

<b>A</b>	<b>NATURE OF THE AWARD</b>	
1	Programme Title	Medicine
2	Final award	Bachelor of Medicine, Bachelor of Surgery (MBBS)
3	Intermediate awards	
4	Awarding institution/body	St George's Hospital Medical School, a constituent college of the University of London
5	Teaching institution	St George's, University of London
6	Programme accredited by	General Medical Council (GMC)
7	UCAS/JACS code	UCAS Code A100 (5 year programme) and A101 (Graduate only Stream)
8	QAA benchmark statements	Medicine
9	Date specification produced	April 2022

<b>B</b>	<b>FEATURES OF THE PROGRAMME</b>	
1	Mode of study	Full time
2	Usual length of programme	4 or 5 Years
3	Other features of the programme	Non-graduates in the 5 year stream can apply to undertake an intercalated BSc in years 3, 4 or 5. Students in either stream have the opportunity to apply for an intercalated MSc between their penultimate and final year.

<b>C</b>	<b>EDUCATIONAL AIMS OF THE PROGRAMME</b>
	<p>The aim of the programme is to transform students through education to become confident, resilient doctors, ready to work with colleagues to provide excellent, compassionate care for patients. During the programme, students acquire the scientific and clinical expertise to keep abreast of the changes in diagnostic and therapeutic medicine required for our rapidly changing societies. The course equips students to apply for post-graduate training in any area of medicine, who are supported to thrive in their careers as future healthcare leaders.</p>

<b>D</b>	<b>LEARNING OUTCOMES OF THE PROGRAMME</b>	
	<i>Advanced knowledge and understanding of:</i>	<i>Related teaching and learning methods and strategies</i>
1	Have a knowledge and understanding of the sciences underlying medical practice, of health and its promotion, and of disease, trauma and disability and their prevention, diagnosis and management. This should be in the context of the individual and their place in the family and society and of the population as a whole;	Small group work, lectures, expert tutorials, clinical and communication skills workshops, self-directed work, online learning reading, staff feedback and supervision, clinical placements
2	Have developed an understanding of the work of other health care professionals, and demonstrated a willingness and ability to work interprofessionally and to learn from other professional groups;	Problem based learning (PBL) and case-based learning (CBL), clinical placements
		<i>Assessment</i>
		Assessed through all Domains:  Professional Knowledge domain (OSPEs and written examinations) Professional Skills domain (OSCEs) Becoming a Doctor domain (clinical practice, professionalism assessment and SSCs)

	<i>Cognitive skills: the ability to</i>	<i>Related teaching and learning methods and strategies</i>
3	Have demonstrated intellectual curiosity and a capacity for critical understanding;	Small group work, especially PBL and CBL; clinical and communication skills workshops, lectures, practical sessions, self-directed learning, reading, staff feedback and supervision, clinical placements
4	Have the potential to undertake further training in any branch of medicine or medical science for which they are fitted. This recognises the limitations that may restrict choice for a student with a disability;	Small group work, especially PBL and CBL; clinical and communication skills workshops, lectures, practical sessions, self directed learning, reading, staff feedback and supervision, clinical placements

		<p><i>Assessment</i> Assessed through all Domains:</p> <p>Professional Knowledge domain (OSPEs and written examinations) Professional Skills domain (Clinical Competency Assessments) Becoming a Doctor domain (clinical practice, professionalism assessment and SSCs)</p>
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	<i>Practical skills: the ability to</i>	<i>Related teaching and learning methods and strategies</i>
5	Have demonstrated proficiency in basic clinical skills, including gathering information systematically, sensitively, and effectively from patients; undertaking comprehensive physical examination of patients; choosing appropriate diagnostic procedures, rationalising that choice and interpreting the results of such investigations; selecting appropriate treatment options for patients with specific conditions; recognising and managing life-threatening conditions	<p>Clinical skills sessions Communication skills sessions Clinical placements in all specialties</p>
6	Have acquired the following additional skills and experience: personal/time/resource management skills IT literacy ability to work within a team good record keeping ability to apply the principles of audit ability to contribute to teaching others / presenting information clearly and succinctly	<p>PBL and CBL; Clinical skills and communication skills sessions, practical sessions, clinical placements, student selected components (SSCs)</p>
7	Value the need for life-long learning, enquiry and research;	<p>PBL and CBL; Clinical skills and communication skills sessions, practical sessions, clinical placements, student selected components</p>
		<p><i>Assessment</i> Assessed through all Domains:</p> <p>Professional Knowledge domain (OSPEs and written examinations) Professional Skills domain (CCAs) Becoming a Doctor domain (clinical practice, professionalism assessment and SSCs)</p>

