



University
of Glasgow | School of
Medicine

MB ChB Programme

A guide for students,
tutors and clinical staff

Session 2014-15





VIA VERITAS VITA

A guide for students, tutors and clinical staff

The aims of this document are to bring the key components of the Medical Curriculum together in a “user-friendly” format; to clarify the contents of the MBChB and intercalated BSc programmes at the University of Glasgow; and to provide useful information for students, tutors, clinical staff and also for prospective students. Additional information is provided in the appendices (for current students and staff), on-line and in a detailed course manual. It should be read in conjunction with the MBChB Programme Specification and the MBChB Regulations in the University of Glasgow Calendar.

The medical undergraduate programme at the University of Glasgow adheres to recommendations made by the General Medical Council to all UK Medical Schools. All curricula have to encompass a series of themes as follows: Clinical practice, human biology, human disease, public health, disability and rehabilitation, “finding out” (research and experiment), ethics and law, gender and ethnic background, communication skills, behavioural science, palliative medicine and care of the dying, therapeutics and management. In Glasgow, the undergraduate programme lasts for five years, and covers learning outcomes that are encompassed in:

Tomorrow's Doctors 3

www.gmc-uk.org/education/undergraduate/tomorrows_doctors_2009.asp and

The Scottish Doctor www.scottishdoctor.org

Students will be required to comply with such instructions as are prescribed by the College of Medical, Veterinary & Life Sciences (MVLS). All instructions will be given to students in writing, at the beginning of the year, programme component or study block. Reasonable notice of any alteration to them will also be given. A student who fails to comply with instructions may be refused enrolment in and admission to Degree examinations.

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Introduction

The University of Glasgow Medical School is one of the largest in the United Kingdom. Although each UK Medical School follows a curriculum that is approved by the GMC, the degrees differ in their precise content, delivery and context.

The University of Glasgow Medical School has a unique brand that reflects the exposure of medical undergraduates to leading researchers and teachers in clinical and basic science. Our students have the opportunity to experience a diverse mixture of clinical attachments that range from National Tertiary Referral services to single-handed rural General Practice. Our Medical Graduates are highly regarded for the breadth of their undergraduate experience and ability. The City of Glasgow and surrounding West of Scotland provide an environment, with unrivalled and diverse opportunities for medical training. We aspire to train medical graduates who are highly sought after in every branch of medicine, equipped for postgraduate training in the UK and in other healthcare systems, and who are equipped for a career in Medicine in the 21st Century. This document provides a brief overview of the current undergraduate medical programme.

Since 2012, the MBChB programme at the University of Glasgow has involved a mixture of teaching styles and methods. These range from lectures, podcasts and other e-learning media, to small group teaching (including tutorials and Problem Based Learning), laboratory and dissection classes. The emphasis is on the range, delivery and monitoring of clinical teaching and training. We have also sought to integrate the curricula in undergraduate and postgraduate medicine, building strong links with the Postgraduate Deanery. In keeping with developments in clinical medicine, basic science, and in organisation of medical services, a medical curriculum must develop continuously. We are committed to an ongoing process of curriculum development to meet the challenges of medicine and medical training in the future.

The GMC recommend that medical curricula are integrated, with exposure to clinical material from the early stages, and follow a “spiral curriculum”, where subject material is revisited at different stages of the curriculum with increasing depth and clinical focus. Within these constraints, the 2014 Glasgow curriculum will continue to be delivered over five years, culminating in the award of the degrees of MB ChB. Formal summative assessment (for example, in the form of end of year examinations or supervisor assessment at the end of each clinical block) occurs in each academic year and students must pass these to progress to the next year of the course.



Overview of the 2014 Glasgow MB ChB programme

From 2012, the programme (specifically the “loops” of the spiral curriculum) has been organised into four Phases. These overlap the five years of the course, and reflect the development of students as they progress through the curriculum, whilst the academic years remain central to the organisation of teaching, for assessment and for progress. We have also developed the concept of Vertical Themes. These are subject areas which continue through the full five years of the programme, and include: Clinical Skills; Vocational and Professional Studies (including Communications Skills); Health of Populations and Communities (Public Health); Pharmacology; Clinical Pharmacology and Prescribing (PPP); Anatomy and Imaging (A&I); and Basic Biomedical Sciences (including biochemistry, immunology, cell biology, microbiology, molecular biology and physiology).

The first two Phases and two years of the course are based largely in the Wolfson Medical School Building (WMSB). Phase 3 is based in the WMSB, the Clinical Laboratory Science Centre at the new South Glasgow University Hospital, and in the hospitals linked to the Medical School. In Phase 4, students are primarily on attachments to hospitals and general practices, with regular teaching sessions provided in teaching facilities attached to NHS hospitals (including planned custom-built teaching facilities at Glasgow Royal Infirmary and the new South Glasgow University Hospital, and dedicated teaching centres in district general hospitals (DGH)) with occasional teaching weeks at the WMSB. The Phase structure is as follows:

Phase 1 occupies the first half of year one. It is an overview of basic biomedical sciences, and an introduction to the undergraduate programme. It provides students with the basic knowledge required to engage in the rest of the undergraduate programme, bringing all students to a comparable level of knowledge in biomedical sciences. Students also have one session per week where they undertake Vocational and Professional Studies. They have their first Clinical Skills sessions and undertake a clinical visit to an A&E ward or General Practice.

Phase 2 occupies the second part of year one and the whole of year two. It is a system-by-system programme that covers the anatomy, physiology, pharmacology, biochemistry (and related biomedical sciences) of the major clinical systems. It also includes sessions of Vocational and Professional Studies, Communication and Clinical Skills that are matched – as far as possible – to the system being studied.

Phase 3 occupies the first half of year three and is a system-by-system cycle through clinical systems with the focus on pathophysiology, building on knowledge acquired in Phase 1 & 2. There are major contributions from pathology, microbiology, haematology, clinical biochemistry and clinical pharmacology, and the small group teaching is focused on clinical cases, using case-based learning (CBL), with a clinical tutor. Students also have one day per week in hospital or general practice where teaching focuses on the ability to take a detailed clinical history and perform basic clinical examination. Students also receive clinical procedural skills teaching.

Phase 4, also known as the ‘clinical years’ occupies the second half of year three, all of year four and the first half of year five (until the final examinations). It is based in hospitals and in general practice, with occasional dedicated teaching weeks in the WMSB. Teaching is structured around 5-10 week clinical attachments. All students rotate through general medicine and surgery, obstetrics and gynaecology, child health, general practice, psychiatry, and a variety of hospital sub-specialties (see Figures below).

Preparation for Practice: Following the Final Examination students take a course termed Preparation for Practice (PfP) which involves a short lecture programme, followed by a period spent shadowing Foundation Year (junior) doctors in hospital, ideally attached to the hospital units in which they will work. Successful completion of PfP is a prerequisite to graduate, for pre-registration with the GMC, and to enter postgraduate training.

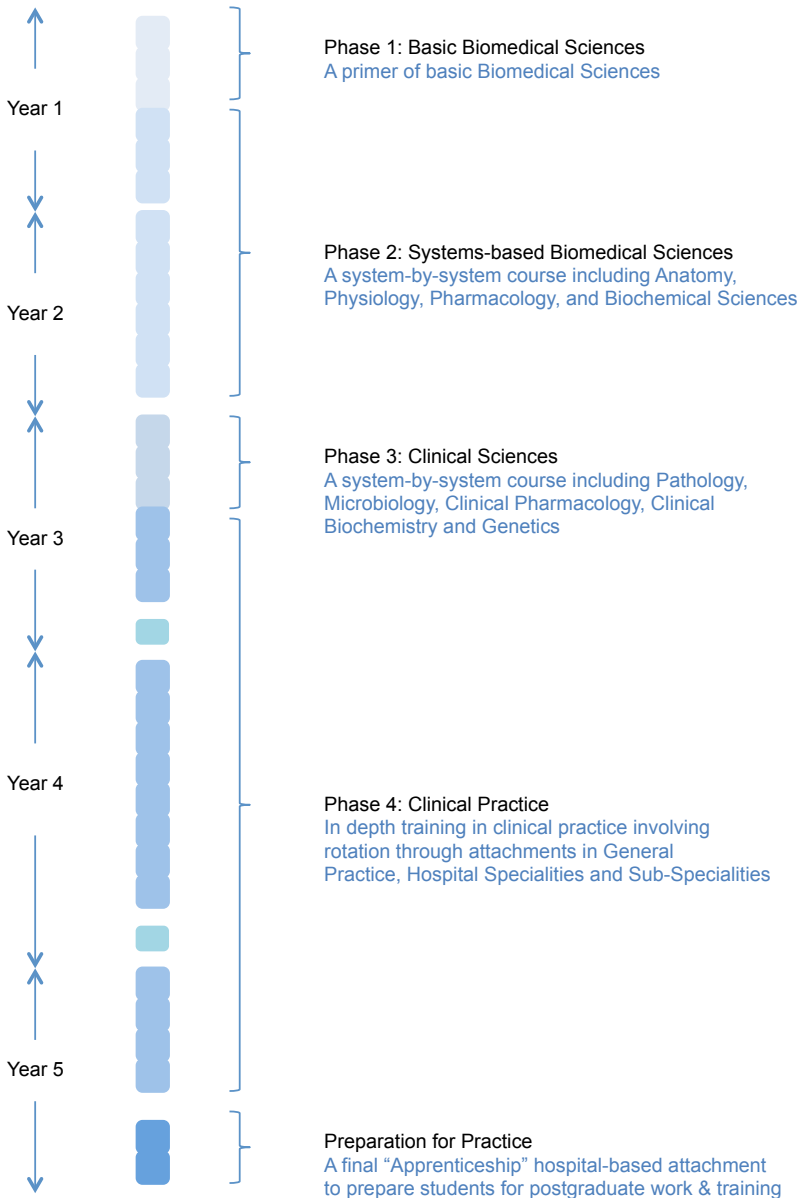
Student Selected Components and Electives: During the MB ChB programme, students have three 5 week Student Selected Components (SSC) one in each of years 2, 3 and 4, and two 4 week elective periods – taken in the summers of years three and four; see Figure 8. There is a wide choice of options available to students, and many students develop their own SSCs and electives. SSCs and electives may be used to undertake a research project, and to develop specialty interests. Approximately half the class undertake an elective study period abroad.

Intercalated BSc: The School of Medicine also offers a one year intercalated BSc degree. This is taken between years three and four of the MB ChB programme, and involves an intensive period of study and training in a scientific discipline. We offer an intercalated BSc (Med Sci) in the School of Medicine in clinical specialities; in the School of Life Sciences in basic biomedical sciences such as Physiology and Anatomy; and in the School of Critical Studies in Medical Humanities.

