

# Programme Specification

| <b>A</b> |  | <b>The nature of the award</b>  |
|----------|--|---|
| 1        | Programme Title                              | Medicine  |
| 2        | Final award                                  | Bachelor in Medicine and Bachelor in Surgery  |
| 3        | Intermediate awards                          |   |
| 4        | Awarding institution/body                    | St. George's Hospital Medical School, a constituent college of the University of London |
| 5        | Teaching institution                         | University of Nicosia   |
| 6        | Programme accredited by                      | General Medical Council (GMC)   |
| 7        | UCAS/JACS code                               | N/A   |
| 8        | <a href="#">QAA benchmark statements</a>     | Medicine  |
| 8        | Level  | The MBBS award is at FHEQ Level 7.  |
| 9        | Date specification produced                  | 14 <sup>th</sup> February 2019  |
| 10       | Student cohorts covered by the specification | Student entry years: 2015-2018  |

| <b>B</b> |                                 | <b>Features of the programme</b>   |
|----------|---------------------------------|--|
| 1        | Mode of study                   | Full time  |
| 2        | Usual length of programme       | 4 years  |
| 3        | Other features of the programme | International programme<br>Clinical Practice (Years 3 & 4) in Cyprus, Israel, or North America |

| <b>C</b> |                   | <b>Brief description of the programme and programme aims</b>   |
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| 1        | Brief description | <p>A graduate-entry Medicine programme, leading to a Primary Medical Qualification, recognised by the UK General Medical Council.</p> <p>The MBBS curriculum is made up of core curriculum elements and opportunities for in-depth study in areas of student choice. The first two years of the programme take place in Cyprus, with students gaining early clinical experience at the country's leading hospitals. Subsequent years have increasing amounts of clinical exposure and are spent in teaching hospitals in Baltimore, Chicago, Limassol or Tel Aviv.</p> |
| 2        | Programme aims    | <p>The aim of the programme is to produce graduates with the essential foundation of knowledge, understanding, skills and attitudes required for the practice of medicine competently and professionally at F1 level (pre-registration level in Cyprus / level of an intern in the US or equivalent), in a patient-centred, multi-professional environment and to equip them for a career of life-long learning and professional development.</p> <p>The Medical School at the University of Nicosia mirrors St.</p>   |

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|  | George's University of London aim to provide this within an integrated and stimulating curriculum which forms the basis for future learning and development in the graduate's chosen field. |
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| <b>D Intended learning outcomes of the programme</b> |  |  |
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|  | <i>Advanced knowledge and understanding of:</i>  | <i>Related teaching and learning methods and strategies</i>  |
| 1  | 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 forums, clinical and communication skills workshops, self-directed work, reading, staff feedback and supervision.   |
| 2  | The work of other health care professionals, and demonstrate a willingness and ability to work interprofessionally and to learn from other professional groups.  | Problem based learning, clinical placements, case based learning.  |
|  |  | <b>Assessment</b>  |
|  |  | Formative – small group discussion and feedback<br>Summative – course work, formal examinations.<br><br>Assessed through all domains:<br>Doctor as a Scholar and a Scientist Domain (written examinations)<br>Doctor as a Practitioner Domain (OSCEs)<br>Doctor as Professional Domain (clinical practice, professionalism assessment, Student Selected Components). |

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

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|  |  | <i>Assessment</i>  |
|  |  | <p>Summative examinations, Student Selected Component assignments.</p> <p>Assessed through all domains:<br/>         Doctor as a Scholar and a Scientist Domain (written examinations)<br/>         Doctor as a Practitioner Domain (OSCEs)<br/>         Doctor as Professional Domain (clinical practice, professionalism assessment, Student Selected Components).</p> |

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|   | <i>Practical skills: the ability to</i>   | <i>Related teaching and learning methods and strategies</i>  |
| 5 | Demonstrate 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. | Clinical Skills sessions, Communication Skills sessions, Clinical Placements in all specialties.       |
| 6 | Demonstrate personal / time / resource management skills, IT literacy, ability to work within a team, maintain good record keeping, contribute to the teaching of others / presenting information clearly and succinctly.   | PBL, Clinical Skills sessions, Communication Skills sessions, practical sessions, Clinical Placements. |
| 7 | Value the need for life-long learning, enquiry and research.  | PBL, Clinical Skills sessions, Communication Skills sessions, practical sessions, Clinical Placements. |

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|  |  | <i>Assessment</i>   |
|  |  | <p>OSCEs, Written knowledge based examinations, Clinical Placement assessments.</p> <p>Assessed through all domains:<br/>         Doctor as a Scholar and a Scientist Domain (written examinations)<br/>         Doctor as a Practitioner Domain (OSCEs)<br/>         Doctor as Professional Domain (clinical practice, professionalism assessment, Student Selected Components).</p> |

|    | <i>Transferable skills: the ability to</i>   | <i>Related teaching and learning methods and strategies</i>  |
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| 8  | Demonstrate 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, understand the contribution of genetic, historical, social, environmental, political, occupational and behavioural factors on health, illness and disease within a global context. | Small group teaching including PBL, Clinical and Communication Skills sessions. Lectures and tutorials in Medical Law and Ethics, Sociology, Psychology, Public Health and Epidemiology.<br>Clinical Placements.   |
| 9  | Demonstrate psychological robustness with ability for self-care, thoroughness, a realistic grasp of his/ her own limitations, adaptability and ability to cope with change and uncertainty, open-mindedness, motivation for learning, reflectiveness and sensitivity to cultural issues.   | Small group teaching including PBL, Clinical and Communication Skills sessions, Sociology, Medical Law and Ethics sessions, Clinical Placements.   |
| 10 | Register provisionally for medical practice within current legislation and be able to perform pre-registration house officer (Foundation Year 1) jobs competently.   | Clinical Placements,<br>Student Selected Components.   |
|    |  | <i>Assessment</i>  |
|    |  | Assessed through all domains:<br>Doctor as a Scholar and a Scientist Domain (written examinations)<br>Doctor as a Practitioner Domain (OSCEs)<br>Doctor as Professional Domain (clinical practice, professionalism assessment, Student Selected Components, Reflective Portfolio). |

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| <b>E</b> | <b>Programme structure and features</b> |
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The MBBS course at the University of Nicosia is four years long and based on a spiral curriculum, whereby core topics are taught at different stages of the course, with a different emphasis dependent on which stage teaching (learning) occurs.

