

Programme Specification for Bachelor of Medicine, Bachelor of Surgery

This document applies to Academic Year 2023/24 onwards

Table 1: programme specification for Bachelor of Medicine, Bachelor of Surgery

1.	Awarding institution/body	University of Worcester
2.	Teaching institution	University of Worcester
3.	Programme accredited by	General Medical Council (GMC)
4.	Final award or awards	MB, ChB
5.	Programme title	Bachelor of Medicine, Bachelor of Surgery
6.	Pathways available	Single
7.	Mode and/or site of delivery	Delivered using blended learning with classes scheduled during identified theory weeks combining face to face with online activities. Practice learning experiences are facilitated by local NHS partners
8.	Mode of attendance and duration	4 years, full-time, 45-week timetabled year, with an anticipated 5 weeks pre-planned holiday and 2 weeks of study leave.
9.	UCAS Code	A101
10.	Subject Benchmark statement and/or professional body statement	Outcomes for Graduates (GMC, 2018) Promoting Excellence (GMC, 2018)
11.	Date of Programme Specification preparation/ revision	September 2022 January 2024 Removal of assessment items.

12. Educational aims of the programme

The aim of the programme is to contribute to the health of peoples by graduating, “newly qualified doctors [who] make the care of patients their first concern, applying their knowledge and skills in a competent, ethical and professional manner and taking responsibility for their own actions in complex and uncertain situations” Outcomes for Graduates (GMC, 2018; Outcome 1).

This programme has been developed in association with the Swansea University Medicine School (SUMS) but has a distinct philosophy of its own. The programme, and in particular the selection and admissions policy, has been developed to widen participation in medicine and attract those under-represented within medicine and those from a non-standard (who are not from a purely science based) background to ultimately support recruitment to the local health workforce. The programme is graduate entry and positioned to be attractive to those already in social or health care backgrounds who aspire to bring their real-world experience and expertise into medicine.

The programme will address all core MBChB requirements as stipulated by the General Medical Council (GMC) and will prepare students for any branch of medicine via the normal

postgraduate training routes. However, the programme is specifically designed to enthuse graduates to become doctors with a generalist approach with experience in community and rural health care.

The programme includes a number of innovative features and developments in medical education internationally. These include:

- The use of Problem Based Learning (PBL) which anchors learning in a clinical context.
- The curriculum has been developed in a spiral fashion, revisiting topics in an integrated programme of consultation, examination and procedural skills emphasising real patient contact.
- A Longitudinal Integrated Clerkship (LIC) for the first predominantly clinical year (Year 3) in which students will be based in the community, using a GP practice as the Hub, learning to participate in care delivery and following key patients through their hospital and specialist treatment experiences.
- The Student Selected Project and patient case studies where students can explore topics related to their interests or specialist clinical areas.

13. Intended learning outcomes and learning, teaching and assessment methods

The programme adopts a spiral curriculum, utilising the three themes of professional capabilities for safe, effective and high-quality medical care set by the GMC:

- Professional values and behaviours
- Professional skills
- Professional knowledge

The table below maps the Programme Specification learning outcomes to those of the GMC [Outcomes for Graduates 2018](#). Each of these outcomes is addressed in each of the Modules revisiting earlier learning in a spiral manner. This means the later modules will cover outcomes in more clinical depth and seek opportunities for students to apply their knowledge and practise their skills. The module specification documents categorise these outcomes according to the summarised GMC OfG groupings.

Table 2: knowledge and understanding outcomes and how they relate to GMC Outcomes for Graduates

Knowledge and Understanding		
LO no.	On successful completion of the named award, students will be able to:	GMC Outcomes for Graduates
1.	Demonstrate knowledge of the principles of the legal framework in which medicine is practised in the jurisdiction in which practice is carried out, and have awareness of where further information on relevant legislation can be found	4
2.	Demonstrate how patient care is delivered in the health service.	20

