

## Programme Regulations: 2022/23

### Programme Title: Bachelor of Medicine and Bachelor of Surgery (MBBS)

Code: MBBS Newcastle: **A100**, MBBS NUMed: **1500U**, MBBS Newcastle Accelerated: **A101**

#### Notes

- (i) *These programme regulations should be read in conjunction with the University's Taught Programme Regulations.*
- (ii) *The MBBS is a non-modular programme leading to a professional qualification. The degree is equivalent to Level 7 on the University Qualification and Credit Framework.*
- (iii) *As the MBBS is a qualification leading to professional registration, the University has an overriding duty of care to ensure that all students graduating from the programme not only meet the academic requirements, but are also physically and mentally fit to practise and are of good character. The case of any student whose fitness for professional practice is a matter for concern shall be considered under the University Fitness to Practise Procedure.*
- (iv) *Students will be required to undergo appropriate DBS (declaration of convictions for NUMed students) and Healthcare checks as stipulated in University and School policies.*
- (v) *Newcastle students will be required to fulfil all requirements for placements (including clinical access) as dictated by the relevant Care Quality Commission Regulated provider.*
- (vi) *NUMed students will be required to fulfil all requirements for placements (including clinical access) as dictated by the current MoH and Malaysian Government Guidance.*
- (vii) *NUMed students are required to comply with current MoH and Malaysian Government Guidance in relation to vaccination requirements.*

#### 1. Programme Structure

- (a) The programme is available for study in full-time mode only.
- (b) The period of study for full-time mode shall be 5 years for A100 and 1500U and 4 years for A101.
- (c) All candidates shall take the following compulsory units of study:

#### Year 1

<i>Descriptive title</i>		<i>Sem 1</i>	<i>Sem 2</i>
Foundation		<b>X</b>	
Cases 1-5	Content includes, clinical skills, communication, professionalism, Public Health, health psychology, renal, cardiovascular, blood, metabolism, cancer and infectious disease	<b>X</b>	
Case 6-13	Content includes, clinical skills, communication, professionalism, Public Health, mental health and ill health, respiratory, hepatic, gastrointestinal, allergy, immunology, inflammation, genetics and infectious disease		<b>X</b>

#### Year 2

<i>Descriptive title</i>		<i>Sem 1</i>	<i>Sem 2</i>
Case 14-20	Content includes, reproduction, neuroscience, nutrition, immunology, infectious disease, dementia, clinical skills, communication, professionalism and Public Health	<b>X</b>	
Case 21-25	Content includes, neuroscience, musculoskeletal, mental ill health, ageing, immunology, clinical skills, communication, professionalism and Public Health		<b>X</b>

Transition to Clinically Based Practice	Content includes, simulation, interprofessional education, Year 3 induction and orientation, application of clinical skills		<b>X</b>
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### **A101**

All candidates shall take all compulsory units as described in Years 1 and 2 of the A100 programme, but condensed into a long first year. Candidates then join the A100 cohort for the remaining years 3, 4 and 5.

### **Year 3**

<i>Descriptive title</i>	<i>Sem 1</i>	<i>Sem 2</i>
Essentials of Clinical Practice	<b>X</b>	
Medicine, Acute Care and Surgery	<b>X</b>	
Integrated Medical Placement 1: Reproductive Health		<b>X</b>
Integrated Medical Placement 2: Mental Health		<b>X</b>
Integrated Medical Placement 3: Child and Young Persons' Health		<b>X</b>
Student Selected Component (1)		<b>X</b>

### **Year 4**

<i>Descriptive title</i>	<i>Sem 1</i>	<i>Sem 2</i>	<i>Sem 3</i>
Clinical Decision Making	<b>X</b>	<b>X</b>	
Advance Clinical Experience (Longitudinal Integrated Clerkship)	<b>X</b>	<b>X</b>	
Student Selected Component (2)	<b>X</b>		
Medical Elective*			<b>X</b>

#### **\* Medical Elective**

The Medical Elective is an opportunity for medical students to undertake experience in a health care area of their choice in a setting of their choice worldwide. The opportunity for students to undertake the Medical Elective will be dependent on the global public health situation at the time. Contingency plans are in place in the event of students not being able to undertake their Medical Elective and details of these can be found in the MBBS Degree Programme Handbook.

### **Year 5**

<i>Descriptive title</i>	<i>Sem 1</i>	<i>Sem 2</i>
Assistantship in Child and Young Persons' Health	<b>X</b>	
Assistantship in Reproductive Health	<b>X</b>	
Assistantship in Mental Health	<b>X</b>	
Assistantship in General Practice 1	<b>X</b>	
Good Medical Practice	<b>X</b>	
Acute and Critical Care		<b>X</b>
Assistantship in Medicine		<b>X</b>
Assistantship in Surgery		<b>X</b>
Assistantship in General Practice 2		<b>X</b>

## **2. Assessment Methods**

- (a) Details of the modes and pattern of assessment for each year of study are outlined in full in each of the Year Handbooks. The Year Handbooks therefore hold the definitive source of assessment information for each year of the course.