In the early years, students will learn about the sciences underlying clinical conditions (anatomy, biochemistry, physiology, pharmacology, pathology), about how to examine patients and take histories from them (clinical and communication skills), begin to understand the psychosocial and public health aspects of illness, become ethically aware and learn to think critically.

In the clinical practice years, they will spend most of their time with patients on the wards, in clinics and in the community. In these settings they will learn to clerk patients and make diagnoses, how to treat, investigate and manage patients and how health care functions in reality. During this period they will learn about all aspects of core medicine and surgery (cardiology, gastroenterology, respiratory medicine, endocrinology, rheumatology, neurology, oncology, palliative care, dermatology, infectious diseases, radiology, psychiatry, paediatrics, obstetrics & gynaecology, general surgery, geriatric medicine, orthopaedics, ENT, ophthalmology, neurosurgery, cardiothoracic surgery, urology, plastic surgery). In their final year, students will learn about emergency medicine, intensive care, anaesthetics, prescribing and general practice. In the clinical practice years (Years 3 & 4) students will be based at our partner clinical sites in Limassol (Cyprus), Tel Aviv (Israel), Chicago or Baltimore (North America).

There are core cases which all students must study during their PBL weeks (52 cases in total, and a number of clinical core cases that students cover as part of the clinical attachments in the Penultimate Year. Beyond this, and for much of the course, the curriculum is more opportunistic, relating more to which patients are present on the day.

The programme is organised around four main curricular themes (Basic and Clinical Sciences, Community and Population Health, Patient and Doctor, Personal and Professional Development) which run through all years of the curriculum, most overtly in the CS and T year. In addition to the themes, the programme is divided into nine PBL units – outlined below – which is how the content is organised and presented to students.

### **Clinical Science Year (Year 1) Outline**

In the first year and 17 weeks of the second year, the learning is centred on the PBL case of the week. Students are presented with clinical scenarios at the beginning of the week. They then have the rest of the day to carry out self-directed learning either individually or in groups. Throughout the week, they have access to the Anatomy Resource Centre (housing models, prosected specimens, histological specimens etc.). Data, images, lecture notes etc. relating to the problem of the week will be available through Canvas (as well as direct access to recommended internet sites). All four curriculum themes may feature as part of the problem of the week, but the Basic and Clinical Sciences theme usually predominates. The other three curriculum themes each have a session in most weeks. In all cases, the activity in these sessions is related to, or arises from the case of the week. Additional activities that take place may include lectures, practical classes, tutorials, patient-based activities in the community or hospitals, visits to health related community groups and free time for self-directed study. There will normally be no more than five lectures per week; they will be used for introductions, overviews, summaries and explaining difficult concepts, rather than for giving detailed information. At the end of the week, an “Expert Forum” is held, where one or more experts face questions from the students about the problem of the week, or related topics. Scientific learning is supplemented by teaching in the following: clinical and communication skills, medical law, ethics, statistics, sociology and psychology.

The major part of the first two years is thus fully integrated around the clinical PBL cases

i.e. all aspects are fully contextualised. Contextualisation has been shown to have a powerful effect on student learning.

### Clinical Science Year

| Term | Weeks       | Modules  |
|------|-------------|--|
| 1    | 3<br>5<br>6 | Foundations of Clinical Science module<br>Life Support<br>Life Maintenance |
| 2    | 5<br>5      | Life Protection<br>Life Cycle  |
| 3    | 6<br>5      | Life Control<br>Life Structure   |

### Revision and Assessment Weeks

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|--|---|--|
|  | 4 | Assessment (incl. resits)<br><i>spread throughout the year</i> |
|--|---|--|

Each module covers a range of clinical systems which are as follows:

|                  |  |
|------------------|--|
| Life Support     | Cardio-respiratory system; Cardiology/Cardiovascular Surgery; Respiratory Medicine                                   |
| Life Maintenance | Nutrition; Alimentary System including liver; Gastroenterology; Endocrinology; Renal Medicine; Urology; ENT (throat) |
| Life Protection  | Immunology; Infection; Haematology; Oncology; Preventative Medicine; Public Health Medicine                          |
| Life Cycle       | Reproduction & Development; Child Health (Paediatrics); Obstetrics & Gynaecology; Sexual Health; Ageing; Death       |
| Life Control     | Nervous system; Neurology/Neurosurgery; Vision & Ophthalmology; Psychiatry; Psychology; ENT (audiology)              |
| Life Structure   | Musculoskeletal system; Rheumatology; Orthopaedics; Traumatology; Plastic Surgery; Skin & Dermatology                |

### Transition Year (Year 2) Outline

The T year starts with a three week introductory block and thereafter is organised in to six blocks of five weeks. Students alternate through three blocks of clinical placement-based activity, and three units of Problem Based Learning. Following the assessment period students also complete a three week Student Selected Component. The PBL units have a substantial focus on the scientific aspects of disease and treatment, but also include weekly sessions of clinical and communication skills, medical law and ethics, and critical evaluation of evidence. At key points in the case, students are presented with the opportunity to take optional routes through the case, to take clinical decisions, and explore the outcomes of those decisions. VP/PBL is delivered to groups of students in conventional PBL sessions facilitated by a tutor in the normal way.