The MB ChB programme structure is illustrated in Figure 1:



Figure 1: MB ChB Glasgow – Programme Structure





Teaching components

We use a variety of teaching methods in the delivery of the MB ChB programme:

Lectures: The main form of didactic teaching is the lecture, which typically lasts up to one hour, and is focussed on specific topics. Lectures are delivered by University and by NHS clinical staff. Whilst attendance at lectures is expected (see Attendance Policy), the lectures are streamed on-line and podcast for revision purposes. Podcast lectures are typically available for two weeks after the lecture, in the run up to the end of year examination and, where possible, are made available as downloadable files.

Small Group Teaching: Small group teaching features throughout the curriculum and in postgraduate life. There are different forms of small group teaching in the Glasgow Curriculum, which include problem-based learning (PBL), case-based learning (CBL), clinical and communication skills and team-based learning (TBL) – of which the clinico-pathological conference is the best example.

In the first two years we use PBL as one of the forms of curriculum delivery. PBL tutorials are small group sessions with a facilitator, and are based around clinical scenarios. The facilitator is likely to have expertise in at least one of the disciplines contained within an integrated PBL scenario, but their role in PBL is to help students to develop self-directed learning skills, rather than to act as a direct provider of information. Following a PBL session, students work individually to address the learning objectives for that session, and then feed back to the group at the next PBL session. The PBL topics complement the lectures and lab-based teaching and relate to the main theme or body system being studied at any one point; they provide a clinical context for the science. PBL provides a mechanism for students to build their self-directed learning skills, to test their understanding of topics through facilitated discussion, and to integrate material from different disciplines.

In year three, and to a lesser extent in years four and five, we use CBL and TBL to focus, direct and enhance learning around specific clinical topics. Again, the purpose of small group teaching in this setting is to complement the lecture course and practical sessions and to let students apply their knowledge. CBL takes place in groups of 8-10 students, led by a clinical tutor. The focus is on a clinical case history, the format of which is identical to that used in clinical practice, and the investigations appropriate to that case. These include haematological and biochemical investigations, but also histology – accessed through a virtual microscopy programme “SLIDE PATH” – and radiological investigations accessed through an online radiology system identical to that used in the hospital – k-PACS. Students learn to interpret clinical problems in the clinical setting and to interpret results.

Labs: These are large group sessions, which may occur in a laboratory or dissection room. Laboratory sessions are focused on simple experiments, whilst the dissection sessions are conducted in the Laboratory of Human Anatomy.

Vocational and Professional Studies: In the Glasgow programme, students have early contact with patients. Clinical training and Communication Skills start in year one, and continue throughout the programme. In Vocational Studies students are attached, in groups of eight to ten to a tutor (usually a general practitioner) and participate in a series of activities including Communication Skills sessions and hospital visits. This aspect of the course also focuses on topics relating to ethics, professional standards and behaviour.

Clinical Skills: Clinical skills begin in year one and continue through to the end of the course. In the first two years, dedicated clinical skill sessions are conducted in the WMSB, Clinical Skills Suite. Specific topics are covered in each year. When students move to serial clinical attachments in Phase 4 of the course, clinical skills are delivered in the hospital setting. Video podcasts and other online resources are available to supplement clinical skills sessions. The focus in the early years is on clinical assessment, including normal clinical history and examination and clinical procedural skills; with the focus being on pathological findings and diagnosis in the later years of the course.

Academic Days: In years four and five, the clinical attachments include “academic days”. These involve lectures and small group teaching, the aim of which is to complement the teaching in clinical attachments.

Clinical Attachments (Years 3-5): From the middle of year three onwards, students are in a series of rotating clinical attachments, which form Phase 4 of the curriculum. These include medicine, surgery, psychological medicine, child health, obstetrics and gynaecology, general practice, emergency medicine, musculo-skeletal medicine and surgery, surgical specialties – ENT/ophthalmology, neurology/cardiology. Each clinical attachment has a similar form. Students are attached to a specific hospital, where they are located a base ward. They are allocated an individual educational supervisor who supervises their programme and assessment. Each clinical attachment has a mini curriculum and learning objectives which are agreed in advance.

On-line organisation of timetabling and teaching (VALE and Moodle): VALE is a timetabling system used by the Medical School to communicate with students regarding allocation to clinical attachments, tutors, and Vocational and Professional Studies. It is likely to be replaced over the next few years, as many of the roles for which it was previously used have been taken over by other systems. The most important of these is Moodle. Moodle is a web-based virtual learning and teaching management system on which, for example, lectures are posted, podcast and in which self assessment tools, such as multiple choice questions (a Moodle “quiz”) are posted. There are feedback opportunities, and the ability to interact with tutors and fellow students <http://moodle2.gla.ac.uk>

e-Portfolio: The Medical School is rolling out the undergraduate medical e-Portfolio (UMeP). In clinical years it will be a record of progress. Its use will be compulsory from September 2014 in MBChB1 and 4, extending to all other years by September 2015. Through its use in undergraduate years, students will develop a habit of recording their learning activities and assessments in an electronic format. This will serve them well in Foundation Years and throughout their postgraduate life. The UMeP is similar to the Foundation e-Portfolio and is being developed in conjunction with other UK Medical Schools.







A Year by Year Guide to the 2014 Curriculum

Year 1; Phase 1

Aims: The aim of Phase 1 is to bring all students, regardless of their background and experience, to a similar level required for the rest of the programme. It is intended to be an introduction to human biology at a relatively basic level. The teaching is organised around an 'anatomy core', in which students take a 'broad-brush' look at the various systems of the body, with other biomedical teaching woven around this. In the first three weeks, students learn about basic organisation of tissues, and are introduced to cell biology, immunology, molecular biology, physiology and metabolic processes. From weeks 4-11, they follow the 'anatomy core', with an anatomy laboratory session each week, a Moodle-based workbook to complete in their own time and weekly interactive feedback sessions.

A PBL component runs throughout weeks 1-11 of Phase 1, with two one hour sessions per week; in weeks 12 and 13 the focus is mainly on revision and formative feedback. The structure of the revised curriculum is intended to support students' transition from the school environment to the self-directed learning environment of the Medical School. PBL objectives overlap with those from other components of the first Phase of the curriculum. All aspects are examinable.

Assessment: The assessment in Phase 1 comprises a Formative examination, based on single best answer (SBA) questions, conducted at the end of the Phase. The material is also examined in a Summative examination (the MBChB Written Exam) at the end of year one. Students must pass this to progress to year two.

Students also undertake the Medical Independent Learning Exam (MILE) at the end of Phase 1; this test of self-directed learning skills, such as identifying and critiquing resources, must also be passed for progression to year two. Finally, in Phase 1, students have a short formative coursework exercise, which helps them to become familiar with our electronic submission system. They also practise good academic writing, including citation and referencing.

Learning Outcomes: At the end of Phase 1 students should have a comprehensive knowledge of basic anatomy and physiology, including the bones of the skeleton, basic joint structure and function, basic anatomy of the major organ systems and their functional role. In addition, they will have a working knowledge of other basic biomedical sciences, basic communication skills and will have learned some clinical procedures, including injection techniques.

What is in a typical week?

The diagram below gives an example of a typical week. The timetabling of sessions may vary, and the class is randomly divided into three cohorts for practical classes. Thus, the individual timetable for an individual student may differ.

Time	Mon	Tues	Wed	Thurs	Fri
Morning	PBL		Lab	PBL	Lecture
Afternoon		Lecture			Feedback Session
	Lecture	VS	Lecture	Lecture	Lecture

Year One, Phase 2; Year Two, Phase 2

Aims: The aim of Phase 2 is to develop an in depth understanding of anatomy, physiology, biochemistry, pharmacology and other basic biomedical sciences. The standard is that of year two classes in basic science BSc programmes, in addition to which medical students continue to follow a programme of Clinical Skills, Vocational and Professional Studies and Communication Skills. Phase 2 follows a sequence of physiological systems – cardiovascular, respiratory etc – in a series of “blocks”. As in Phase 1, the programme follows the anatomy core – reflecting the dissection sequence. Within each block there are a series of lectures, and laboratory practicals, that cover the anatomy, physiology, pharmacology and other basic biomedical sciences relevant to that individual system. As the course progresses, students will develop an integrated understanding of normal bodily function; as well as an appreciation of pre-clinical scientific disciplines such as physiology and anatomy. As in Phase 1, PBL (and lab) sessions and pathological conditions are used to highlight clinical relevance.

The frequency of PBL varies from one block to another, with a maximum of two sessions per week, and whereas some blocks use PBL to develop themes, others may use alternative small group teaching methods delivered by specialist tutors. The lectures are delivered primarily by staff in the School of Life Sciences, but with contributions from clinical academics and NHS clinicians to develop and enhance the clinical relevance of each block.

Students have regular sessions in Vocational and Professional Studies, Communication and Clinical Skills. These include hospital visits and basic clinical examination, simple procedures and basic history taking. The details of each of these are highlighted later in this document.

Student Selected Components (SSC): In year two the students take their first Student Selected Component. This is a five week block where students may focus on one aspect of pre-clinical or clinical medicine that interests them. There are a wide selection of SSCs offered by staff in the Medical School, College of MVLS and the NHS.

Assessment: There are a variety of assessments through Phase 2. At the end of some of the individual blocks there is coursework to be completed and submitted. The formal summative examinations are at the end of academic year one and year two, with an additional examination at the end of semester 1 in year two.

In year one there is a written examination which examines all the components of Phase 1, together with components of Phase 2 delivered in year one. This is a summative examination (the 1st MB), which must be passed to progress to year two (as must the MILE exam and the summative coursework).

In year two, coursework includes the Family Project (completed over two semesters) and a piece of critical analysis in semester 1. There is a summative MCQ examination in December which covers all the material that students have covered to that date, with a focus on the material delivered in year two. At the end of year two, there is a summative examination, which covers all the material which students have studied to date, again with a focus on material delivered in year two. This includes the anatomy, physiology, pharmacology and basic biomedical sciences, together with aspects of Communication Skills and Vocational and Professional Studies. It is a written examination involving modified essay questions and MCQs and must be passed for students to progress to year three of the course. In addition, for progression to Year 3, students must pass the 2nd MB objective structured clinical examination (OSCE) and the summative coursework in year 2.

Learning outcomes: At the end of Phase 2, year two, students will have detailed knowledge of human anatomy, a detailed knowledge of physiological systems and physiology of the major human organ systems; a knowledge of basic pharmacology and pharmacology applied to human physiological systems; and an in-depth knowledge of basic biochemical sciences, including immunology, molecular biology, cell biology and biochemistry. The understanding of normal function will have been developed together with examples of dysregulation – e.g. the development and consequences of dyslipidaemia, the development and consequences of diabetes, the development and physiological responses to shock.