Knowledge and Understanding		
3.	Recognise that there are differences in healthcare systems across the four nations of the UK and know how to access information about the different systems, including the role of private medical services in the UK.	21
4.	Apply biomedical scientific principles, methods and knowledge to medical practice and integrate these into patient care. [This must include principles and knowledge relating to anatomy, biochemistry, cell biology, genetics, genomics and personalised medicine, immunology, microbiology, molecular biology, nutrition, pathology, pharmacology and clinical pharmacology, and physiology].	22
5.	Explain and illustrate by professional experience the principles for the identification, safe management and referral of patients with mental health conditions	23

Table 3: cognitive and intellectual skills outcomes and how they relate to GMC Outcomes for Graduates

Cognitive and Intellectual skills		
LO no.	On successful completion of the named award, students will be able to:	GMC Outcomes for Graduates
6.	Recognise complexity and uncertainty. And, through the process of seeking support and help from colleagues, learn to develop confidence in managing these situations and responding to change.	6
7.	Recognise the role of doctors in contributing to the management and leadership of the health service.	8
8.	Make appropriate clinical judgements when considering or providing compassionate interventions or support for patients who are nearing or at the end of life, demonstrating the need to involve patients, their relatives, carers or other advocates in management decisions, making referrals and seeking advice from colleagues as appropriate.	15
9.	Apply social science principles, methods and knowledge to medical practice and integrate these into patient care	24
10.	Apply the principles, methods and knowledge of population health and the improvement of health and sustainable healthcare to medical practice.	25
11.	Apply scientific method and approaches to medical research and integrate these with a range of sources of information used to make decisions for care.	26

Table 4: Skills and capabilities related to employment outcomes and how they relate to GMC Outcomes for Graduates

Skills and capabilities related to employability		
LO no.	On successful completion of the named award, students will be able to:	GMC Outcomes for Graduates
12.	Demonstrate safe practice and participate in and promote activity to improve the quality and safety of patient care and clinical outcomes.	5
13.	Recognise and identify factors that suggest patient vulnerability and take action in response.	7
14.	Learn and work effectively within a multi professional and multi-disciplinary team and across multiple care settings	9
15.	Carry out an effective consultation with a patient.	11
16.	Work collaboratively with patients and colleagues to diagnose and manage clinical presentations safely in community, primary and secondary care settings and in patients' homes.	12
17.	Perform a range of diagnostic, therapeutic and practical procedures safely and effectively	13
18.	Work collaboratively with patients, their relatives, carers or other advocates to make clinical judgements and decisions based on a holistic assessment of the patient and their needs, priorities and concerns, and appreciating the importance of the links between pathophysiological, psychological, spiritual, religious, social and cultural factors for each individual.	14
19.	Give immediate care to adults, children and young people in medical and psychiatric emergencies and seek support from colleagues if necessary.	16
20.	Recognise when a patient is deteriorating and take appropriate action.	17
21.	Prescribe medications safely, appropriately, effectively and economically and be aware of the common causes and consequences of prescribing errors.	18

Table 5: Transferable/key skills outcomes and how they relate to GMC Outcomes for Graduates

Transferable/key skills		
LO no.	On successful completion of the named award, students will be able to:	GMC Outcomes for Graduates
22.	Behave according to ethical and professional principles.	2

Transferable/key skills		
23.	Demonstrate awareness of the importance of their personal, physical and mental wellbeing and incorporate compassionate self-care into their personal and professional life.	3
24.	Communicate effectively, openly and honestly with patients, their relatives, carers or other advocates, and with colleagues, applying patient confidentiality appropriately.	10
25.	Use information effectively and safely in a medical context, and maintain accurate, legible, contemporaneous and comprehensive medical records.	19

These learning outcomes will be assessed across the modules as outlined in table 6 below. Furthermore, each module will be assessed through assessment elements as outlined in table 6. Each assessment element is equally weighted within the module. Each module specification provides further details about the content and requirements of each assessment element.