### Transition Year rotations

| Delivery               | Weeks | Units/placements (undertaken on rotation) |
|------------------------|-------|---|
| Teaching               | 3     | Foundations of Clinical Practice          |
| Problem based learning | 5     | Mechanisms of Disease                     |

|                        |   |   |
|------------------------|---|---|
| Clinical attachments   | 5 | General Medicine or General Surgery or General Practice   |
| Problem based learning | 5 | Body Systems  |
| Clinical attachments   | 5 | General Medicine or General Surgery or General Practice   |
| Problem based learning | 5 | Specialties   |
| Clinical attachments   | 5 | General Medicine or General Surgery or General Practice   |
| Self-directed          | 3 | SSC - Student Selected Component: study an area of interest in depth, developing research and gain insight into possible careers. |

### Revision and Assessment Weeks

|  |   |                           |
|--|---|---------------------------|
|  | 4 | Assessment (incl. resits) |
|--|---|---------------------------|

Each PBL unit covers a range of clinical systems which are as follows:

|                       |  |
|-----------------------|--|
| Mechanisms of Disease | Haematology; Oncology; Immunology; Infection   |
| Body Systems          | Cardio-respiratory system; Cardiology; Respiratory Medicine; Gastroenterology; Nervous system; Neurology; Ageing   |
| Specialties           | Nervous system; Neurology/Neurosurgery Musculoskeletal system; Rheumatology; Orthopaedics Reproduction & Development; Child Health (Paediatric Medicine) |

Clinical placements in T Year are based around three five-week blocks:

- General Medicine
- General Surgery
- General Practice

Students will be expected to further develop history and examination skills first practised in earlier teaching sessions.

#### Non-Clinical Teaching Programme (Investigation of Disease)

In addition to the above a programme of lectures and tutorials run on Thursdays in T year during the clinical blocks. This teaching programme covers the following areas: clinical biochemistry, cell pathology, haematology, immunology, medical microbiology, pharmacology and radiology.

#### Penultimate Year (Year 3) Outline

P Year is a full time clinical year. It comprises of 5-week attachments in Psychiatry, Paediatrics, Obstetrics & Gynaecology, Neurology (including Neurology/ Neurosurgery/ Rehabilitation), General Medicine, Medical Specialties (Cardiology and Geriatric Medicine), Surgery and Surgical Specialties (see table below).

Attachments are combined with taught sessions mostly at the outset of each two blocks to provide students with introductory lectures and seminars, enabling students to maximise their time spent in the clinical environment. Teaching within these attachments consists of core clinical activity, ward-based teaching, programmed systematic teaching and additional 'flexible learning opportunities'. Students rotate through the different

attachments prior to their revision and assessment period (clinical assessment).

### Penultimate Year Rotations

| Weeks | Modules/attachments   |
|-------|---|
| 1     | Introductory Week to Medicine   |
| 5     | Medicine (General Medicine and Acute Medicine, Dermatology, Rheumatology)                                       |
| 5     | Medical Specialities (Cardiology, Geriatric Medicine)   |
| 1     | Introductory Week to Surgery  |
| 5     | General Surgery (Breast, Upper GI, Lower GI, Urology, Vascular)   |
| 5     | Surgical Specialties (Ophthalmology, Acute Orthopaedics, ENT, Elective Orthopaedics, Plastics, Palliative Care) |
| 1     | Introductory Week to Psychiatry and Neurology   |
| 5     | Psychiatry  |
| 5     | Neurology   |
| 1     | Introductory Week to O&G and Paediatric Medicine  |
| 5     | Obstetrics & Gynaecology  |
| 5     | Paediatrics   |

### Revision and Assessment Weeks

|   |                                    |
|---|------------------------------------|
| 4 | Clinical Assessment (incl. resits) |
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### Final Year (Year 4) Outline

The overall aim of the Final Year is to consolidate the students' ability to apply basic and clinical science knowledge and skills to clinical practice.

Clinical Rotations (4 x 5 weeks, 2 x 4 weeks, 1 x 2 weeks);

Finals Assessment (4 weeks);

Elective (7 weeks);

Preparation for Postgraduate Clinical Practice.

### Final Year Rotations

| Weeks | Attachments                                |
|-------|--|
| 5     | Student Selected Component                 |
| 5     | Assistantship Medicine                     |
| 5     | Assistantship Surgery                      |
| 5     | Assistantship General Practice             |
| 4     | Accident & Emergency Medicine              |
| 4     | Critical Care and Anaesthetics             |
| 2     | Public Health                              |
| 7     | Elective *                                 |
| 1     | Postgraduate clinical training preparation |

\* Elective takes place after Clinical Final Assessment. Students are required to complete a minimum of 5 weeks

### Revision and Assessment Weeks

|   |   |
|---|---|
| 4 | Clinical Finals Assessment (incl. resits) |
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UNIC specific considerations:

Some themes have special deliberation and support given the UNIC institutional context. While all areas of the curriculum are supported, the ones listed below have been given further detailed consideration and cultural and context specific sessions are also

provided:

#### Basic and Clinical Sciences

- The need to provide additional teaching material with the PBL cases so that the student experience of the Nicosia community and cultural setting is supported;
- Awareness that in clinical practice Cypriot, European, Israeli and North American guidelines may sometimes be used rather than UK guidelines.

#### Patient and Doctor

- Strategies for addressing clinical communication in a different cultural setting, where there are potential language and cultural differences between students and patients.