	<i>Transferable skills: the ability to</i>	<i>Related teaching and learning methods and strategies</i>
8	Have acquired and demonstrated attitudes necessary for the achievement of high standards of medical practice and patient care, including adherence to ethical and legal principles, probity and personal integrity, application of an evidence-based approach to patient care, responsiveness to the needs and concerns of patients, understanding of the contribution of genetic, historical, social, environmental, political, occupational and behavioural factors on health, illness and disease;	Small group teaching, including PBL and CBL Clinical and communication skills sessions Medical law and ethics sessions Public Health and Evidence Based practice sessions Clinical placements
9	Possess the following additional qualities: <ul style="list-style-type: none"> <li>• psychological robustness with ability for self-care</li> <li>• thoroughness</li> <li>• a realistic grasp of his or her own limitations</li> <li>• adaptability and ability to cope with change and uncertainty</li> <li>• open-mindedness</li> <li>• motivation for learning</li> <li>• reflectiveness</li> <li>• sensitivity to cultural issues</li> </ul>	Small group teaching, including PBL and CBL Clinical and communication skills sessions Medical law and ethics sessions Reflective Practice assignments Clinical placements
10	Be able to register provisionally for medical practice within current legislation, meeting GMC outcomes, and be able to perform pre-registration house officer (Foundation Year 1) jobs competently;	Clinical placements Student Selected Components
		<i>Assessment</i> Assessed through all Domains:  Professional Knowledge domain (OSPEs and written examinations) Professional Skills domain (Clinical Competency Assessments CCA) Becoming a Doctor domain (clinical practice, professionalism assessment and SSCs)

<b>E</b>	<b>Programme structure and features</b>
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The MBBS at SGUL has two entry streams, one designed primarily for school leavers and non-graduate mature students, though including some graduates and the other exclusively for graduate entry students. The programme runs for 5 or 4 years, respectively. An additional year may be completed if non-graduate students opt to complete an intercalated BSc, or for those eligible an intercalated MSc prior to their Final year.

In the early “Clinical Science years”, the programme is organised around three main curricular themes: Basic and Clinical Sciences (BCS); Professional Skills (PS), and Patients, Populations and Society (PPS). These themes are delivered through seven core modules as outlined below, supplemented by hospital and community placements, and some additional specialist modules.

### Clinical Science Years

Structure of the learning year: 5 year Programme (Primarily School Leaver Stream)

Year one		
Term 1	Term 2	Term 3
Introduction to Medicine Includes some shared sessions with students from other healthcare professions	Life Support	Life Maintenance
	Genomics	
	Simulation	
	EYCE **	
	Foundation SSC*	

Year two		
Term 1	Term 2	Term 3
Life Protection	Life Control	Life Cycle
	EYCE**	
EYCE**	Life Structure	
Life Control	Public Health & Evidence Based Practice Module	
SSC1*		

\* SSC- Student Selected Component

\*\*EYCE – Early Years Clinical experience. Three 2 week placements, and regular GP visits over the 2 years. Simulation is incorporated as part of the Year 2 Term 2 EYCE

Structure of the learning year: Graduate only Stream

Year One		
Term 1	Term 2	Term 3
Foundations of Clinical Science	Life Protection	Life Control
Life Support	Life Cycle	Life Structure
Life Maintenance		

SSC- Student Selected Component runs longitudinally between Dec and February  
GP and community visits run throughout the year

In the Clinical Science years, teaching is co-ordinated around a learning week, with the week’s teaching structured around a clinical problem. Students will cover each of the seven modules in the clinical science years, learning related basic science via lectures, online teaching, and wherever possible small group teaching and practical sessions. Scientific learning is supplemented by teaching in the following: clinical and communication skills, medical law, ethics, statistics, sociology and psychology. Students are introduced to clinical patients early in the programme. The two streams arrive at SGUL with different learning needs, so whilst the overall approach to teaching in the clinical science years is similar, students on the School Leaver stream use primarily Case Based Learning (CBL) with some Problem Based Learning (PBL) introduced in the final Term of year 2; the graduate stream use PBL throughout.

## Clinical Practice Years

### Transitional Year (T Year)

T year is the same for both streams of students. There will be a 3-week Foundation for Clinical Practice block at the beginning of the year. The 15 contact teaching weeks of PBL at SGUL will be in 5-week blocks, alternating with clinical placements. These will be structured placements in the following clinical subjects: Medicine, Surgery, and General Practice. Students will be expected to further develop history and examination skills first practised in earlier teaching sessions.