Table 6: Outline of course modules and assessment elements

Year	Level of study	Module Code	Module Title	Assessment elements (more information about each element and how it is assessed is outlined in the Module Specifications.)
Year 1	Level 5	TCMS 2001	Foundations of Medicine 1	Knowledge test OSCE Portfolio Student Selected Project Case Study 1 Anatomy Spotter Data and Image Interpretation
Year 2	Level 6	TCMS 3001	Foundations of Medicine 2	Knowledge test OSCE Portfolio Case Study 2 Anatomy Spotter Data and Image Interpretation
Year 3	Level 7	TCMS 4001	Practice of Medicine 1	Knowledge test OSCE Portfolio Data and Image Interpretation
Year 4	Level 7	TCMS 4002	Practice of Medicine 2	Knowledge test Medical Licencing Assessment Applied Knowledge Test OSCE (the Medical Licencing Assessment Clinical and Professional Skills Assessment) Portfolio

Learning, teaching and assessment

The MBChB programme is a student-centred experiential learning curriculum that fully integrates theory with practical learning across both Phase 1 and 2 in a spiral nature, revisiting earlier topics to learn in more depth. Learning will feature an emphasis on problem-based learning [PBL], a flipped-classroom approach with access to recorded materials, early patient contact, an assessment that utilises low stakes assessments to ensure regular feedback, and a community-orientated approach with clinical placements. There are opportunities for interdisciplinary learning both on campus and in practice placements. Central to learning, teaching and assessment across the programme is the integration of theory with professional practice, to encourage medical graduates to be competent and critical practitioners.

The ethos of the course and its design is to bring students into contact with patients and their stories and to support the students' self-directed learning. The faculty and their NHS partners will do three things: provide students with clear learning outcomes, so they know what they should be doing to graduate; provide 'signposts' to guide their learning; and watch, guide and provide feedback on their practice and interactions with patients.

Lectures and introductory sessions will provide the signposts, small group discussions, such as Problem Based Learning (PBL), will help students to organise their thinking by being challenged and by challenging others, demonstrations and practical sessions will provide both learning material and 'hands on' experience. Online material will be an additional resource.

In clinical placements, students become part of the team, meeting and starting to learn how to consult with patients. This will involve speaking with patients, practising clinical examination and procedural skills, and working in multi-professional teams. Students will be encouraged to be proactive in maximising their own experience and learning whilst in clinical placements as guided by their required learning outcomes.

Learning and Teaching

Students learn through a wide range of methods, including structured lectures, case studies, directed study, group work including scenario, problem and enquiry-based learning, group and individual tutorials, with the additional support of simulation and using the virtual learning environment.

Key topics are covered in lectures, with tutorials and group work providing opportunity for peer group and whole class discussions, facilitating increased understanding, analysis and application to real world situations. This runs in parallel to the contextualisation provided by authentic patient interaction.

In addition, meetings with Personal Academic Tutors are scheduled on at least four occasions in the first year and three occasions in each of the other years of the course.

The University places emphasis on enabling students to develop the independent learning capabilities that will equip them for lifelong learning and future employment, as well as academic achievement. A mixture of independent study, teaching and academic support from Student

Services and Library Services, and also the Personal Academic Tutoring system enables students to reflect on progress and build up a profile of skills, achievements and experiences that will help them to flourish and be successful.

Phase One (Years 1 & 2)

The main aspect of learning and teaching is the 'learning week'. Each week is built around a clinical problem or patient presentation. Lectures are used to set the scene and the learning outcomes of the PBL groups are set by the "learning week" clinical problem or patient presentation. Relevant anatomy, physiology, radiology and pathology is studied in small groups with models and images (dissection is not used). Students learn consultation skills (history and examination and clinical reasoning) in small groups using role play with each other or with simulated patients (actors) and simulation. Public health, psychology, social science, medical ethics and law are learned in context of the topic week in lectures and small groups. There is self-directed learning (SDL) timetabled each week.

Approximately every 3rd week, students spend a day with a local general practitioner based at their surgery, observing their interaction with patients, learning about and from other members of the primary healthcare team, and being observed themselves with patients as they put into practice the skills they have learnt in the medical school.

For 4 weeks in Year 1 and a total of 10 weeks in Year 2 students are attached full-time to a variety of hospital placements. The aim is not to acquire specialist knowledge, but to engage students with the clinical environment for a significant period, so that they will acquire a deep understanding of what it means to be a doctor and what they need to know and be able to do in order to practise.