#### Community and Population Health

- Recognition that clinical service delivery takes place in both private and the public health service settings;
- Recognition that in Cyprus community services provision is often not centrally co-ordinated.

#### Personal and Professional Development

- The importance of teaching Medical Ethics and Law as practised in the UK (specifically England and Wales) to the MBBS students based in Nicosia;

Credits are awarded on the following basis:

| <b>Year</b>                               | <b>Credit Level</b> | <b>UK credits</b> | <b>ECTS credits</b> |
|---|---------------------|-------------------|---------------------|
| CS  | Level 5             | 120               | 60                  |
| T   | Level 6             | 180               | 90                  |
| P   | Level 6             | 180               | 90                  |
| F   | Level 6             | 180               | 90                  |
| <b>The MBBS award is at FHEQ Level 7.</b> |                     |                   |                     |

'The description of the structure of the programme, including the lists of modules, is indicative and should not be regarded as full and definitive.

Programme reference points – the following reference points were used in the preparation of this specification:

General Medical Council: Promoting Excellence (2015)  
General Medical Council: Good Medical Practice (2013)  
General Regulations of Study, SGUL  
MBBS Programme Regulations, SGUL  
Quality Assurance Agency: Benchmark Statements for Medicine  
Quality Assurance Agency: Quality Code

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| <b>F</b> | <b>General teaching and learning strategies</b> |
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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 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.

*Self-directed*

Self-directed 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.

*Enquiry focussed/ Stimulating*

Teaching methods and teacher roles are intended to stimulate enquiry, not be a substitute for it. The course includes a small amount of didactic teaching (course spirals 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'.

*Defined by clear Learning Outcomes*

A clear statement of learning outcomes acts as a means of communication between course organisers, students and teachers, and allows co-ordination between what is taught, the course learning outcomes and the assessment of learning.

The new framework is outcome-based so that placement providers have flexibility in how they reach the outcomes providing they adhere to the document describing minimum standards.

*Built as a spiral curriculum*

The course is based on a spiral curriculum of core themes that repeat through three spirals. Spiral 1 features six modules delivered sequentially, using the learning week with the approach of problem based learning. Spiral 2 is an 18 week PBL programme that inter-digitates with clinical attachments and uses a common PBL approach to consolidate learning in spiral 1. Spiral 3 takes place in the hospital or general practice setting and allows the students to consolidate their learning while working with real patients and real clinical scenarios.

### *Structured around a Learning Week*

In the Clinical Science year, and in the PBL blocks of the T year, the course follows the structure of the Learning Week. The content for a series of weeks is determined by the SGUL module planning group, which also decides on cases that will illustrate the module/unit and theme content for the week. The case is a starting point to allow students to understand the relevance of their learning to their future clinical practice as doctors. Other learning activities, including lectures, lab work, clinical demonstration, clinical and communication skills, medical law and ethics, etc. are related to this central case.

#### *Learning methods include:*

- **problem based learning** in the CS and T years mainly, where students spend 6 hours a week in groups of 8 discussing clinical cases in the progressive release format;
- **role plays** using simulated patients to learn about clinical communication;
- **demonstration**, where clinical skills are demonstrated to all students and then practised in small groups with a clinician tutor;
- **clinical visits** where students attend clinics and talk to, and examine, patients community visits where students meet patients in community settings and learn about the issues which affect their wellbeing;
- **hospital attachments** where students attend a hospital for several weeks and, in a hands-on way, learn about all aspects of patient care and management;
- **lectures** for delivery of overviews and complex material (but not fine detail);
- **practical classes** which are used mainly in anatomy teaching in the dissecting room, using prosected specimens, X-rays, CT scans and MRI scans;
- **discussion tutorials** for learning law and ethics, sociology, public health;
- **expert forums** where experts answer any questions from students about the topic of the week;
- **research** for student selected components, on subjects of interest to the students.

## **G** | **Assessment**

### **The Key Principles of Assessment:**

The MBBS programme aims to produce humane and clinically competent practitioners with strong clinical reasoning and life-long learning skills. The assessment strategy is intended to support this aim. While it is acknowledged that assessment will always be a key feature in driving learning, we hope that our students will not be solely motivated by passing examinations, and the assessments are integrated into the curriculum with the intention of fostering and supporting the educational approaches fundamental to the programme. At the same time assessments are ultimately designed to certify students' competence to practise medicine and to ensure patient safety.

The MBBS programme encourages acquisition of knowledge and development of problem solving skills through teamwork and self-directed learning. The assessment framework supports this approach by facilitating understanding and encouragement, through giving guidance on the adequacy of progress and providing feedback to students on areas requiring further work.

Assessments will test the reasoning and application of knowledge, skills (clinical assessment, reasoning, procedural skills, clinical communication, critical thinking) and professional behaviour (e.g. attitude, probity and attendance).

All assessments will be in line with the key principles of good assessment:

- Valid – All assessments will be blueprinted against the curriculum outcomes for which they are being tested, and assessment styles should match the learning methods used. Assessments will be chosen that have good predictive validity i.e. wherever possible the style of assessment will mimic the types of duties of a practising doctor (see below). The method of assessment will be appropriate for the knowledge, skills or behaviour being tested.
- In Context – Some assessments will be designed to allow students to progress to the next level, some to ensure that they are competent, some to grade students in line with the current UK F1 requirements, some to ensure patient safety, some to identify failing students so that appropriate support can be provided, some to identify students who are not suitable for a career in medicine so that an alternative pathway can be offered to them and some to simply provide feedback to the students about their performance, although feedback will be part of all assessments.
- Reliable – Assessments will have clear criteria and marking schemes, which will be available to both staff and students. Assessments will test breadth and depth of the curriculum. That is, sufficient sampling will take place, to ensure breadth, and depth will be tested in specific core areas. Wherever possible, the reliability of each assessment will be increased by removing as much examiner, assessment and item variability as possible. As far as possible, all assessments will be criterion referenced, and standard setting using educationally sound methods will be used to set pass marks.
- Triangulated – Wherever possible, students' performance will be triangulated across different assessment methods.
- Feasible – It is recognised that the issue of practicability must be thought of when designing an assessment scheme.