Reading material: This is included for guidance, and to give an indication of the standard expected in years one and two. It is not prescriptive, and other books may be equally suitable. All students have access to a range of clinical textbooks and journals to which the University subscribes, in print and electronically.

Medical Biochemistry	Baynes & Dominiczak
Ganong's Review of Medical Physiology	Barrett
Vander's Human Physiology	Widmaier
Human Physiology: the basis of medicine	Pocock & Richards
Clinically Oriented Anatomy	Moore et al
Integrated Anatomy	Heylings
Essential Cell Biology	Alberts
Basic Immunology	Abbas & Lichtman
Donaldson's Essential Public Health	Donaldson
Communication Skills for Medicine	Lloyd
Langman's Medical Embryology	Sadler
MacLeod's Clinical Examination	Douglas
Basic Medical Sciences	Naish
Healthy Respect	Downie
Human Histology	Stevens & Lowe



What is in a typical week?

The diagrams below gives an example of a typical week. The timetabling of sessions may vary, and the class is divided into three cohorts for practical classes.

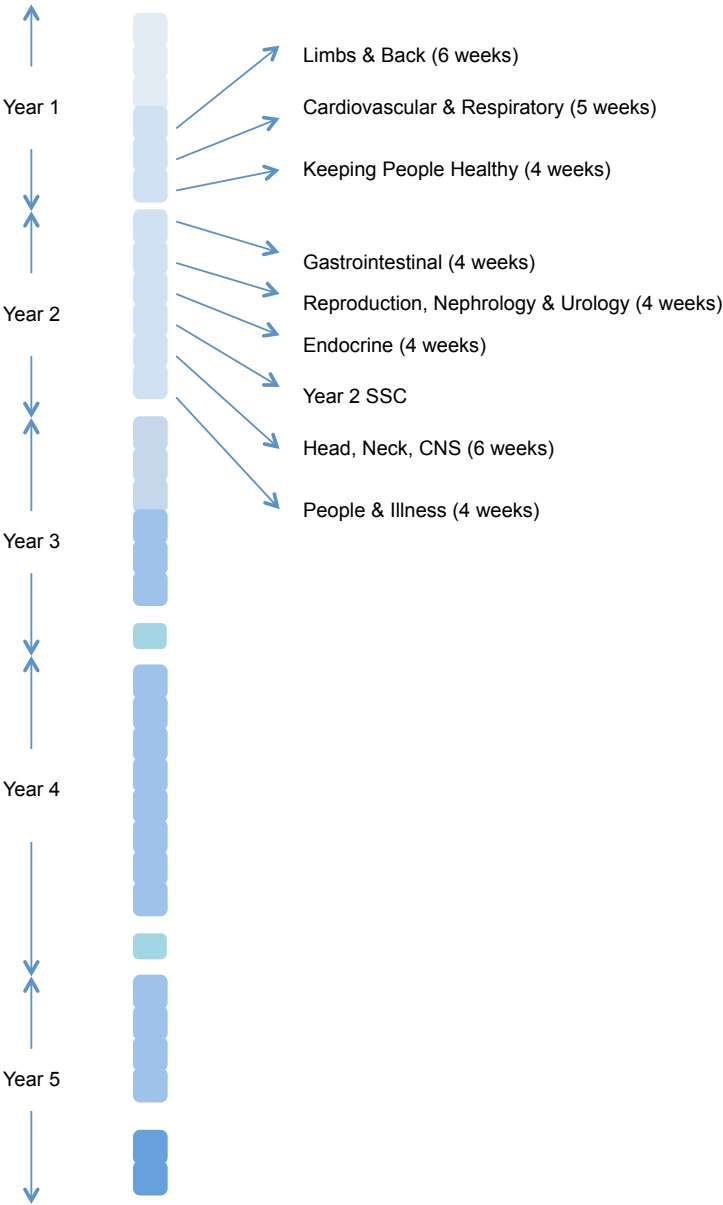
Year 1, Phase 2

Time	Mon	Tues	Wed	Thurs	Fri
Morning	PBL	Lecture		PBL	Lecture
			Lecture		LAB
	Lecture				
Afternoon	Lecture	VS		Lecture	

Year 2, Phase 2

Time	Mon	Tues	Wed	Thurs	Fri
Morning		PBL		LAB	PBL
	Lecture		VS		
	Lecture			Lecture	
Afternoon	Lecture		Lecture	LAB	Lecture

Figure 2: MB ChB Glasgow – Phase 2 Systems-based Biomedical Sciences



Year 3: Phase 3

Aims: The aim of Phase 3 is to develop the knowledge that students have learned of basic biological functions, including an in depth knowledge of anatomy, physiology, pharmacology and biochemistry by focusing on clinical laboratory sciences and pathophysiological functions. Thus, Phase 3 focuses on pathology, histopathology, microbiology, clinical pharmacology and clinical biochemistry. It is an intense course giving students a high level of pathophysiological knowledge, on which the study of human clinical medicine, and all its subspecialties, is based.

Like the preceding two Phases of the course, Phase 3 follows a series of blocks, starting with medical genetics, and moving through clinical systems. Each block is a single week which contains a series of lectures, delivered by clinical academics and NHS clinicians who are specialists in this area, and a series of CBL tutorials that focus on clinical cases. These have the aim of developing the approach that clinicians use to solve clinical problems, and also to apply and develop knowledge that students have gained in these clinical specialty areas. We also use larger team-based learning sessions, in the form of clinico-pathological conferences where a team of clinical scientists, pathologists, microbiologists and clinical biochemists present various aspects of a case, to illustrate and develop pathophysiological understanding of human disease. In addition to these, students continue to have a session of clinical skills, and also a day per week when they are attached to a hospital or to general practice. The purpose of the once per week attachment to hospital or general practice is to follow a short prescriptive course in history taking and clinical examinations. Whilst all students will have had basic training in history taking and clinical examination in the first two years, this is the first substantial opportunity that they will have had to practice these skills on patients in hospital or general practice. This 15 week clinical Phase has its own clinical history and examination handbook, including examinable material.

Learning outcomes: At the end of Phase 3, students should have an in depth knowledge of basic human pathology, together with a working knowledge of pharmacology and clinical biochemistry appropriate to the clinical systems studied. The knowledge of biochemistry, pharmacology, genetics and infection will be developed further in the subsequent clinical attachments.

Assessment: In Year 3 there is a summative written exam (MBChB3 written) which students sit in February. They also sit a clinical exam (OSCE3) in June. For Year 3 summative coursework, students submit a longitudinal portfolio which is based on an extended attachment to a general practice, which offers them a unique opportunity to experience the clinical care of patients with a serious chronic illness. Students must pass the written, clinical and coursework components to progress to Year 4.

Reading material: This is not intended to be proscriptive, but in general students in Phase 3 will be expected to consult general medical, pathology, microbiology and pharmacology textbooks for each week of the course. Additional specialist texts may be helpful.

Notes on Medical Microbiology	Ward
Mims' Medical Microbiology	Goering
Muir's Textbook of Pathology	Levison
Clinical Medicine	Kumar & Clark
Principles of Pharmacology	Golan
Lecture Notes on Clinical Pharmacology	McKay et al
Brody's Human Pharmacology	Wecker
Essential Haematology	Hoffbrand
Medical Biochemistry	Baynes & Dominiczak
Essential Medical Genetics	Tobias
Essential Cell Biology	Alberts

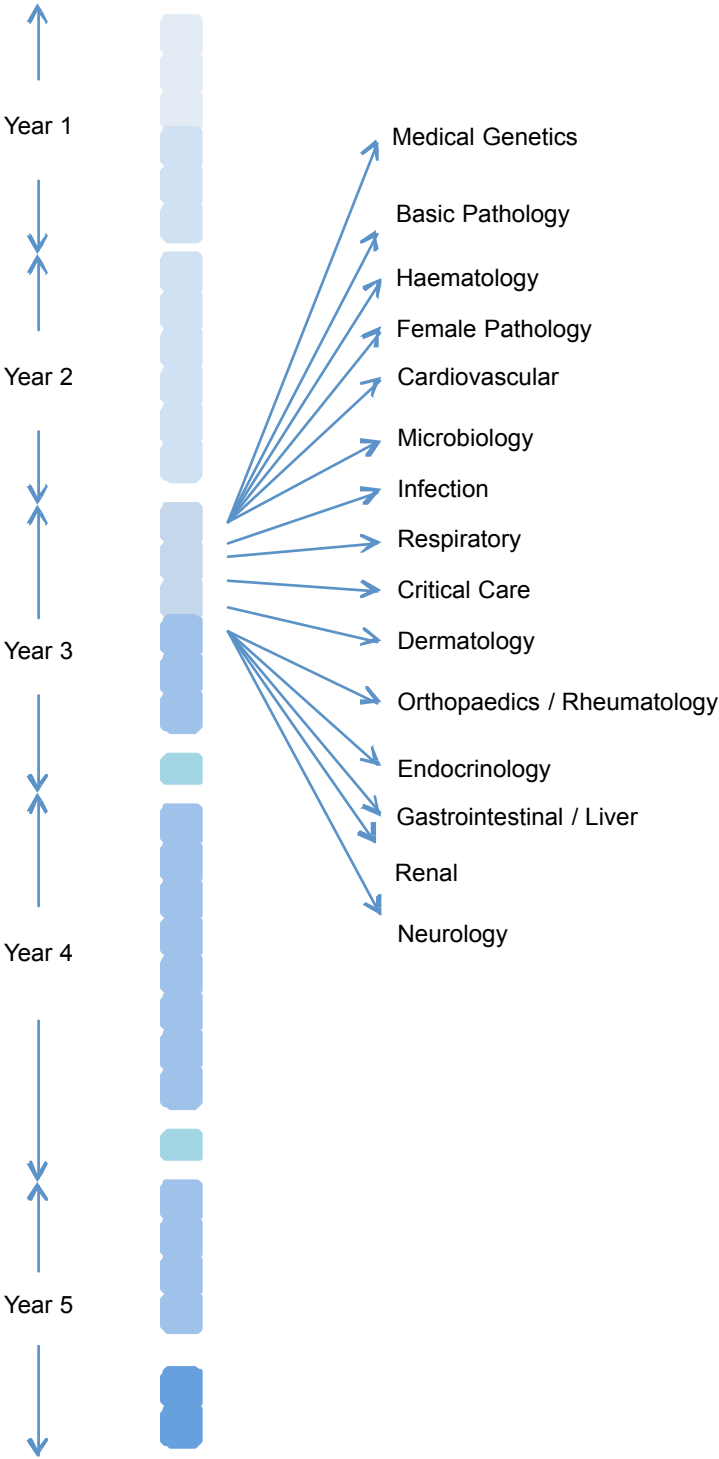


What is in a typical week?

