OSCEs). Feedback will be given after all assessments to guide student learning.

**In course assessments**

A variety of in course assessments will be used to test students' ability to apply a range of skills relevant to their professional practice. Examples of this format include written assessments designed to test students' ability to appraise quantitative or qualitative data and those designed to develop students' reflective practice. These assessments may also include oral and poster presentations designed to tests students' ability to communicate effectively to a variety of audiences.

## 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 module choices and 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.

Undergraduate courses at Keele contain an element of module choice; therefore, individual students will experience a different mix of contact time and assessment types dependent upon their own individual choice of modules. The figures below are an approximation of activities that a student 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**

| | Scheduled learning and teaching activities | Guided independent Study | Placements |
|---|---|---|---|
| **Year 1 (Level 4)** | 32.2% | 64.8% | 3% |
| **Year 2 (Level 5)** | 28.9% | 64.8% | 6.3% |
| **Year 3 (Level 6)** | 19.2% | 24.8% | 56% |
| **Year 4 (Level 6)** | 19.8% | 9.2% | 70.9% |
| **Year 5 (Level 6)** | 8.6% | 17.8% | 73.7% |

## 12. Accreditation

This programme is accredited by the General Medical Council and Keele University (December 2011). Please note the following:

**Module Selection:** Students should note that to be awarded the MBChB accreditation they must pass all modules. All modules are mandatory. (NB: Module = Year)

**Regulations:** Your programme has professional accreditation and there are specific regulations, which you have to agree to abide by, as follows:

**GMC:** Outcomes for graduates: https://www.gmc-uk.org/education/undergraduate/undergrad_outcomes.asp

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

## 13. University 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/

If this programme has any exemptions, variations or additions to the University Regulations, these will be detailed at an annex at the end of this document titled "programme-specific regulations".

## 14. What are the typical admission requirements for the Programme?

See the relevant course page on the website for the admission requirements relevant to this programme: https://www.keele.ac.uk/study/

Home students who meet specific criteria may be eligible for a foundation year: see https://www.keele.ac.uk/study/undergraduate/undergraduatecourses/medicine/medicinehealthfoundationy¿. Students who have completed other foundation years will not be considered for progression to medicine.

Applicants for whom English is not a first language must provide evidence of a recognised qualification in English language. The minimum score for entry to the programme is Academic IELTS 7.0 in all sections, or equivalent.

Please note: all non-native English speaking students are required to undertake a diagnostic English language assessment on arrival at Keele, to determine whether English language support may help them succeed with their studies. An English language module may be compulsory for some students during their first year at Keele.

**Recognition of Prior Learning (RPL)** will not be considered for admission with advanced standing or module exemption for this programme: see the School of Medicine Undergraduate (MBChB) Admissions Process at https://www.keele.ac.uk/media/keeleuniversity/sas/sorsjune2025newtemplateregs/june2025newtemplatere.

*NB:* all offers are conditional upon (*i*) an occupational health assessment confirming fitness to commence the

course, and (*ii*) a satisfactory enhanced-level (with barred lists) check by the Disclosure & Barring Service

DBS: https://www.gov.uk/government/organisations/disclosure-and-barring-service/about

Students are required to register for the DBS annual update service and to renew the subscription for each year of the programme, as repeated checks will otherwise be required through the programme. Those who have lived outside the UK for 6 months or more in the previous 5 years will be required to provide a criminal record check from their country of residence before commencing the programme, in addition to the DBS disclosure. Those who have lived outside the UK for all of the previous 5 years must provide a criminal record check from their country or countries of residence. These students must also complete an enhanced-level (with barred lists) check at the earliest opportunity once they have been in the UK for 6 months and register for the annual update service; this should be completed during the second semester of the first year of study.

## 15. How are students supported on the programme?

A team of pastoral tutors are available to see all students about any problems on a confidential basis. https://www.keele.ac.uk/students/studentservices/studentexperienceandsupport/ Workshops on study skills and managing health are provided by the team. The students are also encouraged to use University and external sources of support.

Particular support is arranged for disabled students, those with chronic health issues and those who are called to Health and Conduct committees. Our tutors are able to advise and counsel students about the professional demands of a career in medicine as well as career paths.