Formative assessments will be used to ensure that students are informed frequently about their progress. Relevant staff will receive the results on individual students so that remedial action can be speedily introduced to help students solve any problems. Attendance at all formative assessments is compulsory. Formative assessments will be used for feedback only and will not contribute to a student passing or failing part of the course.

Summative assessments will count towards progression and/ or qualification, and can also be used to give students feedback. Summative assessments are used at key points in the course to ensure competency. These will be based on the same techniques used formatively so students are familiar with the forms of assessment.

Where possible, assessment will be in a clinical context, and the styles of written assessment used will mimic the range of duties of a practising doctor.

### **Assessment domains**

The assessment across all years of the curriculum is designed by the domain of competence being tested. The SGUL domains align with the GMC domains, these are designated as:

1. The doctor as a scholar and a scientist (knowledge and application of knowledge): including biomedical sciences, psychological, social science, ethical and legal issues, population health and medical research principles.

Assessment tools: Written tests (including online formative tests) for knowledge and application of knowledge, predominantly in Single Best Answer (SBA) format, but also include some SAQs (Short Answer Questions) and free text prescribing.

2. The doctor as a practitioner (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: Objective Structured Clinical Examinations (OSCEs) for clinical and communication skills.

3. The doctor as a professional (attendance, 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 (Workplace Based Assessments, Clinical Placement Assessment Tools)
- presentation skills, written and verbal (e.g. posters, debates, oral presentations, patient leaflets, etc.)
- reflection (reflective portfolio)

Students whose attendance and performance in terms of professional behaviour is unsatisfactory will be referred for remediation to the Progress Meeting which takes place on a termly basis. Attendance and other professional behaviour assessment affect student progression, especially if Fitness to Practise measures are triggered. 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 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.
- Objective Structured Clinical Examinations (OSCEs) where students perform a set of structured tasks, which can include practical procedures, interviewing skills, or examination of a patient.
- Clinical Cases e.g. Mini Clinical Evaluation Exercises (Mini-CEXs), 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.

### Assessments across the Years

In each year, students are required to satisfactorily complete each assessment domain and element independently in order to progress.

The marks from the above assessments will be collated in assessment domains to give separate marks in each of the domains and elements of the domains. The length of the written papers, the nature of any in-course assessment, and the number of OSCE stations will be announced in advance of the assessment by the Chief/Responsible Examiner.

### CS Year Formative Assessments

| Domain                | Type & Frequency                                 | Timing      |
|-----------------------|--|-------------|
| Scholar and Scientist | 2 written papers                                 | Autumn term |
| Practitioner          | Objective Structured Clinical Examination (OSCE) | Spring term |

### Clinical Science Year Summative Assessments

| Domain                | Type and Frequency                               | Timing  |
|-----------------------|--|---|
| Scholar and Scientist | 4 written papers                                 | At the end of Life Protection - assessments for the Foundations of Clinical Science, Life Support, Life Maintenance and Life Protection modules.<br><br>At the end of Life Structure - assessments for the Life Cycle, Life Control and Life Structure modules. |
| Practitioner          | Objective Structured Clinical Examination (OSCE) | End of year   |
| Professional          | Attendance                                       | Throughout the year in multiple settings (longitudinal)   |
|                       | Other Professional Behaviour                     |   |
|                       | Student selected component (written report)      | Starts Autumn term, completed Spring term   |
|                       | Basic Life support                               | Autumn term   |

### Transition Year Summative Assessments

| Domain                | Type and Frequency                                | Timing              |
|-----------------------|---|---------------------|
| Scientist and Scholar | Year Specific Knowledge Test:<br>2 written papers | End of year         |
| Practitioner          | Objective Structured Clinical Examination (OSCE)  | End of year         |
| Professional          | Attendance  | Throughout the year |
|                       | Other professional behaviour                      |                     |
|                       | Clinical Workplace Portfolio                      |                     |

|  |  |  |
|--|--|--|
|  | Student Selected Component*<br>(involves the completion of:<br>proposal, research poster or a<br>niche SSC and a Quality of<br>Participation form) | Starts Autumn term,<br>completed in<br>Summer/Autumn |
|  | Case Analysis Project<br>(written report)  | Starts Autumn term,<br>completed Spring term         |

\*SSC completed in Transition year, but assessed in Penultimate year (grades carried over)

### Penultimate Year Summative Assessments

| Domain                | Type and Frequency   | Timing                       |
|-----------------------|--|------------------------------|
| Scientist and Scholar | Year Specific Knowledge Test (2 written papers)  | End of year                  |
| Practitioner          | Objective Structured Clinical Examination (OSCE)   | End of year                  |
| Professional          | Attendance   | Throughout the year          |
|                       | Other professional behaviour   |                              |
|                       | Clinical Workplace Portfolio   |                              |
|                       | Student Selected Component*<br>(involves the completion of:<br>proposal, research poster or a<br>niche SSC and a Quality of<br>Participation form) | Following T year assessments |

\*SSC completed in Transition year, but assessed in Penultimate year (grades carried over)