The diagram below gives an example of a typical week. Since students are divided into groups, half of whom have clinical teaching on a Tuesday and the other half on a Thursday, the precise timing of sessions may vary.

Time	Mon	Tues	Wed	Thurs	Fri
Afternoon Morning	Lecture	Hospital or GP	Comm / Clinical Skills	Hospital or GP	Lecture
	Lecture /CPC		CBL Tutorial		CBL Tutorial
		Lecture		Lecture	Lecture

Figure 3: MB ChB Glasgow - Phase 3 Clinical Sciences



Years 3-5: Phase 4

Aims: Following the completion of Phase 3, students enter a two year sequence of rotating clinical attachments that continues until the final examination in February of year five. In year three, students undertake the first part of Phase 4. This comprises three 5 week blocks, one in clinical medicine, one in clinical surgery (including orthopaedics), and one Student Selected Component (SSC2). In these early clinical attachments, students are expected to further develop their expertise in history taking, clinical examination, and to meet a limited range of common clinical conditions. For example, at the end of the first two blocks in clinical medicine and surgery, students would be expected to have seen patients with one of the following: stroke, ischaemic heart disease, heart failure, pneumonia, asthma, gastroenteritis, an acute abdomen, gastrointestinal malignancy, jaundice, peripheral vascular disease, prostate disease, urinary tract infection, and a variety of simple fractures. Clinical experience will not be limited to these areas, and students will experience a different balance of clinical material depending on the nature and site of their attachment. However, it is expected that all students should cover a core of basic topics during these early clinical attachments.

As the students progress through years four and five, they progress through a series of 5 week clinical attachments. These involve clinical specialties, general practice and increasing depth and complexity of clinical problems. Phase 4 is illustrated in Figure 4, which shows one possible sequence of attachments. Each attachment has a mini- curriculum and learning objectives. During their clinical attachments students have a clinical supervisor, whose role it is to provide a timetable, and to organise and deliver assessments based on case histories, observed clinical history taking or examination, and a mock OSCE assessment.

Although the sequence of attachments differs for individual students, the clinical attachments complement one another, adding to overall experience and expertise. Through Phase 4 there is a lecture programme, delivered in Academic Days. This includes lectures in all the clinical specialties. Although the sequence does not mesh with individual clinical attachments, the lecture course complements clinical experience, and provides material examinable in the 4th and Final MBChB examinations.

Student Selected Components: Students undertake a five week Student Selected Component in Years 2, 3 and 4 of the course. SSCs in year 2 mostly originate from academic and honorary academic staff and are offered to students in a 'menu' form. From Year 3 onwards, students are encouraged to propose their own SSCs. These can be undertaken in Glasgow or elsewhere. In year 4 an SSC can also run from an elective and these can be in an overseas laboratory, hospital or other appropriate location.

Electives: Medical students are required to complete two periods of elective study as part of their undergraduate course, during the vacation periods at the end of the third and fourth years, called the junior and senior electives respectively. Each elective lasts at least 4 weeks. The aim of the elective programme is to provide students with high quality experiences involving personal, professional and clinical challenge, which are relevant to their developing experience and competence as future doctors. Electives have a different focus, therefore, from Student Selected Components, which provide students with the opportunity to study selected topics in depth. Students are encouraged to base their junior elective in the UK, in settings where they can focus on the consolidation of their developing clinical skills. For senior electives, the topic may be any area of professional activity that can be justified in terms of future career interest. Many senior electives are taken overseas, which often requires planning over a year in advance.

Assessment: The assessment of year three, Phase 4, takes place in the OSCE examination in June (the written examination in year three is in February). In addition, at the end of each clinical attachment and SSC, the student's progress is reviewed by their Supervisor. Students must pass each clinical attachment and SSC.

In year four, there are similar reviews at the end of each block. In February of year 4 there is a summative written examination (MBChB4 Written).

The Final examinations takes place in the February of year five, and comprise a written examination (MBChB5 Written) and wide ranging OSCE examination (OSCE5). Both of these must be passed individually to progress to graduation.

Learning outcomes: At the end of Phase 4, students will have achieved a level of knowledge and expertise to permit provisional registration with the GMC, to progress to postgraduate training and to work as a Foundation Year doctor in a supervised setting.

Reading material: This is included for guidance and to give an indication of the standard expected in Phase 4. It is not prescriptive and other books may be equally suitable. All students have access to a range of clinical textbooks and journals to which the University subscribes, in print and electronically.

Davidson's Principles & Practice of Medicine	Edwards, Bouchier
Clinical Medicine	Kumar & Clark
Lecture Notes on Clinical Pharmacology	Reid et al
ABC of Eyes: Injury to the EyeKhaw et al	Wright et al
Core Psychiatry	Watson et al
Lecture Notes: General Surgery	Fraser Oxford
Clinical Method: A General Practice Approach	Stephenson
Handbook of General Practice	Magowan & Owen
Clinical Obstetrics & Gynaecology	Hamilton-Fairley
Lecture Notes: Obstetrics and Gynaecology	Hanretty
Obstetrics Illustrated	Bain et al Illustrated
Gynaecology Illustrated	Lissauer et al
Textbook of Paediatrics	Wecker
Brody's Human Pharmacology	Golan
Principles of Pharmacology	

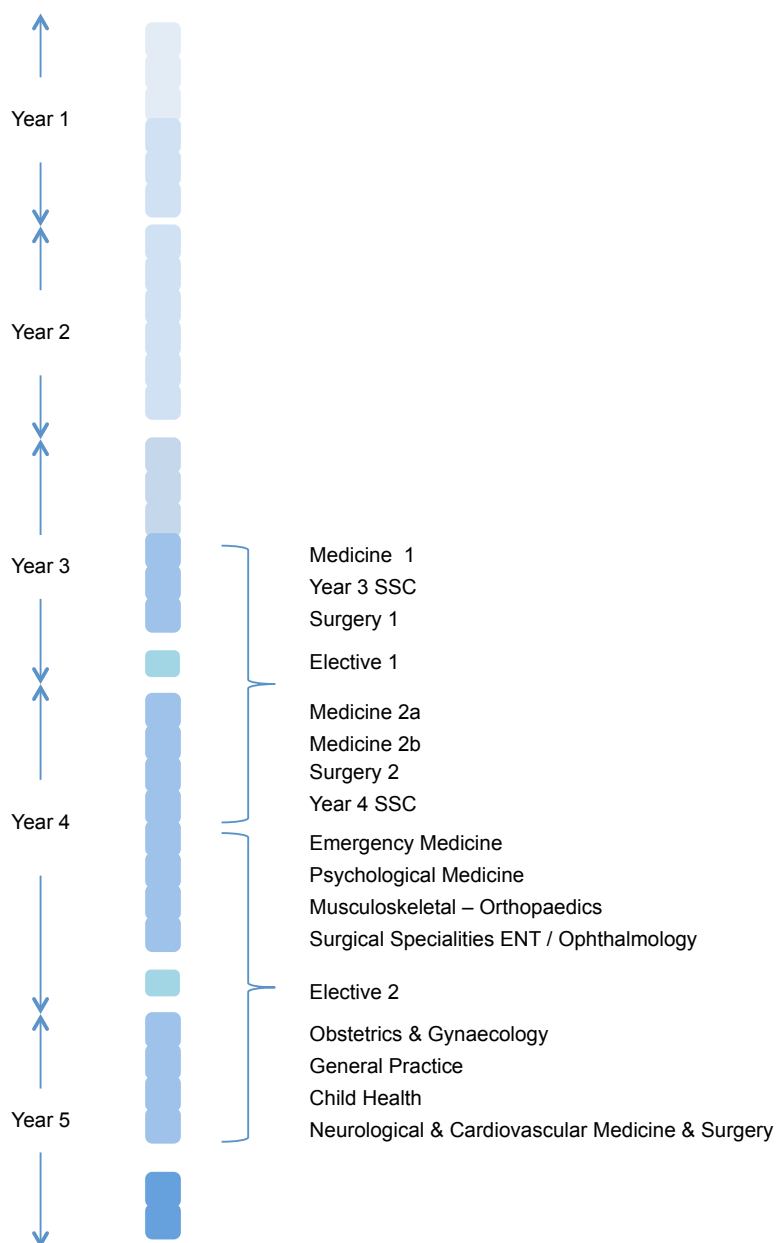


What is in a typical week?

In Phase 4, there is wide variability in attachments, reflecting the nature of medicine and the programme. A “typical” timetable for a clinical attachment is shown below.

Time	Mon	Tues	Wed	Thurs	Fri
Morning	Bedside Teaching	Ward Round	Bedside Teaching		Bedside Teaching
		Unit Meeting			
Afternoon	Out-patient Clinic		Tutorial	Specialty Teaching	Assess
	Phase 4 Lecture Programme				
Evening				Medical Receiving	

Figure 4: MB ChB Glasgow – Phase 4 Clinical Practice



Each student will follow a different sequence of attachments within each of the two brackets.



Professional Responsibilities

The MB ChB programme is a professional training programme of medical students and carries expectations. Clinical and non-clinical teachers provide role models, as well as delivering didactic and timetabled teaching sessions. With guidance from the Medical School and teaching staff, students are expected to take responsibility for, and to develop their own self directed learning.

All students sign a Student Agreement with the School, and are required to participate, and to achieve full attendance, in all elements of the MB ChB programme. This includes travel to peripheral placements during their study. Attendance is closely monitored by the Medical School and a student may be excluded if they do not meet this or other Professional Responsibilities. More detail on Student Professional Responsibilities, including dress code, is provided in the Appendix.

MB ChB Assessment

The MB ChB programme has regular assessments; Formative assessments, which are non-graded and provide feedback on progress and Summative assessments, which must be passed to allow progression to the next year of the course, and, ultimately, to graduate.

The outline timetable of summative assessments is shown in Figure 5. There are Summative examinations (the Professional MB examinations) in each of the academic years. In addition to written examinations, which include multiple choice, short answer and modified essay questions, there are practical examinations (Objective Structured Clinical Examinations or OSCEs) in the 2nd, 3rd and 5th year examinations. There are also summative coursework assignments in years one, two & three – the MILE, SSCs and elective reports, all of which count towards progression.

Distinction, Honours & Commendation

In the Professional examinations, marks are graded and approximately 10% of students are awarded a pass with Distinction. On successful completion of the programme, the degrees of Bachelor of Medicine and Surgery (MB ChB) are awarded. The degrees are awarded with Honours or Commendation to the top 10%-15% of the class on the basis of overall performance during the programme, using a cumulative average mark that is weighted towards the examinations at the end of the programme.