Phase Two (Years 3 and 4)

Phase Two is largely placement-based. Half the time is spent in community attachments (largely but not entirely based in general practice) and the other half in secondary care in the local hospitals of Worcestershire, Gloucestershire and Herefordshire. During this time students learn to take increasing responsibility for the care of patients, culminating in the 'senior assistantship' where they ideally shadow the post that they will occupy on qualification. The emphasis is always on the acquisition of the general skills of clinical competency as expressed in the Outcomes for Graduates (GMC, 2018) rather than a long series of narrow specialist attachments. Their named Educational Supervisors are responsible for overseeing their clinical educational experiences and also providing support whilst on placements, acting as their PATs. During Year 4 there is an Independent Preparation for Practice period where students can choose, with advice, a placement either in the UK or abroad which further prepares them for practice fitting with their learning needs and interests.

Contact time

The total of all taught hours per year is detailed in the module specifications. Teaching time is up to 24 hours a week which will be spent in group work and face to face teaching and learning, on campus or on placement. A further 4-8 hours of self-directed study are timetabled.

Whilst in placement, students will be expected to attend core hours 9-5pm, with the additional experience of out of hours on-call or emergency work expected of registered doctors.

Independent self-study

In addition to the timetabled hours which include 4-8 hours of self-directed study, students are expected to undertake around a further 10 hours of personal self-study which is not timetabled per week. Typically, this will involve reading journal articles and books, undertaking research in the library and online, preparing coursework assignments and preparing for examinations.

This is supported by a range of excellent learning facilities, including the Hive and library resources, the virtual learning environment, and extensive electronic learning resources. All the major hospitals have dedicated learning and teaching facilities. Extensive electronic resources are available on all clinical sites.

Teaching staff

Students will be taught by a teaching team whose expertise and knowledge are closely matched to the content of the modules on the course. The team includes staff from many backgrounds. In Phase 1, staff represent the biological and clinical science, sociology and psychology as applied to medicine and public health. Students are also supported by clinicians, both medical practitioners and members of other health professions, to gain the essential skills of consulting with patients and in acquiring the knowledge and skills of a medical professional. Clinical staff will guide students in learning both knowledge and practical skills but will also act as role-models.

In the later Phase 2 and on placements tutors will be largely practicing clinicians: general practitioners, consultants and their staff. Teaching is informed by research and clinical practice with all staff with a significant teaching role having received appropriate training. It is a GMC requirement for Educational Supervisors to receive appropriate training and to maintain their knowledge and skills through accreditation and annual appraisal. University academic staff are expected to have, or be in the process of acquiring, Advance HE accreditation.

14. Assessment strategy

Assessments at TCMS aim to drive learning and demonstrate to stakeholders (including students, regulators and the public) that TCMS graduates are safe, competent and have the required knowledge, skills and professional values expected. The TCMS assessment strategy has at its core quality assurance practices which are applied to the design, delivery, and evaluation across all forms of assessments, and is communicated through the TCMS assessment strategy and code of practice for examinations. This document directs the philosophy and structure of TCMS MBChB summative and formative assessments, and importantly also aligns with the philosophies and structures of SUMS. A summary of the TCMS assessment strategy and code of practice for examinations is in the assessment section of the blackboard course page.

Key Assessment Formats

The key elements of assessments students at TCMS will be required to undertake across the programme will include:

- **Knowledge Test:** Knowledge tests are comprised of Single Best Answer Multiple Choice Questions (SBAMCQs). SBAMCQs test the application of professional knowledge to clinical scenarios, and the integration of complex information to arrive at the single most plausible answer. Each SBAMCQ will be comprised of a scenario, which will usually be a clinical problem, a lead-in which poses the question and a list of 5 options, one of which is the correct answer. There will be three knowledge tests in the first year, and two knowledge tests in the second, third and fourth year. In the final year, the last set of knowledge tests will be the Applied Knowledge Test component of the Medical Licencing Assessment (AKT - MLA). This format of assessment is standard set to confirm the pass mark, and identify individual question cut-offs.
- **Observed Structured Clinical Examinations:** Practical or performance assessments, most commonly modelling a consultation, or part of a consultation, with a real or simulated patient. The OSCE assessment is a practical examination that consists of multiple stations where each candidate is asked to perform a defined clinical task in the presence of an examiner. The final year, OSCE assessment will be the Clinical and Professional Skills Assessment component of the Medical Licencing Assessment (CPSA - MLA). This form of assessment is standard set to confirm the pass mark.
- **Electronic Learning Portfolio:** The portfolio will include a range of assessments and required activities including clinical skills logbook, integrated consultation skills assessments, end of placement reports, reflective writing and LOCS. A detailed description of the portfolio and its relationship to outcomes for graduates and the MLA are outlined in the next section.
- **Anatomy Spotter:** In Years one and two the spotter is a practical examination of anatomical knowledge. A series of questions are asked in two papers that require the identification of anatomical structures or functions. This format of assessment is standard set to confirm the pass mark.
- **Data and image interpretation exam (Short Answer Questions).** In years one, two and three students will sit a Data and Image Interpretation Exams. This is a computer-based, multiple question written examination. Questions test interpretation of clinical signs and symptoms including clinical images; clinical data; research data; investigations and results; and relevant anatomy. This format of assessment is standard set to confirm the pass mark.
- **Written reflections, projects and case studies:** Throughout the course students will be required to critically engage with and produce a range of written reflections, projects and case studies. This series activities reflects tasks commonly undertaken by doctors in training. Each task builds on the skills learned in the prior task as well as reinforcing the general principles academic writing, referencing, presentation and application of clinical knowledge and skills. For example, in the student selected project, students choose their own topics to provide them with the opportunity to explore areas of their own interest, to increase ownership of their learning. These assessments are subject to moderation procedures as outlined in the University of Worcester Assessment policy.

Blueprinting of TCMS assessment structure and individual assessments

Blueprints are used to define the structure and content of assessment against national and professional standards. TCMS assessments blueprints are based on Outcomes for Graduates (GMC, 2018) and the Medical Licencing Assessment Content Map ([mla-content-map-pdf](#) - GMC 2021).

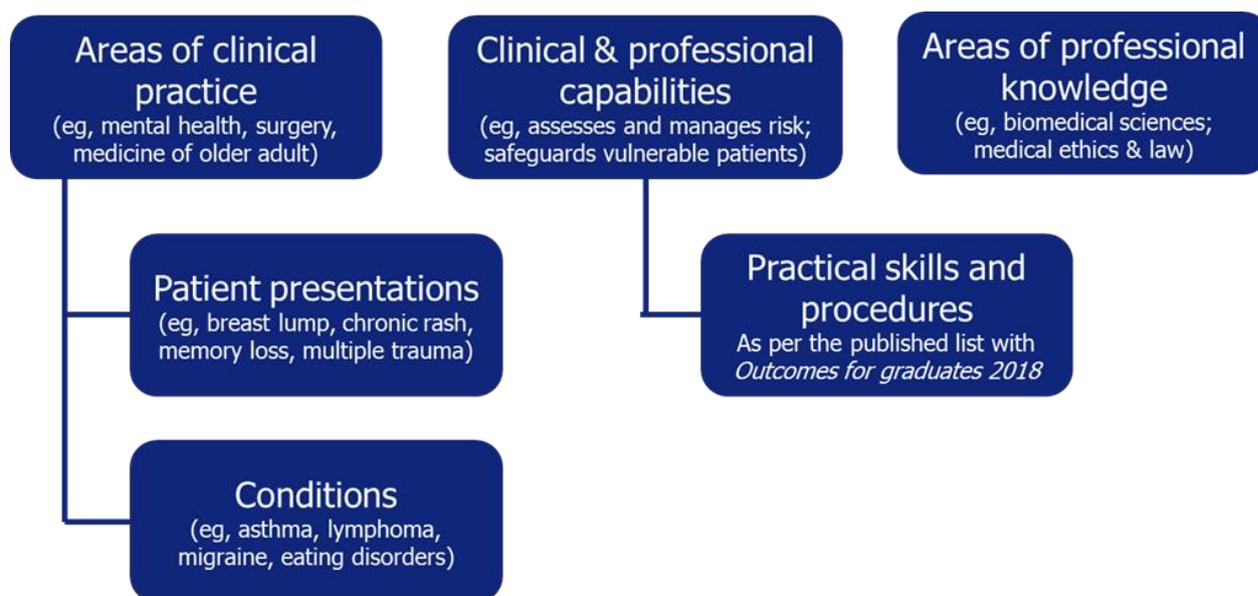
These frameworks are used to inform the overall structure of assessments (see table 7), however, they are also used to inform the types of questions selected for each assessment type.