### Final Year Summative Assessments

| Domain                | Type and Frequency   | Timing   |
|-----------------------|--|--|
| Scientist and Scholar | UK Prescribing Safety Assessment (PSA)   | End of year  |
|                       | Knowledge Proficiency Test (KPT) (written paper)   |  |
| Practitioner          | Objective Structured Clinical Examination (OSCE)   | End of year  |
| Professional          | Attendance   | Throughout the year  |
|                       | Other professional behaviour   |  |
|                       | Clinical Workplace Portfolio   |  |
|                       | Student Selected Component<br>(involves the completion of:<br>proposal, case report and<br>attendance form)  | Starts prior to the<br>commence of F year,<br>completion date depends<br>on rotation group |
|                       | Elective *<br>(Formative but compulsory)<br>Two proposals (planning and<br>final) prior to the elective, and a<br>written report and quality of<br>participation form at the end of<br>their elective. | Starts Spring term,<br>completed by Summer<br>term   |

\* Students must pass the Doctor as a Scientist and Scholar, Doctor as a Practitioner and Doctor as a Professional domain in order to be eligible to enter the student-

arranged F Year Elective. Candidates who fail any assessment domain(s) will be required to undertake a tutor-arranged Elective.

Students will be provided with an assessment timetable at the beginning of the academic year. This will include the submission dates for in-course assessment and the date and time of examinations. Assessment criteria will also be made available to students; assessment criteria need not be incorporated in the assessment timetable.

### **SGUL Feedback Policy**

Principles: All feedback will be:

- timely
- related to learning outcomes/objectives and assessment criteria
- provided on both coursework and examinations
- clear, relevant, motivating, and constructive
- developmental, enabling students to consolidate learning and achievement and develop strategies to improve their performance in future assessments
- word-processed if practicable
- offered in a range of formats appropriate to the assessment task.

Timescales for providing assessment feedback will vary in accordance with a number of factors, ranging from 10-20 working days. These include that nature and format of the assessment task, its size and complexity, the requirements for internal and external moderation, the timing of the next meeting of the Board of Examiners, and proximity to holidays and religious festivals.

Unforeseen changes to the assessment timetable or feedback timescales and the reasons for the changes will be communicated to students at the earliest opportunity. Feedback will then be given within a reasonable time period given the circumstances for the delay.

Students are expected to receive and reflect on the feedback available to them. If students are unclear about any aspect of the feedback given to them, they should seek clarification from staff.

## **H | Support for students and their learning**

There are a number of ways in which students receive support throughout their programme of study.

### **Personal Tutor system**

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

Students are allocated a Personal Tutor, who will see them regularly (e.g. PBL Tutor) and who remains their Personal Tutor for the duration of their course. Students are also provided with a site-specific Personal Tutor for the duration of their clinical P and F Years. Personal Tutors combine academic and pastoral roles and have undertaken training which focuses on identifying students who are struggling and may have academic, personal, family or mental health issues. Tutors are strongly encouraged to contact the Personal Tutor Lead for advice if they have concerns about students. All tutors are aware of specific provisions to support students academically.

### **Academic Difficulties**

Academic progress is monitored regularly by the Course Director, Year Leads and assessment leads and through the Doctor as a Professional domain. Any students failing any part of any assessment will receive feedback and are requested to meet with an academic member of staff to discuss their progress, for example the Responsible Examiners, Clinical Academics and Theme Leads who are able to assist with specific areas of learning and assessment.

### **Careers Advice**

Having in mind the international student base of the Medical School in Cyprus, graduate advice is in place to guide students with careers support for the country in which they hope to practice medicine. Students meet with a careers advisor to discuss their career pathways and the options available to them. A bank of information has been created regarding the rules and regulations of practicing medicine in various countries. Guides for certain countries are available on Canvas and additional ones are added depending on the needs of the students, and this information continues to be updated. Personalized support is provided for postgraduate training applications, e.g. for the UKFPO's F1, US/Canadian residency matching programmes. Additional services are available to our students in collaboration with the Student Affairs Office at the University of Nicosia, such as workshops on CV writing and Interviewing Skills, Time management, Self-confidence and more. Students are encouraged to take advantage of the career services available at the Medical School and address queries about practicing medicine overseas.

### **Student Services Centre**

The Student Services team run a one stop service that aims to help students with any non-academic related issues, continuously throughout their studies. Support ranges from assisting with visa applications (including spousal support visas) to the 'basics' such as finding accommodation and transportation. The Centre provides newly admitted students with sim cards, road maps, bus routes, and booklets on things to do in Cyprus. In addition, the Centre handles requests for official documents and assists students with local banking processes and health insurance applications. As part of the Centre, the team supports Medical School Student Society elections and runs social events and activities, club registrations, the host family program and other important functions with the aim to promote a full and active student life.

### **Student Counsellor Service**

An independent and confidential Student Counsellor service is available to students free of charge. This provides expert help and advice on a wide range of emotional and personal problems. This 'appointment only' service is provided by the Centre for Therapy Training and Research (KESY). The Student Counsellors will not normally approach students in the first instance. Staff are encouraged to contact the Student Counsellors if they are concerned about students, but students are also encouraged to make contact themselves.

### **Student Information**

A Student Handbook is distributed to students on arrival which includes information and signposting regarding student welfare as well as a comprehensive Student Support diagram.

### **Course Director**

The Course Director takes an overview of students' academic progress and is available for consultation when serious problems arise. The Course Director will also advise members of staff if a student's personal difficulties are having an adverse effect on his or her welfare or academic progress.

Beyond the above systems, students who wish to discuss their individual needs with

the staff of the Medical programme who have particular responsibility for student welfare and health and safety are asked to contact the Student Support Officers or the Health and Safety Officer respectively for information.