- (b) The learning outcomes for MBBS are defined in terms of competencies which relate to the performance of the graduate as a newly qualified doctor. Broadly these competencies cover the Skills, Knowledge and the Professional Behaviour required of a member of the health care team.
- (c) Different modes of examination and different assessment instruments are used to assess acquisition of competency appropriately matched to the learning outcomes of the Year of study.
- (i) Single Best Answer (SBA) and Multiple Choice Question (MCQ) examinations are used to assess breadth of core knowledge and the growth and transfer of learning.
  - (ii) Multi-station Objective Structured Clinical Examinations (OSCE) are used to assess competency in clinical skills and professionalism.
  - (iii) The Modified Observed Structured Long Examination Record (MOSLER) is used to assess integrated clinical skills, knowledge and professionalism
  - (iv) Observed Clinical Encounters are used to assess competency in history-taking, physical examination etc. These are variants of the traditional form of 'long case examination' where students are observed taking a history and conducting a physical examination of the patient and are assessed against standard criteria. The professionalism of the student is also formally assessed.
  - (v) Written assignments, Written Skills Examinations (WriSkE), Short-Answer (open response) Assessments (SAP), problem solving questions, project reports, portfolios, poster and oral presentations are used to assess the critical skills of retrieval, organisation and analysis of information, reasoning, deduction and critical evaluation of evidence, written and oral communication, and attitudinal objectives.
  - (vi) Students are assessed against a series of performance criteria relating to the core knowledge, skills and attitudes defined as the learning outcomes relevant for the Year of study and/or placement. This includes "sign off" by health care professionals of practical skills such as venepuncture, catheterisation and other core practical skills.
  - (vii) Monitoring of attitudes and behaviours and meeting e-portfolio requirements, is used to assess the professionalism demonstrated by students throughout each Year of study.
  - (viii) Students will encounter other modes of assessment during their study that may be adopted by the Medical School or imposed nationally in line with requirements by the General Medical Council (UK Medical Licensing assessments) or other organisation, e.g. Foundation Programme (Situational Judgement Test). Where this applies the information about the assessment will be contained within the relevant Year Handbook.
- (d) The performance of candidates in all elements of assessment is classified according to attainment.
- (i) In SBA/MCQ, WriSkE/SAP examinations and the OSCE the pass threshold for each is defined using recognised standard setting processes, e.g. Angoff for SBA/MCQ examinations and borderline regression for OSCEs. To ensure consistency between year groups, and to ensure no cohort is disadvantaged, the Hofstee and/or Cohen standard setting methods may also be used. The pass threshold is not given in advance and will vary for each of diet of examinations.
  - (ii) In written assignments, MOSLERS and observed clinical encounters performance is measured against explicit criteria specified within each assessed domain.
  - (iii) Professional Development is assessed on a binary scale of Acceptable or Unacceptable through monitoring of attitudes and behaviours throughout each Year and within clinical assessments.

### **3. Progression Requirements**

- (a) A student is required to make satisfactory progress in the programme of study and must complete satisfactorily each suite of assessments within each year before proceeding to the next year of the course. In order to complete satisfactorily each year the student must achieve a pass grade overall in each element of assessment specified for the year. There is no cross compensation between elements of assessment.
- (b) A student will be awarded a Merit for each Year (Years 1-4 only) of the course in which their performance was deemed to be in the top decile of the cohort.
- (c) Students who fail a year are permitted one resit attempt at that and all subsequent years. The resit assessment will normally be held in August for Years 1 to 4 and in June for Year 5. If a student is required to undertake a full year of resit with attendance (following failure of the OSCE in Year 3 or for other specific reasons determined by the Degree Programme Director) a maximum of two additional resit years with attendance would be permitted within the programme as a whole.
- (d) Students who fail following resit will have their studies terminated. They are eligible for an exit award (see 5 (c)) based on years of study successfully completed.