### Penultimate Year (P Year)

P year is a full-time clinical year. The students will rotate through a number of specialist and general clinical firms. Five weeks will be dedicated to each of: paediatrics; obstetrics and gynaecology; psychiatry; neurology/disability/stroke; general medicine (geriatrics and cardiology); medical specialties (AMU, dermatology, rheumatology); general surgery; and surgical specialties (ENT, ophthalmology, trauma, orthopaedics) plus palliative care. In addition, there will be four weeks of specialist introductory clinical teaching in the year, which take place in the week before the start of each pair of rotations.

### Structure of the Learning Years – all students

<b>Year Two/Three</b>	<b>Year Three/Four</b>
<b>T Year</b>	<b>P Year Rotations</b>
Introductory teaching block	Introductory teaching week
PBL	Obstetrics and Gynaecology
Clinical: General surgery	Paediatrics
PBL	Introductory teaching week
Clinical: GP	Psychiatry
PBL	Neuro/ Disability/ Stroke
Clinical: General medicine	Introductory teaching week
SSC	General Medicine (incl. cardiology and geriatrics)
	Medical specialties (incl. derm, rheum & AMU)
	Introductory teaching week
	General Surgery
	Surgical specialities + Palliative care

### Final Year (F Year)

The F Year acts as preparation for becoming a Foundation Year 1 doctor. The year begins with a short introduction to advanced clinical practice. Following this, in rotation, each student then spends time in Public Health, Accident & Emergency, and Anaesthetics & Critical Care, including high fidelity simulation training, and completing intermediate life support training. Students also spend 5 weeks in one medical and one surgical hospital firm shadowing F1 doctors, as Assistant Foundation Doctors (AFD) in both Medicine and Surgery; and students do one 5-week Assistantship in GP. All students have a 7-week elective period and a 5-week SSC and many choose to work abroad. The year is ended by a short Becoming an F1 course.

### Structure of the learning year

<b>Year Four/Five</b>
<b>F Year Rotations</b>

Advanced Clinical Practice
AFD Medicine and AFD Surgery (5 weeks each)
Assistantship in General Practice (5 weeks)
Accident and Emergency (4 weeks)
Critical Care Unit & Anaesthetics (4 weeks)
Public Health (2 weeks)
SSC (5 weeks)
Elective (7 weeks)
Becoming an F1 preparation

Delivery of the programme progresses from being predominantly small group and lecture based in the Clinical Science years to being predominantly ward and experientially based in the Clinical Practice Years. The transition year contains components of each type of teaching and learning.

#### Student Selected Components (SSC)

In line with GMC guidelines students are allocated time to complete SSCs. The aim of SSCs is to allow students to study in depth an area of interest. In the Clinical Science Years students complete SSCs that aim to teach key transferable skills, useful for later SSCs and other areas of study. In T year, students have a 3-week SSC (with an additional floating week) that is student selected, here the students choose to study a topic of academic, skills or experiential value towards their future career. The F year 5 week SSC enables students to study a specialist clinical or academic area of choice. The final SSC of the course is the 7 week elective period in F year; students may choose to travel abroad to study an area of clinical/academic interest to them.

#### MBBS Modules

The clinical sciences course is sub-divided into the six primary modules below, following an initial introductory module that draws on content from each area to provide a basis on which to then build learning. In the 5 year stream, there are additional genomics and public health and evidence based practice modules. This content is integrated within the Life Modules for the 4 year stream. Each module covers a range of clinical systems – which are also listed:

##### Life Cycle

Reproduction and Development  
 Child Health (Paediatrics)  
 Obstetrics & Gynaecology  
 Sexual Health  
 Ageing  
 Death

##### Life Maintenance

Nutrition  
 Alimentary System, including liver  
 Gastroenterology  
 Endocrinology  
 Renal Medicine  
 Urology

##### Life Protection

Immunology  
 Infection  
 Haematology  
 Oncology  
 Preventative Medicine

##### Life Structure

Musculoskeletal system  
 Rheumatology  
 Orthopaedics  
 Traumatology  
 Plastic Surgery

Skin and Dermatology

### Life Support

Cardio-respiratory system  
Cardiology/Cardiovascular Surgery  
Respiratory Medicine  
ENT

### Life Control

Nervous system  
Neurology/Neurosurgery  
Vision and Ophthalmology  
Psychiatry  
Psychology

### **Award of credits:**

**The MBBS degree is a FHEQ Level 7 qualification.**

The MBBS programme is not credit-rated.