Prizes, Medals & Vivas

The University of Glasgow holds over 80 prizes, medals and bursaries for undergraduate medical students. Many of these had fallen into abeyance in recent years, as their terms had become difficult to relate to the modern curriculum. The Medical School, working with the University, has now revived these awards in the spirit of the original endowments, as a way of rewarding excellence, and in recognition of the long history of medicine at Glasgow. Notable awards are the Brunton Memorial Prize & Fullerton Prize for the most distinguished graduate; the Marion Gilchrist Prize for the most distinguished woman graduate; the Cullen Medals; John and William Hunter Medals; Dr Neil Arnott Prizes in Pathophysiology, and the Hall Prizes in Medicine, Surgery, Obstetrics & Gynaecology and Child Health.

The Undergraduate Medical School has re-introduced prize vivas, to which students who have demonstrated excellence in professional examinations will be invited. Many awards were originally in the gift of named professors and viva panels will be made up of the present holders of these posts (or their nominees).

Preparation for Practice

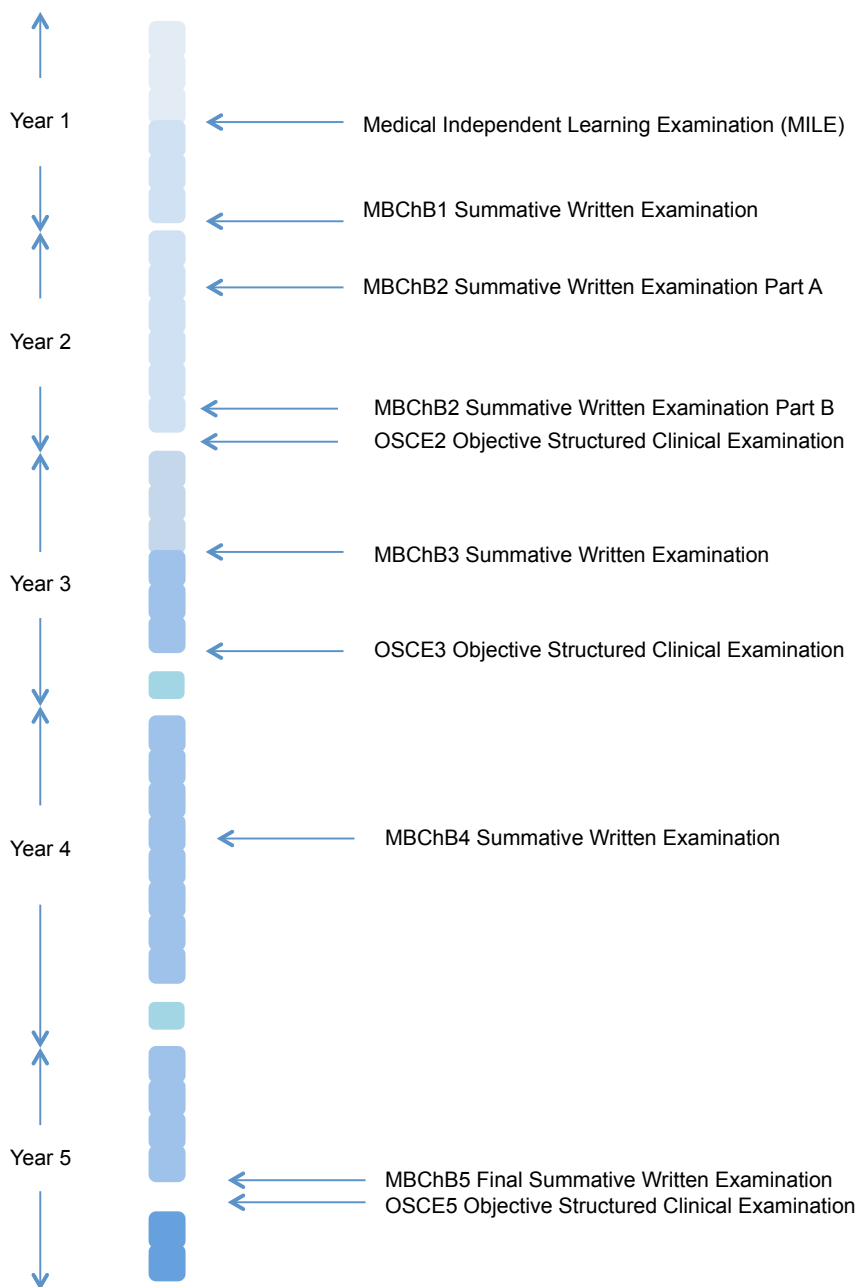
PfP is the final component of the course. It is essentially an apprenticeship, where students are attached to a hospital ward to “shadow” the Foundation Year doctor, whose role they will take over when they start work. Ideally the attachment is in the same hospital in which they will work in the Foundation Training Programme. The clinical attachment in PfP is complemented by a lecture programme which covers practical and medico-legal issues relating to working as a clinician. Although this part of the course is less structured, it is an essential part of the course which must be completed prior to graduation. It is also flexible, and allows students who do not sit, or pass, the Final MB examination at the first attempt to re-sit in time to enter postgraduate training at the same time as their peers. The assessment of PfP is based on clinical assessments and submission of a completed clinical portfolio. Students will also complete the Immediate Life Support training during PfP.

Graduation & Postgraduate Training

The undergraduate MB ChB programme is closely linked to postgraduate training, with an overlapping curriculum and shared aspects of assessment. Graduates entering the postgraduate training system in the UK start work in a two year Foundation Training Programme. For the first year, Foundation Year 1 (FY1), trainees are granted Provisional Registration with the GMC and, upon satisfactory completion of the year, Full Registration. FY1 and FY2 posts are linked and follow the Foundation Curriculum. Further details of postgraduate training can be found at: www.foundationprogramme.nhs.uk.



Figure 5: MB ChB Glasgow – Summative Assessments
(excluding coursework)



E-Learning

The Medical School uses Moodle as its web based e-learning system (a Virtual Learning Environment – VLE). The system brings together different forms of e-learning and includes quizzes and chat rooms, which can take the form of virtual tutorials. Moodle also includes the facility to upload files so that students can submit coursework electronically. Access to the VLE is secure and only accessible to registered students and staff; registration permits students access to their course material from anywhere in the world.

The Medical School embraces innovative approaches to teaching. For example, academic staff in Clinical Skills have developed podcasts covering essential undergraduate practical skills. These podcasts, which are highly rated worldwide, are available to download from the University's iTunesU site (www.gla.ac.uk/about/itunesu).

Some lectures are recorded for students to view online. Students can see, hear and experience the lecture (for their personal use) as if they were in the class. Lectures can be viewed on-demand, on a computer or mobile device with a web browser; via the University's secure VLE.

The Medical School uses an electronic voting system (EVS) to engage students in the lectures, and to provide feedback. The School also use Peerwise (a system of student generated questions) to consolidate learning and assist revision in Phase 1-3 of the curriculum.

The E-learning Officer in the Medical School actively engages with academic staff, NHS staff and students to produce e-learning resources and works closely with MVLS College IT services to enhance the medical curriculum through innovative teaching resources. The School subscribes to Anatomy TV and BMJ Best Practice; all students have access to many e-book versions of core medical texts and to medical journals that can be accessed off campus via the library catalogue system. The Medical School is committed to integrating technology-enhanced learning into the medical curriculum.



How do the Vertical Themes fit in to the MB ChB programme?

The purpose of the vertical themes is to provide additional structure to the course, particularly in areas highlighted by the GMC. We have 7 themes: Clinical Skills; Vocational & Professional Studies (including Communication Skills); Health of Populations and Communities (Public Health); Pharmacology; Clinical Pharmacology and Prescribing (PPP); Anatomy and Imaging (A&I); and Basic Biomedical Sciences (biochemistry, immunology, cell biology, microbiology, molecular biology, physiology).

Figures 6 & 7 below illustrate the vertical themes in PPP and A&I, showing the components covered at different stages in the programme. In the larger course manual and curriculum map, available to undergraduate students, the curriculum is mapped against vertical themes and also against many specialist curricula that are provided by Specialist Societies – such as the Physiological Society – and by the Royal Colleges – for example, of Radiology and Pathology.