### **Associate Dean for Students**

The Associate Dean for Students chief role is to serve as a resource of information and support to students, ensuring that any issues and concerns they have are adequately addressed. The Associate Dean for Students is easily accessible and helps to ameliorate the divide between staff and students. This is in an effort to further enhance internal communication and the student experience. In the scope of this, the ADfS meets with students and their representatives on a frequent basis.

## **I Criteria of admissions**

### Academic entry requirements

The basic academic entry requirements for this programme are:

1. A Bachelor degree with at least a 2nd class honours or equivalent (3.0 GPA in the US), or a higher degree (e.g., MSc, MPhil or PhD) in any discipline.

and

2. i. An overall score of 57 in the Graduate Australian Medical School Admission Test (GAMSAT) with a minimum of 50 in each section OR an overall score of 500 at the Medical College Admission Test (MCAT).

2. ii. An additional option is available to applicants from Israel who may undertake the Tel Aviv University Science Knowledge Test and the UK Clinical Aptitude Test (UKCAT).

and

3. Applicants will be required to have spent time in a healthcare setting, either hospital, general practice or the community. This is intended to help applicants evaluate and reflect on their choice of medicine as a career.

If English was not the primary language during the applicant's first degree, they must also take the IELTS (International English Language Testing System) or equivalent (e.g., TOEFL). An IELTS score of 7.0 overall (with a score of 7.0 in the written element and no less than 6.5 in any other element) or equivalent is required.

### Interview

Applicants invited to interview will take part in a structured multiple mini interview designed to assess personal qualities needed for effective practice and enjoyment of a medical career. In order to ensure that academic performance does not colour the interviewers evaluations, interviewers are not provided information on the applicant's GAMSAT/MCAT score, class of degree or any background information whatsoever.

### Final selection

Applicants are evaluated on their interview, GAMSAT/MCAT scores and academic record by a panel consisting of three members, which includes the Course Director and Professor of Medical Education. On the basis of these factors, the panel identifies students who are offered a place.

### Other criteria

Successful applicants are sent a provisional offer letter by email. They are requested to confirm acceptance by reply email. They are also required to provide:

1. A satisfactory health clearance, consisting of original attested documents for blood test results (HIV, Syphilis, and Hepatitis B & C), and chest X-Ray report (Tuberculosis), with a validity of 4 months from the date of issue.
2. An original attested Police Clearance Certificate from their country of current

residence with a validity of 6 months from date of issue.

3. For non-EU students, the documents required by the Cyprus Immigration Department for issuance of a student visa.

## **J** | **Employability and employment**

There are a number of options for graduates of the Nicosia programme, depending on their country of origin. These include:

- European students by law have their St George's degree recognised in any European country and are eligible to apply for Foundation Year posts in the UK or elsewhere in Europe if applicable. The Foundation Programme is a two-year planned programme of general training which forms the bridge between medical school and specialist / general practice training. Successful completion of the Foundation Programme Year 1 grants students eligibility for full registration with the GMC.
- For students from outside of the EEA wishing to apply to the UK Foundation Programme, there are additional stipulations that must be met in line with prevailing immigration regulations in the UK at the time of application. These include having an appropriate visa that demonstrates the 'right to work' in the UK.
- The MBBS is approved by the Educational Committee for Foreign Medical Graduates (ECFMG) and the degree is listed in the World Directory of Medical Schools (WDOMS). US students are eligible to participate in the Match Program for residency and take the United States Medical Licensing Examinations (USMLE). The School provides support for those undertaking the USMLE Step 1 and Step 2 CK through practice tests. Canadian students are eligible to participate in the Canadian Resident Matching Service (CaRMS) and take the Medical Council of Canada Evaluating Examination (MCCEE).
- Israeli students are able to apply for provisional registration through the Israel Medical Council.
- Lebanese students are able to apply for registration and complete residency programmes in Lebanon.
- Australian students will be provisionally recognised by the Australian Medical Council.
- Students from outside the European Community are advised to check with their own individual national authorities if they wish to practise in their own country and work together with the graduate advising team.
- A Postgraduate Clinical Training Programme has also been developed that was quality assured by the UK GMC and delivered in 2017-18. Delivery will take place again in 2018-19 and 2019-20.

Thereafter our graduates can pursue a wide range of career paths within Medicine. There are also many additional opportunities for doctors including research, pharmaceutical industry and government. All branches of clinical medicine require a period of general training followed by specialist training, the duration of the latter depending on the specialty and the country where it is carried out.

The Medical School has a dedicated Careers Office where students can seek advice and guidance on their career preferences. This is available to students from day one of enrolment on the MBBS.

|          |  |
|----------|--|
| <b>K</b> | <b>Methods for evaluating and improving the quality of teaching and learning</b> |
|----------|--|

The following methods are regularly used for improving the quality of the student experience and assuring standards:

- Annual Programme Monitoring Report to SGUL's Undergraduate Medicine and Biosciences Education Committee.
- Quality Management framework (overarching policy on how teaching and learning will be monitored and evaluated throughout the programme).
- Course Committee (overall responsibility for the operational management of the programme).
- Year specific committees and groups, who meet regularly to review quality and standards, e.g. CS and T Year Committee, P and F Year Committee, Placements Management Group, Module Debrief meetings. These have representation from the student body, and feed into Course Committee.
- Medicine Assessment Committee and other assessment specific groups.
- Module and Clinical Block reports based on staff and student feedback and questionnaires. These feed into the relevant groups above and in turn report up to Course Committee.
- Associate Dean for Students, who is responsible for the student experience beyond the curriculum.
- Service Level Agreements with Clinical Placement Providers (P and F Year).
- QA proformas to monitor the quality and delivery of teaching and facilities that support it including for hospital and other placement sites that provide teaching.
- Internal audits
- Reports from Visiting Examiners and external professional, regulatory and statutory bodies.
- Performance Review and Peer Review of Teaching, including use of video feedback.
- Professional development activities including encouragement of staff to take part in learning and teaching support, attendance at conferences, active research participation.
- Surveys and questionnaires to evaluate teaching, learning and assessment, student support and welfare.