### **F | General teaching and learning strategies**

The Teaching and Learning Strategy for the course is based on the following principles:

#### *Learner-centred*

This implies that in planning, delivering and evaluating the curriculum the emphasis is on optimal learning more than on teaching. The overall objective is to increase the understanding and skills of the student, and methods of learning have been devised to help students in a structured and effective way.

#### *Directed self-learning*

Directed self-learning implies that the teacher sets objectives, but the student takes responsibility for deciding how and when to achieve them. Responsibility for learning should be shared between teacher and student, with the student an active, not a passive, participant.

#### *Stimulating*

Teaching methods and teacher roles are intended to stimulate enquiry, not be a substitute for it. The course/s include didactic teaching, with a larger amount in the 5-year (largely school leaver) stream 1 and 2, and it is intended that this will give the student necessary information to think and understand the relevance of what has been learned, and not simply to accumulate information.

#### *Integrated*

We aim to give clinical relevance to all that students learn, as well as making the process of learning relevant and interesting. At the same time, we want students to know the scientific basis of medicine, so that their clinical skills and practice are underpinned by a rigorous understanding of the basic sciences. Students should also understand why they are learning topics, and should be able to use information critically, rather than memorising for an exam, only to forget it immediately that hurdle is passed. This approach is intended to encourage 'deep learning'.

#### *Clear Learning objectives and defined outcomes*

A clear statement of learning objectives in the clinical science years act as a means of communication between course organisers, students and teachers, and allows co-ordination between course outcome, what is taught, and the assessment of learning. For the later years of the course, learning and assessment is framed around clinical practice outcomes, with defined tasks for each year and placement set at an appropriate level as student progress towards graduation and meeting GMC defined outcomes.

### *Using a spiral curriculum*

MBBS is not a modular degree, but a spiral, integrated curriculum, structured to cover, and then revisit, key content and skills over the whole of the MBBS course. Each year therefore builds upon the last in a progression towards readiness for practice as a doctor. The school leaver stream will cycle through three spirals. Spiral 1 is in the Introduction to Medicine module, with some sessions shared with other entrance level trainee health care professionals and will cover the breadth of medicine at an introductory level in a way that builds explicitly on the A level science curriculum. Spiral 2 will build on spiral 1 by working on all six modules sequentially, using the learning week with the approach of case-based learning developed for school leavers at St George's. This will be an intermediate stage between the more directed learning of spiral 1 and the more self-directed learning of spiral 3. Spiral 3 is an 18-week PBL programme that will inter-digitate with clinical attachments shared with graduate students, and will use a common PBL approach to consolidate learning in spirals 1 and 2. With some PBL learning weeks towards the end of year 2 for the school leaver stream, before the end of year T, we anticipate that school leaver stream will be as able as graduate stream students to pursue a problem-based approach prior to commencing senior clinical attachments in later years.

The graduate stream, will cycle through two spirals. Spiral 1 will last 12 months and using the problem based learning approach, reflecting the capacity of graduates to learn at a more aggressive pace. Spiral 2 in year T is shared with Spiral 3 of the school entrant pathway in PBL, and in the clinical part of the year, clinical attachments will be shared with the school leaver stream.

### *Case Based Learning and Problem Based Learning (CBL and PBL)*

The CBL and PBL cases unfold through a series of structured 'scenarios' over tutorial session/s assisted by a facilitator. All three curriculum themes may feature as part of the case/problem of the week, but the Basic and Clinical Sciences theme will usually predominate. The other 2 curriculum themes have one or more sessions devoted to them in most weeks. In all cases, the activity of these sessions relates to, or arises from, the case/problem of the week. Other teaching during the week may include lectures, practical classes, tutorials, patient-based activities in the community or hospitals, visits to health related community groups, clinical demonstrations and independent learning assignments. At the end of the week, an "Expert Forum" will be held. Typically this will comprise a group of experts, sometimes including patients, who face questions on the case of the week or related topics. Self-directed study is allocated to allow students to follow up on learning objectives generated by the problem/scenario of the week.

### *Structured around a Learning Week*

In both streams Clinical Sciences years follow the structure of the Learning Week. The module content for a series of weeks is determined by the Module Planning Group, which also decides on cases that will illustrate the module and theme content for the week. The case, whether Problem Based Learning (Graduate Stream and T year) or Case Based Learning (School Leaver Stream), is a starting point to allow students to understand the relevance of their learning to their future clinical practice as doctors. Throughout the week, students will have access to both the Anatomy Resource Centre (housing models, prosected specimens, histological specimens etc) and the Pathology Museum Trails (guided tours around specific pathological specimens). Data, images, lecture notes etc relating to the problem of the week will be available through the St George's virtual learning environment site (as well as direct access to other recommended online resources).