Figure 6: MB ChB Glasgow – Pharmacology, Clinical Pharmacology & Therapeutics

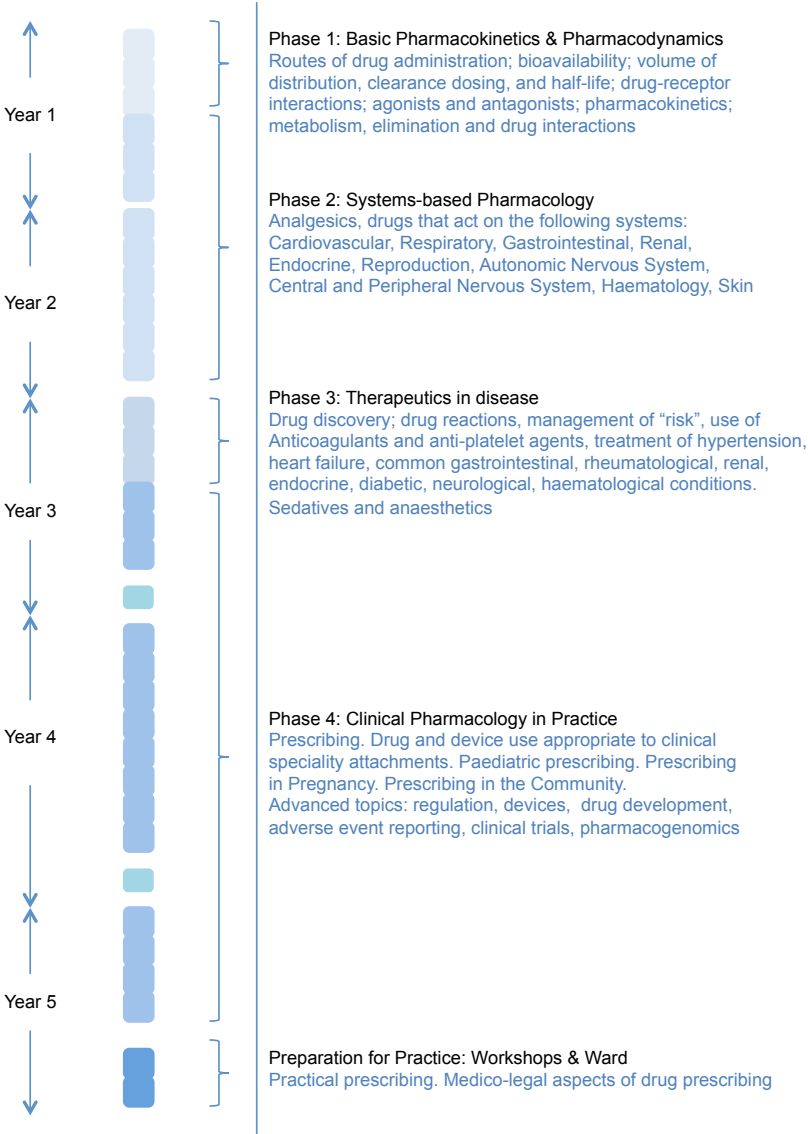


Figure 7: MB ChB Glasgow – Anatomy & Imaging

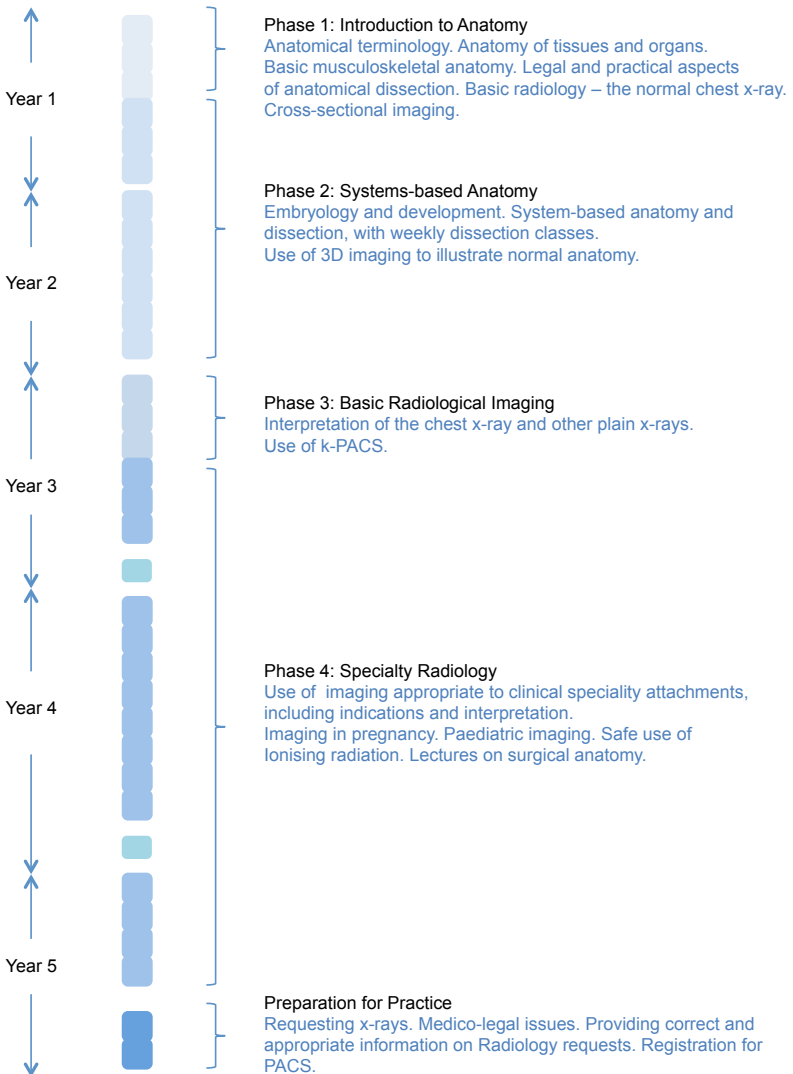
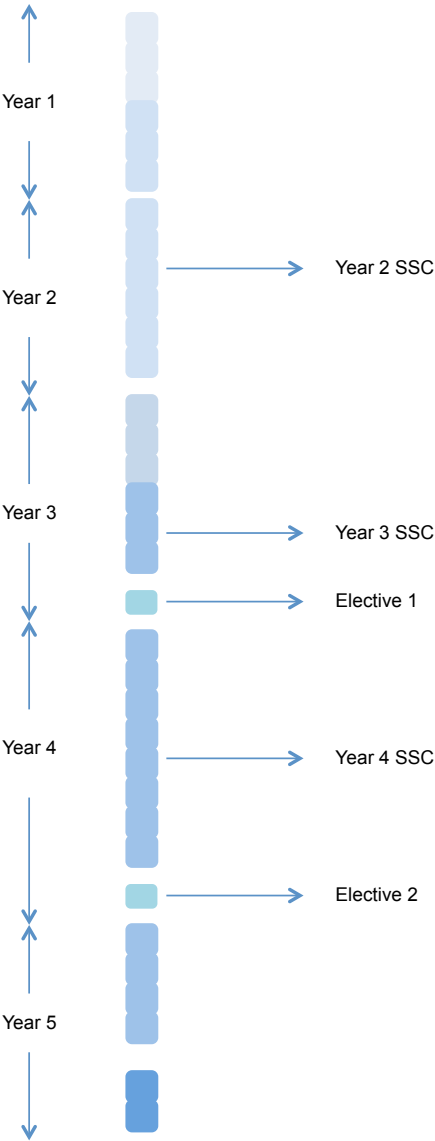


Figure 8: MB ChB Glasgow – Student Selected Components & Electives



Intercalated BSc Programme

Aims: The intercalated BSc programme provides students with an opportunity to study a scientific discipline in depth. The programme is ideal for students wishing to consider a research or academic career, and for those who want to broaden their experience and education. The intercalated degree broadens career options for postgraduates. We offer one and two year intercalated degree programmes in the School of Medicine and in the School of Life Sciences. The standard is comparable to the BSc (Hons) degree in Life Sciences and has the same honours classifications.

The subjects offered are:

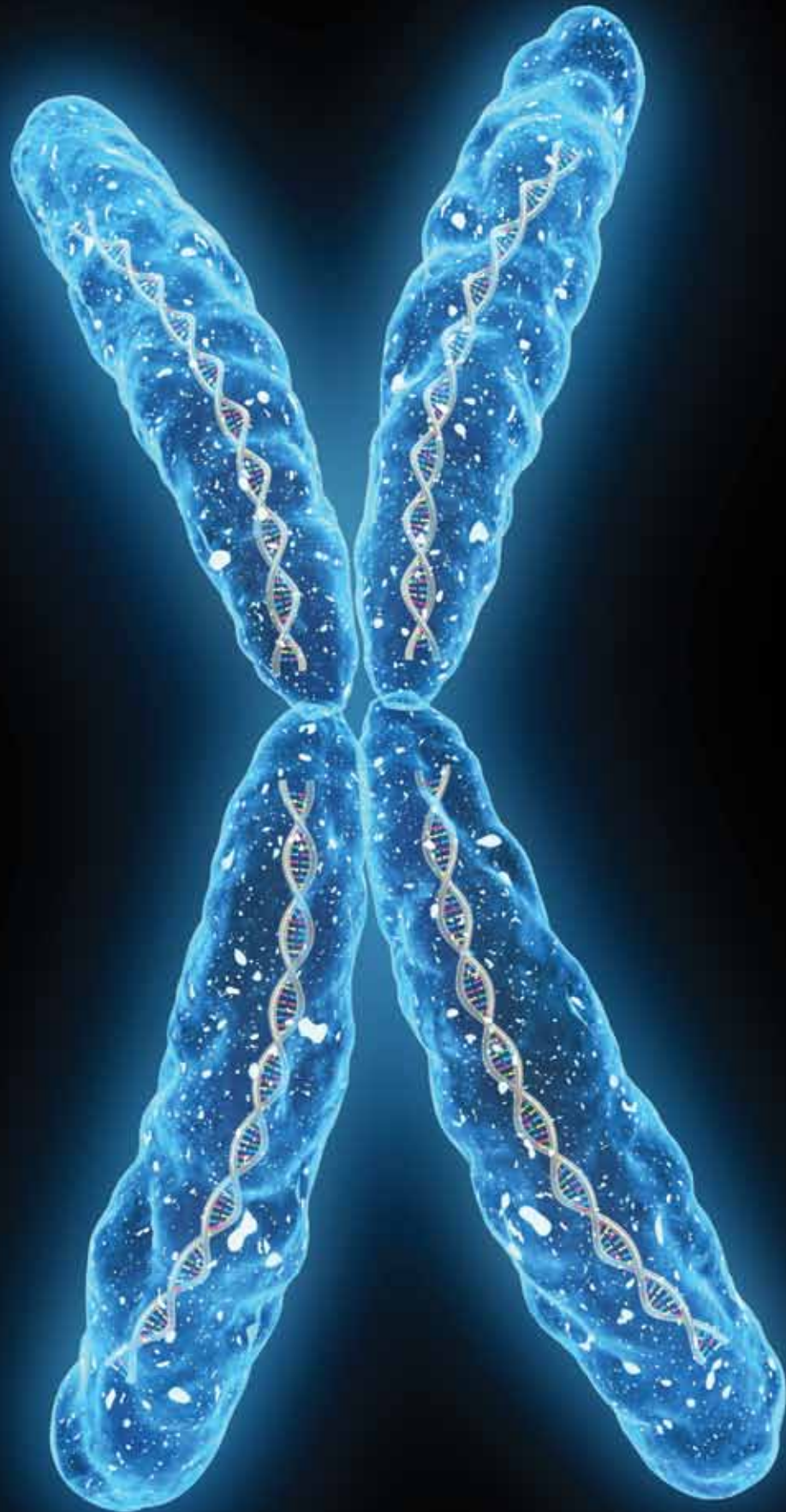
School of Medicine – BSc (Med Sci): Cancer Studies; Cardiovascular Studies; Clinical Neuroscience; Clinical Pathology; Global Health; Immunity in Health and Disease; Perioperative & Critical Care Medicine; Psychological Medicine; Public Health; Sports and Exercise Medicine; Women and Children's Health.