Academic and pastoral support is normally provided by:

- Professional Development Tutors (PDTs): who act as Personal Tutors/Academic Mentors and oversee students through the course of the programme and are responsible for appraisal of their professional development
- Academic Mentors: academic and personal support in the early course
- Clinical tutors: will support students in clinical practice
- Year leads: will provide support for academic issues related to their year
- Peer mentors: students in later years will have mentoring roles for students in earlier years

**Additional support is available from:**

Keele University provides support, guidance and advice for all its students available through the Student Services Centre. This includes Occupational health, counselling, mental health support and a crisis intervention team.

## 16. Learning Resources

The non-clinical components are based in the School of Medicine building on Keele campus. This is a very spacious, light and airy building, and includes a large lecture theatre, seminar rooms, IT laboratory and social gathering 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 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 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 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 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. This houses not only facilities for Keele students, but also incorporates 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 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.

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.

**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. The Princess Royal Hospital in Telford (PRH) primarily serves the population of east Shropshire and Telford & Wrekin. 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 Consultant Obstetric and Paediatric unit at the PRH site. Both hospitals provide a comprehensive diagnostic and therapeutic service together with clinics and day surgery in most of the major hospital specialties.

**Midlands Partnership University NHS Foundation Trust**

The Trust comprises Haywood Hospital, Burslem, St Georges Hospital, Stafford and The Redwoods Centre, Shrewsbury.

Rheumatology and specialist rehabilitation are provided at the Haywood Hospital in Burslem. The hospital has been re-built, as part of the Fit for the Future project, with state of the art facilities 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.

Midlands Partnership Foundation Trust (MPFT) facilities at The Redwoods Centre in 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.

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

The Harplands Hospital complex is the central facility within the network of psychiatric service provision in North Staffordshire. The main building houses 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.

**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 all three phases of the course. 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.

## 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 course readings via online reading lists
- 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 (including 'Live Chat' Service)
- Online and printed material, e.g. 'eTutorials', floor plans

Keele University Library (Keele Campus) and the Health Library (Clinical Education Centre, Royal Stoke University 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 ebooks) and printed journals in Keele's Libraries use the Library's Discovery Service (covers both sites): Library Search
- To search for e-journals use the **EJournals A-Z** link on the Library Homepage Catalogue: www.keele.ac.uk/library
- To access relevant databases use the Library website (**Subject Resources**): www.keele.ac.uk/library/subjectresources/medicine
- You can borrow books for two weeks, one week or three days (Short Loan), and they will be renewed automatically on a rolling basis unless requested by another borrower

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 Campus Library

Campus Library is open all year round with 24/7 access during Semesters. The building accommodates Library, Careers & Employability and Student IT Support (IT Connect). The Library supports courses taught at the Keele Campus. Campus Library overlooks Union Square - where the Students' Union is located. You will find copies of texts on your reading lists either online (as "e- ebooks") 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. CDs and DVDs are also available to use/borrow in the Library. The building contains in the region of 500,000 books at the time of writing. The Library also provide 300,000 ebooks and over 20,000 ejournals to Keele students.

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

Via the Medicine 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 Aclands Anatomy is also available.

For more details, visit: http://www.keele.ac.uk/library/subjectresources/medicine

### 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 open all year round for extensive hours, seven days a week. 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

- Self-service photocopying and printing (use your Keele Card)
- Silent Study Room
- Thermal binding and laminating service
- Sale of stationery items/USB sticks
- Out-of-hours book return box

The Health Library contains in the region of 34,000 thousand books and 200 printed journals (for reference only) purchased by Keele and the NHS, in addition to collections of 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, Shrewsbury and Telford Hospital NHS Trust

http://www.keele.ac.uk/healthlibrary/ - Health Library, University Hospitals of North Midlands NHS Trust (Royal Stoke University Hospital)

http://library.sssft.nhs.uk/ - Library and Knowledge Services, South Staffordshire and Shropshire Healthcare Trust

http://www.rjah.nhs.uk/health-professionals/health-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. Also note that different Trust Libraries may have different usage policies and opening hours to Keele (check the relevant web pages or contact the relevant Library for further details).

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.

## 17. Other Learning Opportunities

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

## 18. Additional Costs

**Mandatory costs**

You can expect some additional costs as a student on this course, which may support learning activities, specialist equipment, fieldwork, placements, or other course-related requirements. Details of these mandatory costs are outlined below to help you plan accordingly.

Students may also incur general expenses related to university study, such as for printing, textbooks and other materials. Students who undertake a placement may be responsible for additional costs, such as travel, accommodation, and subsistence costs. For further information, please refer to the additional costs information.