### **4. Determination of Distinction and Honours (discretionary awards determined by the Board of Examiners)**

- (a) Whilst the medical degree programme is not classified in accordance with the traditional Honours system, Merits are awarded in order to recognise excellent performance in each year. Additionally, outstanding performance throughout the course as a whole can be recognised by the award of MBBS with Distinction or MBBS Honours (with Distinction).
- (b) Where a student has been subject to University Disciplinary or Fitness to Practise during their time at Medical School, any discretionary final awards in year 5 (Distinction, Honours) will be subject to review of the student's circumstances. A group of senior Faculty staff will make a recommendation to the Board of Examiners as to whether a student should be considered for any discretionary award given their case and subsequent conduct. This review will have no bearing on Pass/Fail decisions.
- (c) Only successful completion of Year 5 can lead to the award of the degree of MBBS. To be eligible for the award of MBBS with Distinction, a student must have fulfilled the following criteria:
  - (i) Must have passed at least three years of the MBBS programme in the top decile of their cohort (2 of which must have been Years 3, 4 or 5)
  - (ii) Must have passed each Year of the MBBS programme at the first attempt
  - (iii) Must be in good standing in respect of professionalism
- (d) To be eligible for the award of MBBS Honours (with Distinction), a student must have fulfilled the following criteria:
  - (i) Must have passed at least four years of the MBBS programme in the top decile of their cohort (which must include Years 4 and 5)
  - (ii) Must have passed each Year of the MBBS programme at the first attempt
  - (iii) Must be in good standing in respect of professionalism.
- (e) A student having successfully completed Year 4 of the programme where severe injury or disability results in an inability to continue on the programme and to practise medicine may be considered for the award of Honorary MBBS.

## 5. Transfer

- (a) The majority of students who withdraw or transfer from the programme do so in the first two years mainly as a result of reassessing their commitment to a medical career. Those who, following counselling, genuinely find medicine an inappropriate career regardless of their year of study are assisted with finding routes to alternative programmes of study.
- (b) A student in good standing considering withdrawal or transfer from the course for whatever reason should seek advice from the appropriate Curriculum Officer. Such counselling is essential in order to ensure that they reach a valid judgement based on sound information and with the implications of the decision considered thoroughly.
- (c) Recognising the eventuality that a student may not wish to complete the programme and proceed to a clinical medical career, provision is made for the following exit awards relevant to successful completion of the following years:
  - (i) Year 1: Higher Education Certificate in Medical Studies
  - (ii) Year 2: Higher Education Diploma in Medical Studies
  - (iii) Year 3: Pass Degree – BSc in Medical Studies
  - (iv) Year 4: Pass/Honours Degree – BSc (Honours) in Medical Studies \*

\* A formula for determining the appropriate degree / classification can be found in the MBBS Degree Programme Handbook

None of the exit awards listed above are registrable qualifications with the GMC.

## 6. Intercalation

During the MBBS programme there are opportunities for students to step aside from the MBBS programme to intercalate a period of additional study. Students will be allowed to intercalate as appropriate for their level of achievement and in accordance with the University's Qualifications and Credit Framework.

## 7. Exemptions to the University's Taught Programme Regulations

- (a) Due to the integrated nature and professional requirements of the award, the following variations to the University Regulations have been approved:

### **Non-modular structure**

The programme does not operate a modular credit based system, and instead uses an integrated approach to teaching, learning and assessment. Programme regulations therefore appear different in style and substance from other programmes of study. Regulatory requirements in relation to module and credit are not applicable.

### **Taught Programme Regulations (Integrated) - Section D 51 – Return of Marks**

#### Use of an Alternative marking scheme / Use of Standard Setting

MBBS uses an alternative method of marking assessments. Each component of assessment does not necessarily carry a percentage mark and assessments are not weighted.

Standard setting, used to determine the required passing threshold needed to ensure a student can be certified as competent in a particular area of knowledge or skill or professionalism, is used for a number of assessments. The passing threshold for such assessments will vary depending on the individual assessment.

**Taught Programme Regulations Section I – Principles of Discretion**

**Taught Programme Regulations Section D 52 - 53 Progression from One Stage to Another**

**Taught Programme Regulations (Integrated) Section D 59 - 64a The Award and Classification of Degrees and Use of Discretion**

**Taught Programme Regulations (Integrated) Section D 54 – Principles of Compensation**

In order to meet professional standards and ensure competence in all learning outcomes students must pass all domains of assessment. To meet these requirements discretion and compensation is not used by the Board of Examiners.

Each component of assessment does not necessarily carry a percentage mark and assessments are not weighted therefore progression and award requirements are individual to the programme. The overall Year mark is recorded as pass or fail, however students may be awarded Pass with Merit. Classified honours are not standard on the programme, however the Board of Examiners can award the MBBS with honours.

**Taught Programme Regulations Section J - Reassessment**

Resit arrangements for this programme may vary and where students have failed clinical aspects of the programme they may be required to resit these assessments with attendance.

- (b) In the event of any inconsistency between the programme and University regulations in relation to the above section, the programme regulations take precedence over the University regulations. Further guidance is provided in Programme and Year handbooks which are available on the Medicine Learning Environment (MLE).