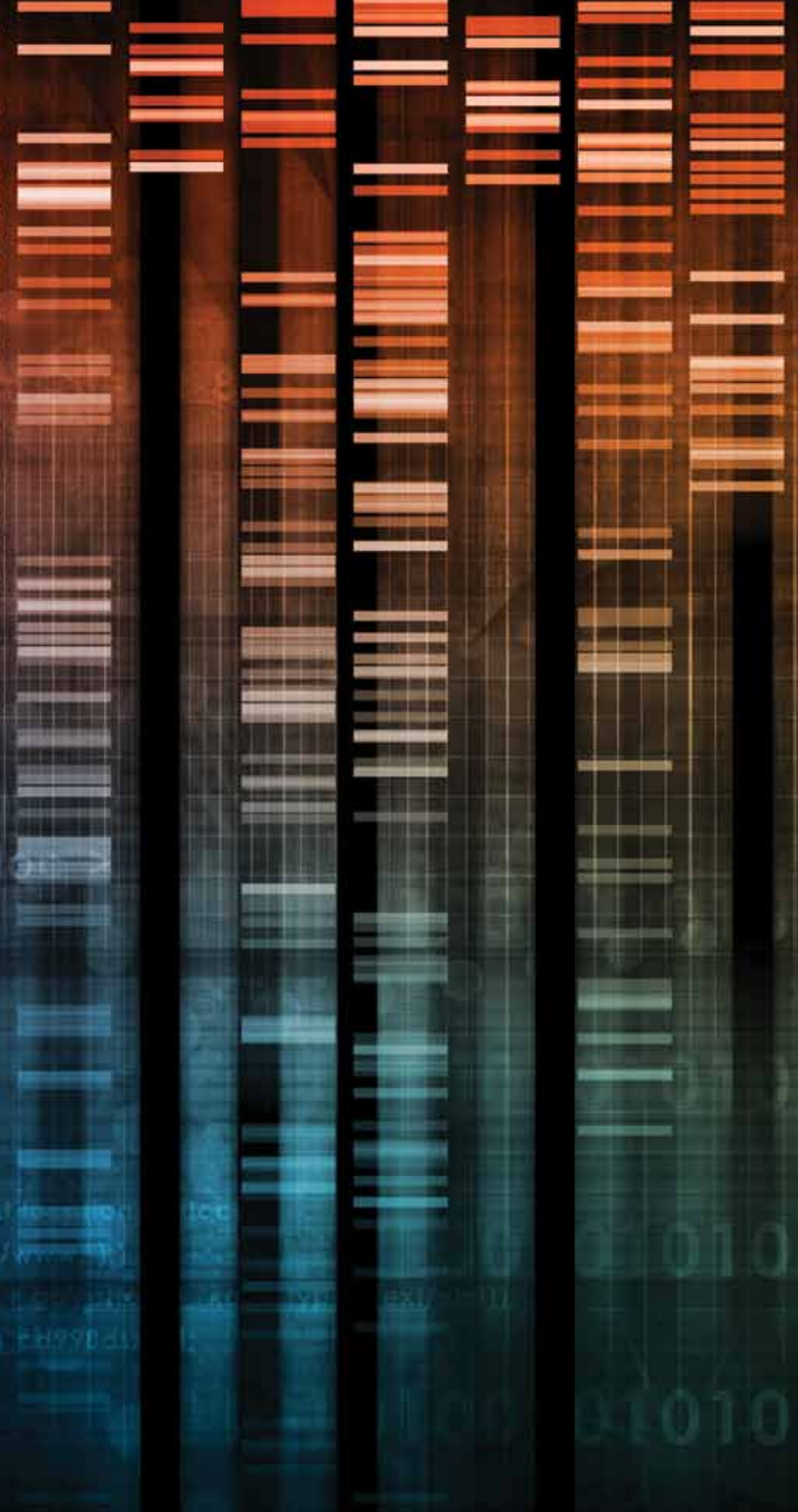
All degree programmes have a Core Course and a Specialty Course. The Core Course covers the first semester and comprises lectures, tutorials and small group teaching in scientific and research methods and statistics. The specialist programme differs for each topic and includes lectures and small group sessions in the specialist area. In the second semester, there are a small number of fixed teaching sessions and most of the time is devoted to a research project. The course is designed around the skills needed to conduct, present and publish basic and clinical research. The course is delivered by the scientific and clinical research staff in the Research Institutes within the College of MVLS.

Assessment includes a Formative examination in the first semester, a dissertation, written final examinations covering the core and specialist courses, and assessment of the research project including a presentation, research abstract and thesis. Some students may also be invited for a viva voce examination.

School of Life Sciences – BSc (Med Sci – 1 year) and BSc (Hons – 2 year): The BSc (MedSci) is offered in: Anatomical Sciences; Biochemistry; Genetics; Microbiology; Molecular & Cellular Biology; Parasitology; Pharmacology; Physiology. The structure of these programmes includes modules from the BSc (Hons) courses and students may opt to follow years three and four of the BSc (Hons) programmes for the BSc (Hons) degree. Each is different, as is the assessment. More details of all BSc programmes can be found online at www.gla.ac.uk/schools/medicine/undergraduate/intercalateddegrees.







Appendices

- 1. Medical School Staff 2014-15
- 2. Student Professional Responsibilities
 - MBChB Student Agreement
 - Attendance & Absence
 - Professional Conduct
 - Fitness to Practise
 - MBChB Professionalism Concerns
 - Hepatitis B & Disclosure Checks
 - Plagiarism
 - Medical School Dress Code
 - Consent to Clinical Examination
 - Use of Chaperones
 - Adherence to Medical School Policy
- 3. Progress of Students
- 4. Grade Descriptors & Code of Assessment
- 5. Coursework Submission
- 6. MB ChB Welfare/Advisory System
- 7. Medic Family System
- 8. Student Representation
- 9. Medico-Chirurgical Society

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Programme External Examiner

To be appointed

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Dr Michael Murphy, Ninewells Hospital & Medical School

Additional examiner to be appointed

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Prof Douglas Corfield, Manchester Medical School

Dr Karen Grant, Lancaster Medical School

Dr Jennifer Thompson, School of Medicine, University College Dublin

Year 3 External Examiners

Mr John Casey, University of Edinburgh

Dr Iain MacPhee, St George's University of London

Prof James McLay, University of Aberdeen

Year 4/5 External Examiners

Mr Philip Chan, University of Sheffield

Prof Jim Parle, University of Birmingham

Prof Andrew Hassell, University of Keele

Prof Iain Squire, University of Leicester

SSC External Examiners

Dr Thomas Pullar, University of Dundee

Dr Bernard Croal, Aberdeen Royal Infirmary

BSc (MedSci) External Examiner

Prof Anthony Warrens, Queen Mary, University of London





2: Student Professional Responsibilities

MBChB Student Agreement

All MBChB students sign the Student Agreement on commencing the Course and mid-point in their studies to agree to adhere to the professional responsibilities required of them. Within the Agreement there are statements which cover areas such as attendance, maintaining their own health and obtaining support as required. (The Medical School is guided by the GMC guidance - Medical Students: professional values and fitness to practise http://www.gmc-uk.org/education/undergraduate/professional_behaviour.asp, which provides clear examples of areas of concern.

Attendance & Absence

Students are required to participate, and to achieve 100% attendance, in all elements of the MBChB programme, including instances where the candidate is permitted to repeat a year. Attendance is closely monitored by the Medical School. A student may be added to the Professionalism Concerns Register if they do not meet this requirement.

Students will be expected to travel to peripheral placements throughout the degree programme. For information on financial aid, students should contact reg.finaid@admin.gla.ac.uk.

Permission for leave of absence for special circumstances (or to swap timetabled sessions) must be obtained from the Year Director in advance. The Year Secretary should be contacted in the first instance. Attendance and absence procedures are made available on the student web pages; students are advised to contact Mrs Gillian Laird or Ms Rona Miller (medadmin@glasgow.ac.uk or 0141 330 8035) for further clarification.

A student who is absent from any component of the course must contact the Year Secretary, and the Educational Supervisor (if on placement) on each day of absence and complete University absence reporting systems on MyCampus. For absences of 6 days or more, or if an examination is missed, a certificate signed by a doctor is required and must be submitted within 7 days. Any problem with reporting absence must be directed to the Year Secretaries. Where the cause is other than illness, a letter should be submitted to the Medical School Office. Attendance and absence procedures for 2014-15 are available on Moodle.

Professional conduct

Students should observe regulations which may be made by the University. By registering, or enrolling on any University programme, a student becomes subject to the discipline of the University www.glasgow.ac.uk/services/senateoffice/policies/calendar/

A student who is registered in the MB ChB programme is required to act in a professional manner in relation to patients and undertakes to comply with the principles of the School of Medicine Code of Professional Conduct

All students will be required to sign and adhere to the statements of the MB ChB Student Agreement, which is closely linked to the GMC guidance, Medical Students: Professional Values & Fitness to Practise www.gmc-uk.org/education/undergraduate/professional_behaviour.asp

Fitness to Practise

For professional programmes, the University has a duty to ensure that the student is fit to practise. MBChB graduates must be eligible for registration with the GMC and, therefore, medical students may be subject to separate fitness to practise (FtP) procedures.

The nature and detail of student FtP procedures are agreed between the Scottish Medical Schools, in consultation with the Medical Schools Council and the GMC.

www.glasgow.ac.uk/services/senateoffice/workingwithstudents/studentconduct/fitnesstopractise/

MBChB Professionalism Concerns

The Medical School has a procedure on raising concerns in line with guidance from the GMC, and this is available on Moodle. The Medical School is required by the GMC to keep a register of students who have either raised concerns themselves or have had concerns raised about them by staff and/or colleagues through a Report of Concerns form. This is a register of concerns that does not automatically constitute referral to a fitness to practise investigation, but serves as a record, should patterns of behaviour occur, relating to the GMC's areas concerns. If a student does not submit the Student Agreement, attend health screening or submit disclosure checks by the deadline, they will automatically be noted on the Register. All other concerns raised will be considered by the Year Director/Head of School.

Hepatitis B & Disclosure Checks

Hepatitis B and other serious blood borne viruses can be passed between clinician and patient. Health care workers must ensure that they protect themselves and their patients from infection. Students must complete a full course of immunisation against the Hepatitis B virus. The immunisation process can take up to nine months. All new entrants to MBChB must complete immunisation by the end of their first academic year or they may be prohibited from registering for the subsequent year of study. All completed health forms must go to the Occupational Health Unit in the first instance.

Once the health screening and immunisation process is complete, you will be required to collect your screening form for safekeeping. It is likely that you will need to produce copies of this form for electives and some placements. If you have not undertaken your health screening you will not be permitted to attend external visits/placements. Further advice is available from the Occupational Health Unit or Medical School Reception.

All students new to undergraduate medicine will be required to submit a satisfactory disclosure check on entry to the Medical School. This must be completed and submitted to the School before attending external visits or placements. As outlined in the Student Agreement, any incidences occurring during an undergraduate career must be reported to the Medical School.