**Medicine Programme Costs**

In common with other medicine programmes 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/hospital car park should note that car parking is limited and there is a charge for student permits. An additional cost applicable to Medical Students is the purchase of Medical Student Uniform for use in the clinical environment.

**Occupational Health (OH) Clearance**

The commencement of your course will depend upon a health fitness report being provided by the University's Occupational Health Service. You must also undertake as necessary immunisations and/or blood tests to meet practice learning requirements. You will be responsible for any fee that may be required by your GP.

**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.

Students will be allocated a secondary care base site for each academic year in Years 3, 4 and 5. Year 3 students will be based at University Hospitals of North Midlands NHS Trust (UHNM) for their secondary care blocks. In Years 4 and 5, students may be allocated to either UHNM or Shrewsbury and Telford Hospital NHS Trust (SaTH), with most students spending one of these years based in Shropshire.

**Disclosure and Barring Service (DBS) checks**

Clearance for an enhanced DBS check is mandatory. Students will be provided with instructions on how to apply for a DBS check, including a link to apply via a company called UCheck. There is also an online DBS update service to sign up for once the DBS certificate has been received, which allows employers to check DBS status and lets students keep their DBS certificates up to date online. Where an Update Service subscription lapses, students will be required to renew this subscription, paying for any DBS certificate required (only DBS certificates issued within 28 days can be used to set up/renew an update service account).

^The current costs for a DBS check are detailed on the additional costs webpage: https://www.keele.ac.uk/study/undergraduate/tuitionfeesandfunding/undergraduatetuitionfees/additionalcosts

Membership of the Medical Defence Union is required and this is free.

| Activity | Estimated Cost |
|---|---|
| **Mandatory costs:** | |
| Occupational Health: | £92.80 |
| Uniform requirements: Students are required to purchase two sets of uniform (tunic and trousers). | £78.94** |
| Lab coats (standard + Howie) | £36.75** |
| Stethoscope (required from year 3): | from £18** |
| Travel to Placements: Students are responsible for reasonable costs incurred in travelling to clinical placements and making travel arrangements - in the same way as for travel to and from the University generally.<br><br>Travel: *Indicative mileage for placements years 3-5: Students can expect to travel an average of 4,188.9 miles over the course of the final 3 clinical years (greatest student mileage 7781 miles). Mileage is 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 University Hospitals of North Midlands NHS Trust (UHNM) or Shrewsbury and Telford Hospital NHS Trust (SaTH)). | Variable and dependent on method of travel |
| Enhanced DBS check with digital ID check:<br><br>Registration to the DBS Update Service: | £60.70**<br><br>£16** per year |
| **Optional Costs:** | |
| Replacement ID cards | up to £15 |
| Replacement name badge: | £5 |
| Total Estimated Costs (excluding optional costs): | £303.19 |

All the above costs are approximate and correct as of October 2025.

*Based on 2025 graduates. **This price is not set by the University and is liable to increase.

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%.

As to be expected there will be additional costs for inter-library loans and potential overdue library fines, print and graduation. We do not anticipate any further costs for this programme.

**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 at the end of the year. The mechanism and amount to be advised each year dependent on funds available. Funding is not currently awarded to students in Years 1 & 2 as travel in those years is limited.

*Certain events are not included in this mileage total, such as SSC Placements and travel within UHNM (e.g. Royal Stoke Hospital to County Hospital, Stafford).

**Travel and Dual Accommodation Expenses (TDAE):** Students in receipt of an **NHS Bursary** (including eligibility for the non-means-tested grant) may claim reimbursement for **excess travel costs** and, where necessary, additional accommodation costs incurred when attending mandatory clinical placements. Claims are limited to costs above normal travel to their **Normal Place of Study** and must be supported by receipts. Routine travel to normal place of study and non-placement-related expenses are not eligible.

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

**Normal Place of Study:** For placement travel and Travel and Dual Accommodation Expenses (TDAE) claims, your normal place of study is the **teaching base site** assigned to you by the School for your stage of the programme. For MBChB students in the clinical phases of the programme, your normal place of study is your allocated clinical base site, either:

- University Hospitals of North Midlands NHS Trust (UHNM), or
- Shrewsbury and Telford Hospital NHS Trust (SaTH).

As the MBChB programme is delivered across a range of healthcare settings, travel between your normal place of study and placement locations is considered part of the programme. Any TDAE claims will therefore be assessed in relation to your allocated teaching base site.