### *Clinical practice years (T-F)*

Both streams merge in the transition year, and subsequently learn and progress as a single cohort. In the transitional year, all students make the transition from the academic environment into learning in the workplace, such that they are able to learn effectively and safely from direct patient contact and other healthcare professionals in a clinical environment. In the penultimate year, students extend the scope and depth of their learning in speciality placements and senior medicine and surgery. In Final year, students are supported to achieve the standard required for foundation practice through 1:1 apprenticeships with foundation doctors (medicine and surgery), and a GP, and additional placements in critical care and anaesthetics, and accident and emergency. Students are also encouraged to expand their horizons with the public health block, final year SSC and electives. Placement locations extend across South West London and beyond, offering a range of rural and urban experience, with accommodation provided for more distant sites. Across all years, students collate evidence of their learning in a clinical workplace portfolio, including work based assessments, placement certificates, reflective assignments and SSCs. Attendance at placement will normally be between 8 and 6pm Monday to Friday and in later years attendance for clinical experience out of normal working hours is required on some placements (notice is given to students).

*Blended Learning approach*

Clinical Science years and T year academic blocks: Teaching and learning will involve lectures, small group interactive tutorials and activities, e-learning, independent study, practical clinical and communication skills sessions and in the clinical science years, teaching in our dissecting room.

Other than in exceptional circumstances, all small group activities and tutorials, all practical skills sessions and dissection room teaching, and some lectures will be held on campus. Some lecture content is delivered online, which may be synchronous (live) or pre-recorded for self-directed learning. Students are expected to join all sessions at the specified time, and engage in learning with their peers other than for pre-recorded, self-directed activities.

Placements: As students move into T year placements, and later years the amount of direct teaching reduces, with experiential placement-based learning from patients and healthcare professionals in the working environment increasing, supported by self-directed learning in preparation for their future careers. All placements have clearly laid out outcomes, tasks and expectations, set at a level appropriate to the experience of the student, with multiple opportunities for practising skills, developing knowledge and obtaining feedback. Formative Work-based assessments support learning throughout the placements years.

G	Assessment
<p>The assessment across all years of the curriculum is designated by the domain of competence being tested. The SGUL domains align with the GMC domains, these are designated as:</p> <ol style="list-style-type: none"> <li data-bbox="263 1809 1380 1910">1. <b>Professional Knowledge:</b> (<u>knowledge and application of knowledge</u>): including biomedical sciences, psychological, social science, ethical and legal issues, population health and medical research principles.</li> </ol> <p><i>Assessment tools:</i></p>	

Written tests (including online) for knowledge and application of knowledge, mainly Single Best Answer (SBA) format, but also include some Short Answer Questions (SAQ) and free text prescribing.

2. **Professional Skills** (clinical and communication skills): including the ability to conduct consultations with patients, diagnose and manage clinical presentations, communicate effectively with patients and colleagues in a medical context, provide immediate care in medical emergencies and carry out practical procedures safely and effectively. Students must also be able to prescribe drugs safely, effectively and economically, and use information effectively in a medical context.

*Assessment tool:*

Clinical Competency Assessments (CCAs)

3. **Becoming a Doctor** (professionalism and clinical practice): students have to demonstrate that they behave according to professional ethical and legal principles, that they engage in learning, reflection, teaching others, working effectively within a multi-professional team, and consider their duty to protect patients and improve care.

*Assessment tools:*

A range of tools to test different aspects of developing professionalism and clinical practice e.g.

- \* attendance and other professional behaviours
- \* critical appraisal skills and discursive writing (essays, project reports, including within SSCs and electives)
- \* clinical/communication skills in clinical work situations (WBAs, Clinical Placement Assessment Tools, procedural skills)
- \* presentation skills, written and verbal (e.g. posters, debates, oral presentations, patient leaflets, etc)
- \* reflection (reflective portfolio) and Clinical Outcomes Records (reflective learning diaries for placements)

Students are required to pass each domain separately before being permitted to progress to the next year of the programme.