Plagiarism

The University's degrees and other academic awards are given in recognition of a student's personal achievement. Plagiarism is defined as the submission or presentation of work, in any form, which is not one's own, without acknowledgement of the sources and may include inappropriate collaboration or the re-use of a student's own previous work. Plagiarism is considered to be an act of fraudulence and an offence against University discipline. The University reserves the right to use plagiarism detection systems in the interests of improving academic standards

www.glasgow.ac.uk/services/senateoffice/academic/plagiarism/

Medical student dress code and appearance in clinical areas

The University of Glasgow Policy on Religion or Belief states that the University imposes no dress code on its employees or students, except where a job or placement requires a uniform or protective clothing to be worn. The wearing of items arising from particular cultural/religious norms is seen as part of this welcome diversity. However, there may be limitations to the above, for example medical students on placements in NHS Trusts

www.glasgow.ac.uk/services/equalitydiversity/religionandbelief

A “bare below the elbows” policy is implemented in most clinical settings and, with regular hand washing, it is part of a central proven strategy to control or minimise infection. This must be followed in all clinical settings, including examinations. Students, like providers of clinical care, must wear short sleeves, must not wear wrist watches or jewellery; must not wear ties or “white coats”; must wear their hair tied back or short; must keep their nails clean and short, and without nail varnish, or artificial nails. This policy has been adapted from the most recent draft of clinical guidelines by Greater Glasgow & Clyde Health Board. This policy may be subject to review and revision in line with changes to this draft or other Health Board advice.

In addition, student dress must be tidy and presentable, in keeping with patients’ expectations; except for those with a moustache or beard, male students should be clean-shaven. Smart trousers are acceptable dress - very short skirts, low cut tops or low slung trousers are not; extensive visible body piercing or tattooing is not acceptable; for both female and male students, bare midriffs are not acceptable. Any member of staff who feels that a student’s dress does not comply with the guidelines has the authority to refuse to allow the student access to patients. If a student feels they have been treated unfairly they should discuss the issue with the relevant Hospital Sub-Dean, Year Director or Medical School Administrator.

Consent to clinical examination

Consent by adult patients to physical examination by medical students: Students must wear their School identity badge at all times in clinical areas and ensure that patients are aware they are medical students, not qualified doctors. Students must have permission from a qualified doctor or nurse, before approaching a patient to seek their consent to perform an examination, and must be sensitive to patients’ feelings, modesty and privacy. Students must be professional at all times and avoid personal comments about patients. Students must explain, in understandable terms, to the patient, the nature and purpose of the examination. The patient must have the opportunity to ask questions and to refuse consent. For intimate examinations (below) specific consent must be obtained from a qualified doctor. When students perform intimate examinations of patients under anaesthesia, prior written consent must be obtained from the patient.

Use of Chaperones

A chaperone is a third person, additional to the patient and the student carrying out the examination, who is the same gender as the patient and is either a health professional or a medical student. The opportunity to have a chaperone present must be offered to all patients, irrespective of gender. If requested, an examination should not take place until a chaperone is present. A chaperone must be present when students are performing intimate examinations: (i) genital examination; (ii) rectal examinations; (iii) female breast examination.

Adherence to Medical School Policy

Any failure by a student to adhere to their Professional Responsibilities will be regarded as a serious incident and will raise questions about the fitness of that individual to practise.





3: Progress of Students

The Progress Committee considers students who are in breach of the School Progress Regulations. A student in breach of the Regulations is excluded from further study and examination in the School of Medicine. The Progress Committee has the authority to set aside the Regulations and determine an appropriate remedy. School Regulations can be found within the University Calendar: http://www.gla.ac.uk/media/media_348690_en.pdf

The Committee invites students to submit any factors they feel may have affected performance and progression and students are asked to raise any related issues as appropriate. A proforma will be provided to guide the student in this process, which must be submitted by the deadline set before the meeting. Students should provide documentary evidence, if appropriate, in support of their case. Documentation must be collated in advance of the meeting date for it to be considered by the Committee. A student may be asked to attend the Progress Committee in person. A candidate with outstanding tuition fees from the previous session will not be permitted to register and attend classes in the following session until the outstanding fees are paid. In addition, a candidate who has not satisfactorily completed any of the following will not be permitted to register and attend classes in the following session until such time as they have been satisfactorily completed:

- Criminal Records Check
- Health Screening
- Hep B Immunisation
- Student Agreement

Appeals

A student who has been excluded from the programme shall have the right of appeal to the Appeals Committee of the School. Students considering an appeal should consult the University Calendar extract 'University Fees and General Information for Students' which details the School and Senate Appeals Codes. Information regarding the Appeals process will be included in communications to students where relevant. No appeal will be accepted from a student following graduation.

4: Grade Descriptors & Code of Assessment

The Code of Assessment and the descriptors for each of the Grades can be found in the University Calendar. Students receive examination results on-line through MyCampus. <http://www.glasgow.ac.uk/services/senateoffice/calendar/>



ANDERSON 1879
ANDER MITCHELL 1880
ANDERSON 1881
D WILSON 1882
NEW A. MITCHELL 1883
CIS J. WYLIE 1884
RT LANGMUIR 1885
ST F. SCOTT 1886
S F. GEMMILL 1887
LAS MACNICOL 1888
S MOFFATT 1889
1890
RT G. NISBET 1891
H F. McFADYEN 1892
D G. WEBSTER 1893
GE S. ADAMS 1894
GE F. WALLACE 1895
ER W. MONIE 1896
1897
EL F. H. MACKAY 1898
H. STEVENSON 1899
R. H. WADSWORTH 1900
OLD WILSON 1901
ES E. S. 1902
ES BAIN 1903

ROBERT FLETCHER 1912
MIA M. G. WADDELL 1913
1914
JOHN CLARKE 1915
JEANIE G. McCULLOCH 1916
1917
CHRISTIAN J. FORDYCE 1918
JAMES A. S. McLEISH 1919
JOHN G. M. THOMSON 1920
JAMES PATERSON 1921
WILLIAM WYLIE 1922
ELSIE FORREST 1923
IVIE Mc CAIG 1924
JACK H. McLEAN 1925
GILBERT A. HIGHET 1926
JOHN N. D. KELLY 1927
ALEXANDER G. PRENTICE 1928
CHARLES Mc CAW 1929
ANNIE S. ROBERTSON 1930
WILLIAM S. WATT 1931
FINDLAY L. MUIR 1932
(ROBERT BROWN) 1933
(THOMAS WELSH) 1934



5. Coursework submission

Submission: Coursework should be submitted in the following format as agreed by the Medical School Assessment Committee and the Medical Education Committee. Each piece of Coursework should include: (1) a Plagiarism Statement (Declaration of Originality), signed and dated; (2) Coursework Feedback Sheet; (3) Front cover of coursework with registration number, candidate number and the title.

Formatting: Each separate piece of coursework will have its own specific instructions, which must be followed carefully. An accurate word count should be included. Tables and diagrams do not count in the word count total. Coursework must be word-processed in the following style: Stapled, A4 white paper; Font - Arial 11pt, headings in bold; Spacing - 1.5 lines; Single sided; Each page should have a footer with the page number, registration number and candidate number; Diagrams can be hand drawn and your own work. Original data sources and diagrams should be adequately and accurately referenced in the Vancouver style.

Deadlines: Coursework hand-in dates will be provided and must be adhered to. Late hand-ins are not accepted without prior approval with the Year Director. Failure to hand in at the specified time, unless with permission, will incur a penalty as listed in the University Regulations; see University Calendar, General Information for Students. The grade awarded will be reduced by two secondary bands for each working day (or part of a working day) the work was submitted late and work submitted more than five working days after the deadline will be awarded Grade H.

Marking: Coursework is marked by a group of academic staff involved in the development and delivery of the block, using a model answer and marking schedule, agreed in advance at a markers' meeting. The markers also complete a feedback sheet to give students some idea of issues related to their work. Students should contact the block leader to discuss specific concerns.

Grade: In line with the University Code of Assessment, grades A-D are passes, E-G are fails. Should a student fail a particular piece of coursework they will be required to sit another similar piece, which will be issued immediately after the written papers, and will have to be submitted within a few days to be marked and considered at the Examination Board meeting. Coursework counts, with the results of Professional examinations, to the overall grade for the year.

SSC Written work: Students are expected to complete all written work by the end of the SSC block and submit this on-line. Failure to do so will incur a penalty of reduction of the grade awarded by two secondary bands for each working day (or part of a working day) the work was submitted late. In circumstances where a student is unable to submit coursework by this deadline, or who anticipates being unable to so submit, he/she may ask the SSC Supervisor for a deferral of the deadline, subject to a limit of three days.

Where a student experiences a major problem with submission e.g. due to illness or other adverse personal circumstances, he/she must make the circumstances known to the SSC Director or Deputy, and provide appropriate written evidence (e.g. a medical certificate, a medical report or a note from a hospital).

Notification should normally be made before the end of the SSC block but not later than one week after the date at which submission of the work for assessment was due, otherwise this shall not be taken into account unless circumstances have prevented the student from notifying the SSC Director or Deputy within this time. If the documentary evidence presented is accepted, a new deadline will be set to which the student must adhere, otherwise the late submission penalty described above will apply.



6: MB ChB Welfare/Advisory System

The Medical School Advisory System is an integral part of the support offered to MBChB students. Unlike other University Colleges, the role of the Adviser in the Medical School is primarily pastoral as the majority of the programme is prescribed. Students are allocated to an Adviser at the start of year 1 and will normally remain with the same Adviser for the duration of their undergraduate career. It is mandatory that students in years 1 and 2 should see their Adviser of Studies at least once in each academic year. Should students experience any difficulties, it is in their best interest to seek help from their Adviser as soon as possible. Should further support be required, or problems in contacting Advisers arise, students should contact Ms Rona Miller (rona.miller@glasgow.ac.uk), or Mrs Lynne Long (lynnel.long@glasgow.ac.uk) on 0141 330 7488. Links to all Medical School and University Support Services are available on the MBChB webpages.

7: Medic Family System

The Medic Family is a system that allows first year MBChB students to make friends and contacts in the MBChB years above them. All first year MBChB students are allocated a 'family', and the School recommends that year 1 students meet with their family at least once, although this is not compulsory.

8: Student Representation

During the early weeks of each programme, you will select/volunteer programme representatives who receive training from the Students' Representative Council (SRC) and represent your views on Staff-Student Liaison Committees (SSLCs). Representatives' contact details will be made available on your student web pages. Student Representatives are responsible for gathering and presenting the views of those they represent to SSLCs and for reporting the outcomes to them. The role of these students is very important and it is imperative that you let them know when things are going well and not so well with your programme so that they can keep the Medical School informed on everything from teaching to facilities, to ensure that there is continuous improvement.

9: Medico-Chirurgical Society

The Medico-chirurgical society is one of the oldest societies in University of Glasgow, and was one of the founding societies of the University of Glasgow Union. MedChir is run by a student member selected committee to bring educational and social events to the University of Glasgow Medical students. Visit their Facebook group.



Notes:

Notes:



Wolfson Medical School Building
University Avenue
Glasgow G12 8QQ

www.glasgow.ac.uk/schools/medicine/mus

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