**Teaching Base Site 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, and 3 rank their Student Selected Component (SSC) 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. However, students are given the opportunity to request a specific area to undertake their Primary Care placement in Year 3, 4 and 5 to help with accommodation/travel costs.

Also 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 KLE (Keele 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 exceptional 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 exceptional circumstances that may define the base site allocation for that student namely:

**Criterion 1:** You are a parent or legal guardian of a child or children under the age of 18, who reside primarily with you or for whom you have significant caring responsibilities.

**Criterion 2: a)** Are the primary carer for a person with a disability (as defined by the Equality Act 2010); **or**

**b)** Have substantial ongoing caring responsibilities, providing daily or near-daily support to a family member, partner, or friend who lives with you or nearby.

**Criterion 3:** You have a medical condition or disability for which ongoing follow up for the condition in the specified location is an absolute requirement or are living in a house adapted for a disability.

The applicant must provide documentary evidence to support any allowance considered by the School, and this must be submitted every year as requested.

*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.*

## 19. Quality management and enhancement

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

- The School Education Committee is responsible for reviewing and monitoring quality management and enhancement procedures and activities across the School.
- Individual modules and the 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.
- The programmes are run in accordance with the University's Quality Assurance procedures and are subject to periodic reviews under the Revalidation process.
- Local Education Providers (LEPs) are visited on a regular schedule as part of the School's Quality Management process

Student evaluation of, and feedback on, the quality of learning on every 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 Board as part of annual programme review.
- Findings related to the programme 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 programme is considered and acted on at regular meetings of the Student Staff Voice 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/qa/externalexaminers/currentexternalexaminers/

## 20. The principles of programme design

The 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/quality-code

**b.** Keele University Regulations and Guidance for Students and Staff: http://www.keele.ac.uk/regulations

**c.** Outcomes for Graduates (Tomorrow's Doctors), 2015, GMC and June2018. https://www.gmc-uk.org/-/media/documents/Outcomes_for_graduates_Jul_15_1216.pdf_61408029.pdf and https://www.gmc-uk.org/-/media/documents/dc11326-outcomes-for-graduates-2018_pdf-75040796.pdf

**d.** Professional behaviour and fitness to practise, GMC (2016) https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/student-professionalism-and-ftp/professional-behaviour-and-fitness-to-practise

**e.** Good medical practice, GMC 2024 https://www.gmc-uk.org/professional-standards/the-professional-standards/good-medical-practice

## 21. Annex - Programme-specific regulations

### Programme Regulations: MBChB Medicine Honours Degree

| | |
|---|---|
| **Final Award and Award Titles** | MBChB (Honours) |
| **Intermediate Award(s)** | BSc Honours Degree in Applied Medical Sciences<br>Diploma in Higher Education in Applied Medical Sciences<br>Certificate in Higher Education in Applied Medical Sciences |
| **Last modified** | August 2026: Progression from Year 4 to Year 4: Student Selected Component (SSC) added<br>July 2025: DBS and OH added |
| **Programme Specification** | https://www.keele.ac.uk/qa/programmespecifications |

The University's Academic Regulations which can be found on the Keele University website (https://www.keele.ac.uk/regulations/)[1] apply to and regulate the programme, other than in instances where the specific programme regulations listed below over-ride them. These programme regulations list:

- *Exemptions* which are characterised by the omission of the relevant regulation.
- *Variations* which are characterised by the replacement of part of the regulation with alternative wording.
- *Additional Requirements* which set out what additional rules that apply to students in relation to this programme.

The following **exemptions, variations** and **additional requirements** to the University regulations have been checked by Academic Services and have been approved by the Faculty Education Committee.

**A) EXEMPTIONS**

The clause(s) listed below describe where an exemption from the University's Academic Regulations exists:

For the whole duration of their studies, students on this Programme are exempt from the following regulations:

- **No exemptions apply.**

**B) VARIATIONS**

The clause(s) listed in **Regulation C5 - Medical Bachelors Degrees** describe where a variation from the University's Academic Regulations exists.