A variety of examination types are used during the programme to measure student learning and to determine whether a student is ready to progress from one next stage of the programme to the next. These include:

- Short Answer Questions (SAQs) where students give a short written response to a question.
- Single Best Answer (SBAs) where, in response to a short question or statement, students select a single best answer from a range of given possible responses.
- Clinical Competency Assessments (CCAs) where students perform a set of structured tasks, which can include practical procedures, interviewing skills, or examination of a patient in timed scenarios.
- Objective Structured Practical Examinations (OSPEs) where students demonstrate knowledge of structure and function in the context of the Dissecting Room.
- Clinical Cases e.g. Mini-CEXs (mini Clinical Examinations), where students are observed interacting with patients
- Direct Observation of Procedural Skills (DOPS) where students are observed carrying out particular procedures to be certified competent in them e.g. taking blood pressure

- Case Based Discussions (CBDs) where students are questioned, in a structured way, on particular cases they have been actively involved in
- Portfolio; a collection of evidence that demonstrates students' ability to analyse information required for direct patient care or the improvement of patient care (e.g. audit or basic survey); reflective writing which demonstrates the ability of the students to reflect on their clinical experiences, to direct their own personal development and to learn how to give and accept constructive criticism.
- Reports, oral presentations or posters on work carried out in Student Selected Components

### **Clinical Science Years:**

#### *School Leaver Stream:*

##### Professional Knowledge:

At the end of Semester 1, there will be a formative written examination, consisting of SBAs and SAQs, and an OSPE.

At the end of Semesters 2 and 4 there will be summative written examinations, consisting of SBAs and SAQs, as well as summative Objective Summative Practical Examinations (OSPE) .

##### Professional Skills:

At the beginning of Year 2 there will be a formative Clinical Competency Assessment (CCA).

At the end of Year 2 there will be a summative Clinical Competency Assessment (CCA) which will focus on the assessment of the clinical and communication skills from the Clinical Science years.

##### Becoming a Doctor:

This domain will be considered across four main elements: attendance, other professional behaviours, clinical workplace portfolio and SSC/projects. These are assessed during the clinical attachments, small group teaching and the SSC. The attendance and other professional behaviours elements will be assessed on a formative basis only in year 1. In all other years, this domain including the clinical workplace portfolio and the SSC elements will be assessed on a summative basis.

#### *Graduate Stream:*

##### Professional Knowledge:

At the end of the introductory, life support and life maintenance modules, there will be a formative written examination consisting of SBAs and SAQs.

There will be a summative written examination consisting of SBAs and SAQs covering material from all modules at the end of the academic year

##### Professional Skills:

During term 2 there will be a formative Clinical Competency Assessment (CCA) .

At the end of the year there will be a summative Clinical Competency Assessment (CCA) which will focus on the assessment of the clinical and communication skills from the Clinical Science year.

##### Becoming a Doctor:

This domain will be considered across four main elements: attendance, other professional behaviours, clinical workplace portfolio and SSC/projects. These are assessed during the clinical attachments, small group teaching and the SSC. The attendance and other professional behaviours elements will be assessed on a summative basis, as will the SSC.

### **Clinical Practice Years**

*Transition and Penultimate Year:*

#### Professional Knowledge:

At the end of each year (T and P) there will be end of year written examination(s) consisting of SBAs, and in T year SAQs.

#### Professional Skills:

At the end of each year (T and P) there will be a Clinical Competency Assessment (CCA). The T and P Year CCA will focus on clinical and communication skills, the content examined will be synoptic and will include teaching from earlier years and skills acquired during attachments.

#### Becoming a Doctor:

During each year (T and P), this domain will be assessed with student grades accruing throughout the year. Students will be assessed via a number of different assessments tools, these include: professionalism, workplace-based assessments (WBAs), mini-CEXs (mini-clinical Examinations), CBDs (Case Based Discussions), Student Selected Components (T Year only) and DOPS (Direct Observation of Procedures) .

#### *Final Year:*

The final year assessments test competence/readiness for clinical practice and will take the form of the National Medical Licencing Assessment for graduates from 2024-25 onwards. SGUL also requires students to pass the National Prescribing Skills Assessment as part of the final year assessments.

#### Professional Knowledge:

In F Year, this domain consists of two components (an applied knowledge test, and a prescribing skills assessment) that must be passed separately. These examinations will consist of SBAs, SAQs and free text questions.

#### Professional Skills:

There will be a Clinical Competency Assessment (CCA) at the end of F Year and this will focus on clinical, procedural and communication skills. The content examined will be synoptic and will include teaching from earlier years and skills acquired during attachments.