Table 7: Outcomes for Graduate themes broadly mapped to key assessment categories on the TCMS MBChB (it should be noted that this is broad and general mapping, and themes are tests across multiple assessment formats).

Themes	Module Learning outcome	Assessment formats
Professional values and behaviours	Professional and ethical responsibilities	Assessed primarily through the Learning Portfolio.
	Legal responsibilities	
	Patient safety and quality improvement	
	Dealing with complexity and uncertainty	
	Safeguarding vulnerable patients	
	Leadership and team working	
Professional skills	Communication and interpersonal skills	Assessed primarily through multiple Observed Structured Clinical Examinations Anatomy Spotter Data and Image Interpretation Exam, Case Studies and Student Selected Project
	Diagnosis and medical management	
	Prescribing medications safely	
	Using information effectively and safely	
Professional knowledge	The health service and healthcare systems in the four countries	Assessed primarily through a knowledge test comprised of single best answer multiple choice questions, Case Studies, the student selected project, anatomy spotter and the Data and Image Interpretation Exam
	Applying biomedical principles	
	Applying psychological principles	
	Applying social science principles	
	Health promoting and disease prevention	
	Clinical research and scholarship	

Assessments are also mapped to the MLA content map. Figure 1 below presents a high-level structure of the map and outlines the key areas the GMC expect students to be assessed in, particularly to ensure assessment have prepared students to undertake the medical Licencing Assessment. Written assessments are explicitly mapped to the Areas of Knowledge and clinical and professional assessments are mapped to Clinical and Professional Capabilities.

Figure 1: Overview of the MLA content map.



Electronic Learning Portfolio

Individual students are responsible for collating evidence and completing all aspects of their own portfolio. The Learning Portfolio is regularly reviewed by the PAT to ensure satisfactory progress and completion. Each aspect of the portfolio will have a completion deadline, where the required work must be completed and submitted by the student. Failure to provide adequate records results in a failure to progress.

The learning portfolio consists of the following activities, assessments and requirements:

1. **Clinical Logbooks** form part of the Portfolio. All practical procedures are the subject of continuous competency assessment. These assessments consist of observation and 'sign off' as part of ongoing integrated clinical method teaching. Each practical procedure is signed off by a qualified assessor; in a simulated setting and in a clinical setting during clinical placements, where appropriate.
2. **Learning Opportunities in the Clinical Setting (LOCS)** records also form part of the portfolio in Years 1 and 2.
3. **Supervisor End of Placement Report:** This assessment is by observation of professional behaviour and clinical activities completed by the clinical supervisor at the

end of each placement period. It includes attendance, punctuality, enthusiasm for learning and clinical skills.

4. **Reflective writing.** Students are required for each clinical placement to complete at least one piece of reflective or narrative writing of approximately 500 words about a clinical incident or observation. The students receive a written response from a member of academic and/or clinical staff. Work judged 'unsatisfactory' may be resubmitted within the academic year. See Section 19 and the Handbooks for more details
5. **Multi-Source Feedback.** Students' professional behaviour is assessed throughout all aspects of the course by multi-source feedback (MSF). The results of each round are returned to students in an anonymous, collated format and discussed in a mandatory meeting with personal tutors/clinical mentors.
6. **Integrated Consultation Assessment Skills iCSA:** This is timetabled to take place twice each year during the Community-based sessions. Each student will be observed taking a history from and examining patients. The key categories of competence assessed will include history taking, physical examination, problem solving and relationship with patients.
7. **Workplace Based Assessments (years 3 and 4 only):** these assessments assess students' clinical performance and provide feedback and preparatory experience for similar postgraduate assessments. The assessment criteria for WPBAs are derived from learning outcomes relating to clinical skills teaching expressed in terms of ability of the student to perform a series of defined clinical tasks. Each student must complete eight assessments in year 3, and a further 8 in year 4.