**In accordance with Regulation C5 the programme has variations to the following regulations:**

**Regulation B8:** Termination of Studies

**Regulation D1:** Assessment

**Regulation D2:** Progression and Classification (post 2022)

**Regulation D5:** Module Condonement and Compensation (post 2022)

**The following are important elements of the MBChB course-specific regulation:**

- Full attendance is required on the MBChB programme. Students are expected to attend all timetabled sessions of the programme, to include theoretical - learning hours, clinical placements, other environment placements and associated briefings.
- Work will be submitted for assessment as prescribed in handbooks and any associated assessment briefs. Deadlines specified for submitting assessments are communicated to students and are rigorously enforced. Students who require extensions due to extenuating circumstances should follow the deadline extension guidance on the Keele Exams and Assessment web pages and request the extension on e-Vision prior to the assessment deadline.
- Progression decisions will be based on student performance in a range of assessments and satisfactory professional behaviour. Only students who are satisfactory in all components of their assessments will be able to progress.
- Students that fail to meet the progression requirements for their knowledge and other in-course assessments (years 1 and 2) and OSCE requirements (year 2) will be offered a reassessment opportunity during the University reassessment period. Only students who are satisfactory in all components after reassessments will be able to progress.
- In years 3 and 4, students who fail to meet the expected standard in relation to written knowledge tests, in course assessments or OSCE will be required to re-sit the unsatisfactory component during the University reassessment period. Only students who are satisfactory in all components after reassessment will be able to progress.
- Where students have outstanding assessment opportunities remaining after the reassessment period, these further assessment opportunities will be available through a full-time repeat of the year of study they have failed to progress from.

Students registered on the MBChB Honours degree programme are subject to the University Fitness to Practise procedure (**Regulation B5:**)

**Disclosure and Barring Service**

Clearance for an enhanced DBS check is mandatory on this programme. Students will be provided with instructions on how to apply for a DBS check, including a link to apply via a company called UCheck. Students must also sign up to the online DBS update service once the DBS certificate has been received.

Any student who has not completed the DBS application and sign up process, or who has not made the Programme Team, Student Support, Admissions Team aware of any Exceptional Circumstances, by the first working day in November (for September start programmes) or the first working day in March (for January start programmes) will be in breach of regulation B8 (11.1) in relation to providing incomplete information during the application process, and will enter the formal termination of studies process.

All students are required to maintain their annual subscription to the DBS update service for the whole duration of their programme of study, including any repeat elements or extensions. Any student who does not maintain their annual DBS update service subscription will be required to complete the full DBS application and subscription sign-up process again at their own expense, to comply with the mandatory enhanced DBS clearance detailed above.

**Occupational Health Clearance**

Satisfactory Occupational Health clearance is a condition of your offer. You must be declared fit for the programme by the Occupational Health service. If you are not fit for the programme, you will be required to leave the programme.

You will be required to attend appointment/s with the Occupational Health team. Please respond immediately to any requests from the Occupational Health Service for further information or any invitations to attend appointments. These appointments are mandatory.

It is important to complete all requests from Occupational Health as not doing so may affect your ability to go onto placement and complete your programme.

*NB: Any student returning from a Leave of Absence or repeating a year of study will be subject to the programme requirements outlined in the programme specification of the cohort they are joining rather than any previous cohort they may have belonged to which may include variations to costs and requirements.*

**Progression**

In a variation to Regulation D2, progression decisions will be based on student performance in a range of assessments and satisfactory professional behaviour. All students must successfully complete all assessments. Only students who are satisfactory in all components of their assessments will be able to progress.

**Progression from Year 4 to Year 5 MBChB**

**Student Selected Component (SSC)**

The Student Selected Component (SSC) is a compulsory programme requirement that must be successfully completed before a student can be recommended for the award of the MBChB degree.

The SSC is designed to support the development of independent learning, scholarship, professional skills and broader understanding of medicine. It is primarily undertaken during Year 3 but may be completed or repeated in Year 4 of the programme where necessary.

The SSC is assessed on a Pass/Fail basis and carries no contribution to year marks, ranking or degree classification. Students who do not successfully pass the SSC will not be allowed to progress into Year 5 of the programme and therefore will not be able to successfully complete the MBChB programme.

**Student Additional Placement Requirement**

An additional placement requirement may be required where you

- Fail your PSRB capabilities in a planned placement and an additional placement is required to support your regulatory standard attainment
- are outstanding skills and capabilities to support your programme progression.
- are outstanding your required PSRB capabilities to support professional registration.
- are outstanding PSRB work based practice days to support your course completion and professional registration. (**N.B.** this list is not exhaustive)

The following guidance applies to any circumstances where an additional placement is required.