#### Becoming a Doctor:

In F Year, this domain will be assessed with student grades accruing throughout the year. Students will be assessed via a number of different assessments tools, these include: professionalism, workplace-based assessments (WBAs), mini-CEXs, CBDs, Student Selected Components and DOPS.

<b>H</b>	<b>Support for students and their learning</b>
There are a number of ways in which students receive support throughout their programme of study.	
<u>Personal tutor system</u>	

The Personal Tutor system is designed to provide:

- A point of contact over the course
- Support for personal development through encouragement of reflective practice
- Support for academic development by maintaining an overview of progress and by being a channel for feedback

In the Clinical Science years, students are allocated a Personal Tutor, usually a staff member who will see them as a minimum twice a year in this role. Wherever possible, in the Clinical Practice years, students retain their tutor. If a new tutor is allocated in T year, the student retains this tutor for the T, P and F years.

#### Student Counselling Service

The School Counselling Service provides a confidential and impartial space for students to talk and be listened to. The service is also linked to an on-site Psychiatrist that students can be referred to.

#### Chaplains

Students are offered support through the Church of England Chaplain, Roman Catholic Chaplain and Muslim Imam. The School also provides a quiet contemplation and prayer room.

#### Staff/Student Health Service

Each student is advised to register with a local General Practitioner. Lists of local General Practitioners are available for students in the Library. There is also a Staff/Student Health Service where students are given an occupational health check on registration, and to whom students can be referred if health concerns arise that impact on learning and progress

#### Disability support

Students with a disability or specific learning difficulties are supported through the university disability advisory service, including individual assessments, access to specialist study skills support, technology and funding, and the provision of statements of support needs detailing reasonable adjustments where appropriate.

#### Registry

Financial support and advice is available from the Student Finance and Support Officer. Students who have financial problems may apply for Access to Learning Funds, or for deferment of fee payment. Specialised visa support is available through the Senior Compliance Officer.

#### Interruptions of study

If a student wishes to take time out of the course for personal reasons, he or she should in the first instance contact a member of the course team to discuss the issue. Applications for an interruption of study are reviewed by a panel comprising the Course Director, Year Lead and Becoming a Doctor lead, with input other services and staff as appropriate to the individual. Interruptions relating to maternity or paternity leave are automatically granted. Due to the complexity of the curriculum, it is not generally possible to return within the same academic year,

#### Students' Union

The Student Union plays an important role in offering support and advice to students. A sabbatical officer has responsibility for *Student Support and Welfare*. The Union runs a highly successful 'mothers and fathers' system, in which new students are allocated a 'parent' of the

opposite sex in the year above, and this student acts as an informal mentor for the early months. In many cases this leads to the growth of several generations of 'families' of supportive friends.

#### Overseas Students

Overseas students who need additional help with language can access this via the Senior Lecturer in Academic Progression, which organises classes and tuition via a local school. International students are also supported by the International Student Society via the Students' Union.

#### Course Director

The course director, supported by others in the MBBS senior leadership team takes an overview of students' academic progress and is available for consultation when serious problems arise. S/he will also advise members of staff if a student's personal difficulties are having an adverse affect on his or her welfare or academic progress.

I	Criteria for admissions
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Entry requirements for the School Leaver/ Mature Non-graduate entrant will be as follows.

All entrants must

- Sit the entrance examination UKCAT,
- Have achieved a minimum of 5 subjects at GCSE Grade 6 or above (to include English, Maths and double or triple science)
- Achieve minimum 3 A Levels (AAA) to include chemistry and biology (or human biology)
- Demonstrate understanding of the realities of working as a healthcare professional and to show they have the necessary skills and attributes for their chosen career in medicine. Complete MMI assessment and achieve score required
- Satisfy requirements for health and DBS screening

#### **Academic Entry Requirements**

**School leavers** are expected to achieve an minimum of 5 subjects graded 6 (B) or above at GCSE level (including English Language, Mathematics and double or triple Science) and grades AAA at A level, including Chemistry and Biology or Human Biology, in addition to achieving the required level in the UCAT entrance examination. Applicants are strongly encouraged to consider a wide range of subjects for their third A Level including arts and humanities subjects. An individualised approach is applied to all applicants; those who meet requirements for a contextualised offer (as part of the St George's access and participation plan) may be considered if their predicted grades are lower than the standard requirement (adjusted criteria). Examples of criteria include (but are not limited to) care leavers, individuals residing in an area of deprivation (according to IMD) and those attending poorly performing schools.