**L | Assessment regulations**

All students are required to adhere to the SGUL General Regulations for Students and Programmes of Study and the specific MBBS Programme Regulations. There is also a Scheme of Assessment, providing detailed information regarding assessments, for each year of the programme. The Schemes of Assessment explain how the assessment for that year is structured, indicate which assessment methods will be used and specify what a student must achieve to progress to the next part of the programme and, to the final assessments to complete the programme successfully.

Assessment groups contribute to the blueprinting, item writing and standard setting. Assessment groups have responsibility for marking all assessments within their remit, and for ensuring that all assessments conform to best practice. Each assessment is co-ordinated by an Assessment Group. Membership of these groups depends on and relates to the assessment being set, e.g. the Clinical Science Assessment Group includes a representative from all four themes, the appropriate module convenors / co-ordinators of the curriculum, the Course Director, the Lead for Assessment, the Chief Examiner and assessment administrative officers.

Quality assurance of examinations is ensured by the regular review of test formats and specific items by the Responsible Examiner, relevant Assessment Group considering also input from SGUL-appointed external examiner for each paper. The Responsible Examiners and relevant Assessment Group also review the performance of the test items post-test. Performance is judged by Cronbach's alpha coefficient of reliability and individual test items are examined for their discrimination index, point bi-serial coefficients and item-test correlations. The pass/fail rates are also considered, with particular reference to the standard setting procedures.

Scrutiny of tests post administration includes examining the course delivery, student evaluation, as well as blueprinting and quality control of test items. Factors which reduce the reliability of any test are addressed as much as possible (including item review, sufficient sampling, examiner training).

External examiners are involved in the process of assessing the course through their advice and comments aimed at improving the course and its assessment. Faculty are encouraged to act as external examiners at other institutions to gain experience and to identify good practice.

The Registrar (Academic and Assessment) is responsible for the co-ordination of all assessments, notification to students, processing of results and for ensuring Regulations are adhered to.

**Progression**

The MBBS has a number of progression points. In order for a student to proceed to the next stage of the programme s/he shall have satisfactorily completed the assessments set out in the Scheme of Assessment. The progression points are as follows:

- From Clinical Science year 1 to the Transition year
- From the Transition year to the Penultimate year
- From the Penultimate year to the Final year
- From the Final year examination period to the Final Year Elective and graduation

Before entry to any of the assessments a student must have made satisfactory progress in the course to date. Satisfactory progress shall include: pass performance in the MBBS assessments; an acceptable level of attendance and participation in group work and other such activities; compliance with deadlines for

submission of written work; an acceptable level of professional behaviour and compliance with the regulations of SGUL. Students making unsatisfactory progress may be required to undertake additional study.

### **Re-entry to assessments**

Students will be permitted to re-enter a summative assessment on one occasion as of right, unless specified to the contrary in the Scheme of Assessment.

A third (final) attempt at a summative assessment shall be at the discretion of a Discretionary Panel of the Senate (under the provisions of paragraph 4.10 of the General Regulations and established under the Procedure for consideration for a final discretionary attempt at an assessment).

A student may only be considered by ONE Discretionary Panel during the MBBS Programme.

A student who, having failed a summative assessment and having used all of her/his automatic re-sit attempts, is not granted a third (final) attempt at that assessment, will not be permitted to continue on the programme.

A student who, having failed a summative assessment and having used all of her/his automatic re-sit attempts, and having been granted previously a third (final) attempt at a summative assessment, will not be permitted to continue on the programme.

A further period of study may be prescribed prior to re-entry to an assessment. This shall normally be satisfied by continued attendance on the course and/or remediation.

In determining decisions concerning re-entry to assessments for reasons of mitigating circumstances (General Regulation 11.11(ii)), the Board of Examiners may deem the affected entry to be not valid).

### **Merits and Distinctions**

Candidates who pass the Final Year and are awarded the MBBS degree will be eligible to be considered for the award of a St George's Mark of Merit or a University Distinction, in the following four disciplines:

- Medical Sciences (on the basis of performance in the Clinical Science year/s)
- Clinical Science (on the basis of performance in the Transition Year)
- Clinical Specialties (on the basis of performance in the Penultimate Year)
- Clinical Practice (on the basis of performance in the Final Year)

A candidate awarded a Distinction in a discipline cannot also be awarded a Merit in that discipline. Merits and Distinctions are only awarded to those completing the degree.

A Distinction will be awarded to candidates in the top 10%, i.e. the 1<sup>st</sup> decile, of the cohort in that year. This will be based on the final weighted percentage mark, rounded to one decimal place.

A Merit will be awarded to candidates in the second decile of the cohort in that year. This will be based on the final weighted percentage mark rounded to one decimal place.

Candidates must pass at first attempt in order to be eligible for a merit or a distinction. Candidates must also achieve a grade of Acceptable in the Doctor as a Professional domain at first attempt.

**Award**

To be awarded the degrees of Bachelor of Medicine and Bachelor of Surgery, a student shall have completed the prescribed course of study prescribed and have passed all prescribed assessments.

A student who leaves the programme, may be awarded an Undergraduate Certificate in Human Life Sciences, an Undergraduate Diploma in Human Life Sciences, a BSc ordinary (non-honours) degree in Human Life Sciences or a BSc (honours) degree in Human Life Sciences. The detailed criteria for the award of that qualification, and the rules for classification of degrees, will be determined by the Scheme of Assessment.