**Work Based Placement Provision**

Work based placements are provided by Local Authorities, NHS Trust and Private Voluntary and/or Independent Organisations (PVIO) for programmes in FMHS. All Local Authorities, NHS Trust/organisation providers manage and coordinate their own work based student placements for all learners. This is done through liaison with the university.

**Work Based Placement Pathway**

Each university has a planned work based placement pathway for every student cohort group completing PSRB training and education programmes. This is to ensure that you meet all the professional practice capabilities and requirements for your programme of study. The planned work based placement pathway is agreed with the university.

**Additional Work Based Placements**

Should you need an additional work based placement, outside of the agreed placement pathway, the university would need to liaise closely with the educational team for the relevant Local Authority, NHS Trust/PVIO organisation provider. An additional placement request would need to be made.

**Additional Work Based Placement Considerations**

The ability to accommodate you with an additional placement outside of the normal placement pathway, is dependent upon several variables. For example, the number of mentors, practice assessors/educators, available in placement areas to support your learning and assessment and the numbers of student learners already situated in planned placements from other cohort groups and or other universities. The above factors sit mostly outside of the university's sphere of control.

**Additional Work Based Placement Requests**

If you require an additional work based placement, this will be requested and managed by the School's Placement Team (at the point at which the team are informed that additional placements for students are required and numbers are known). For social work courses, these placements are located by the placement coordinator, and in counselling by you with quality assurance checks undertaken by the relevant academic staff member.

**Additional Work Based Placements Timings**

There may be times when it is not possible to secure an additional placement at the point at which you require an additional placement, and some organisations may not be able to offer any additional placements for you outside of the university agreed plans. You may therefore need to wait until a suitable placement opportunity becomes available within a Local Authority, NHS or PVIO provider organisation and the organisation is able to accommodate your additional placement request.

**Additional Work Based Placement Progression Delay**

Additional placement opportunities may not occur for you again until the next cohort group undertakes the equivalent placement experience in the next academic year. The need for any additional placements may lead to a delay which may affect your ability to continue to progress on programme with your cohort group.

**Additional Work Based Placement Travel and Accommodation**

Your school will make every effort to secure you an additional placement, however, this may mean that you will be expected to make informed decisions and take responsibility about travel, accommodation, and financial subsistence when the additional placement area secured is not within the normal placement pathway. The decision you will need to make will be between continuing with your current cohort group or delaying your progression on programme.

**Programme Progression**

Where your programme progression or course completion end date is impacted, it is important for you to seek advice and guidance from your programme specific Academic Mentor or Student Support Services, and if applicable your School International Director. Delays in your progression may have consequences for your professional registration and employment/financial/accommodation offers, visas, and or other contractual arrangements.

___

[1] References to University Regulations in this document apply to the content of the University's Regulatory Framework as set out on the University website here https://www.keele.ac.uk/regulations/.

# Version History

## This document

**Date Approved:** 19 August 2026

## *What's Changed*

Amendments to Additional Costs relating to travel to placements, as MBChB students are not eligible for the NHS Learning Support Fund; also the addition of a programme-specific variation that ensures that completion of the Year 3 student selected component (SSC), though a formative assessment activity, is a programme requirement for progression from Year 4 to Year 5.

## Previous documents

| Version No | Year | Owner | Date Approved | Summary of and rationale for changes |
|---|---|---|---|---|
| 1 | 2026/27 | RUTH KINSTON | 22 July 2026 | |
| 1.2 | 2025/26 | ANDREW MCKEOWN | 14 August 2025 | Additional costs amended. |
| 1.1 | 2025/26 | ANDREW MCKEOWN | 07 July 2025 | Updated information relating to DBS and Occupational Health requirements added to the programme-specific regulations annex |
| 1 | 2025/26 | ANDREW MCKEOWN | 18 March 2025 | |
| 1.1 | 2024/25 | ANDREW MCKEOWN | 09 August 2024 | Out of date text removed from section 13 following amendments to Regulation C5 |
| 1 | 2024/25 | ANDREW MCKEOWN | 03 June 2024 | |
| 1 | 2023/24 | ANDREW MCKEOWN | 07 March 2023 | |
| 1 | 2022/23 | KIM SARGEANT | 28 January 2022 | |
| 1 | 2021/22 | KIM SARGEANT | 10 February 2021 | |
| 1 | 2020/21 | VANESSA HOOPER | 20 December 2019 | |
| 1 | 2019/20 | PETER COVENTRY | 20 December 2019 | |