**Mature non-graduate students** enter with a variety of qualifications. The most usual are:

- An Access to Medicine course from a verified college
- 120 Open University credits including the Exploring Science module
- Three A levels

They are also required to:

- Complete MMI assessment and achieve score required
- Satisfy requirements for health and DBS screening

**International and EU** qualifications are assessed using National Academic Recognition Information Centre (NARIC) and UCAS Overseas Qualifications manual. Such applicants are expected to cover the equivalent level (both in breadth of study and examination) in Chemistry and Biology at the highest grades and fulfil the entry requirements for medicine in their home country. Applicants from non-English speaking countries are also required to achieve grade 6 in GCSE English or IELTS grade 7.0 (including 7.0 in Writing and Speaking component and a minimum score of 6.5 in the Reading and Listening component).

**Graduate students**

Applicants to this course must

- Have a minimum of a 2.1 Honours degree in any discipline or an MSc, MPhil or PhD
- Meet the requirements for 'home' tuition fees; applicants must be UK citizen or have indefinite leave to remain. Overseas applicants are not eligible to apply.
- Achieve the required level in the GAMSAT assessment.
- Complete MMI assessment and achieve score required
- Satisfy requirements for health and DBS screening

**Work Experience**

Applicants are required to demonstrate that they have conducted research and/or experience in a setting which has helped them explore the realities of working in a healthcare profession. They will be expected to discuss their experiences as part of their interview to illustrate that they have the necessary skills and attributes for their career as a doctor.

<b>J</b>	<b>Career opportunities</b>
<p>MBBS Graduates from St George's can go on to complete a foundation programme with a foundation school in the UK. The Foundation Programme is a two-year planned programme of general training which forms the bridge between medical school and specialist/general practice training.</p> <p>After the 2-year Foundation Programme there is a wide range of career paths within Medicine. Examples are: anaesthetics, general practice, geriatrics, internal medicine, laboratory medicine, obstetrics and gynaecology, paediatrics, psychiatry, surgery, and system specialties (e.g. cardiology, neurology, orthopaedics). There are many additional opportunities for doctors, including research, work overseas, in Government or the armed forces.</p> <p>All branches of clinical medicine require a period of general training followed by specialist training, the duration of the latter depending on the specialty. It takes about five years to become a principal in general practice, and seven or more years to become a hospital consultant.</p>	

<b>K</b>	<b>Methods for evaluating and improving the quality and standards of teaching and learning</b>
<p>The following methods are regularly used for improving the quality of the student experience and assuring standards:</p> <ul style="list-style-type: none"> <li>• Active engagement with GMC and Health Education England feedback and quality assurance processes</li> <li>• Module and clinical placement reports based on staff and student feedback and questionnaires</li> <li>• Annual survey of student experience</li> </ul>	

- Annual programme monitoring report to the SGUL's Undergraduate Course Committee
- Reports from External Examiners
- Course Committee, MBBS Assessment Committee, Year Groups and others meet regularly to review quality and standards. These have full representation from the student body.
- Student-Staff Consultative Committees (SSCCs) and Student Experience Action Group (SEAG)
- Peer review of teaching including use of video feedback
- Encouragement of staff to take part in SGUL Learning & Teaching Support from the Centre for Innovation and Development in Education, and Centre for Technology in Education, and educational events run by the Centre for Clinical Education.
- Stakeholder feedback from the NHS providers
- Professional development activities e.g. Clinical Teachers Day.

<b>L</b>	<b>Regulation of assessment</b>
<p>Each year of the programme has a detailed Scheme of Assessment that explains how the assessment is structured, indicates which assessment methods will be used and specifies what a student must achieve to progress through the programme and in the final year, to complete the programme successfully.</p>	

<b>M</b>	<b>Indicators of quality and standards</b>
<p>QAA subject review of Medicine (2000)          University of London Gold Medallists          GMC reports (2009, 2013), and rolling monitoring process          SGUL MBBS Period Review (2019)          External examiner reports          THES league tables          National Student Survey (annually)</p>	

Please note: This specification provides a concise summary of the main features of the programme and the learning outcomes that a typical student might reasonably be expected to achieve and demonstrate if he/she takes full advantage of the learning opportunities that are provided. More detailed information on the learning outcomes, content and teaching, learning and assessment methods of each module are available to enrolled students and teaching staff in the Virtual Learning Environment (CANVAS) and, where they are produced, separate module guides.

Key sources of information are:

- Course documents, policies and procedures
- Programme Virtual Learning Environment
- MBBS Curriculum Brochure
- The St George's, University of London internet site
- General Regulations for students and programmes of study
- Programme Regulations
- QAA subject review reports
- Schemes of Assessment