Throughout the year the portfolio will be subject to continuous assessment. PAT tutors will be tasked with undertaking two formative reviews of portfolio to monitor completion, engagement and issues that maybe arising on placement. Across the year, key milestones for portfolio will be set, and any student failing to achieve the milestones will be referred to the MBChB Student Engagement & Academic Progress Group for consideration. Final decisions about portfolio progress will be ratified at the Board of Examiners.

Where the board of examiners has allowed a retrieval of failure for portfolio work in the reassessment period, appropriate remedial support, and additional placement time during the reassessment period will be arranged.

It should be noted that, in accordance with the Fitness to Practice regulations, there is a clear distinction between 'unacceptable behaviour' (as a fitness to practice issue) and 'professional conduct' as an activity within learning expectations. Placement assessments measure aspects of professional conduct. Fitness to practice issues are dealt with separately under University regulations. These assessments are made against criteria, based on Outcomes for Graduates, published in the appropriate handbooks, by the clinician who has closely supervised the student over the period of the placement. An overall assessment which falls into the 'below expectations' category will be considered by a Practice Panel reporting into the Academic Progress Committee for appropriate remedial support or, by recommendation to the Board of Examiners, supplementary assessment.

Organisation and timing of assessments

The assessment process is designed to provide students with regular assessments; both to provide a stimulus for learning and to provide effective feedback. However, the assessments are also staged to provide students with assessment-free periods for reflection, planning and further learning.

- [Assessment Map and Timetable for year 1.xlsx](#)

Grading, standard setting and moderation

The TCMS MBChB pass mark for graded work is 50%.

The marks for each knowledge test, the OSCE, the anatomy spotter, the data and image interpretation exam will be standard set. While other graded work (including the case study, student selected projects and personal development plan) will be moderated, as outline in table 8 below.

Table 8: Assessment standard setting and pass mark

Assessment elements	Standard set or moderated	Pass-mark
Knowledge test	Angoff	50%
OSCE	Angoff	50%
Portfolio	Moderated	Pass/Fail
Student Selected Project	Moderated	50%
Case Study	Moderated	50%
Anatomy Spotter	Angoff	50%
Data and Image Interpretation Exam	Angoff	50%

The mean score for assessments sat over two or more sittings will be calculated to provide a score for the assessment element.

Reports, projects and essays will be marked using a rubric based on the University of Worcester Generic Grade Descriptors [U0W GenericGradeDescriptors.pdf](#). Adaptation to these grade descriptors will reflect the 50% pass mark for MBChB and the learning outcomes driven by Outcomes for Graduates. The University of Worcester moderation processes ([UoWStandardisationAndModerationGuidance.docx](#)) will be applied to all assessments in this category after marking.

All elements must be passed, there is no compensation allowable between Assessment Elements. Where an assessment element is composed of two or more assessment items compensation between item will apply.

Merits and distinctions

The criteria and cut-offs for the award of merits and distinctions are specified in MBChB regulations. Merits and Distinctions are awarded to students each year. Merits and Distinctions are awarded to students who achieve 60 and 80 percent respectively in their graded assessments for that year. The boundaries of the thresholds described here can be adjusted by

the board of examiners where lower than anticipated numbers of students are achieving merits and distinctions.

Table 10. Grade Boundaries

Grade ranges that define the end of year award boundaries taking account of rounding rules	End of year awards
79.6 - 100	Distinction
59.6 - 79.5	Merit
49.6 - 59.5	Pass
0 – 49.5	Fail

Retrieval of failure (reassessment and retake)

Retrieval of failure will occur for a graded assessment when a student fails to reach above the 50% threshold at the assessment element level. Retrieval of failure will be required for the portfolio when a fail is recorded (fail may be recorded due to non-submission or poor performance).

The board of examiners will ratify all grades and will decide on the outcomes. Following a failed first attempt (known as the take, or main sitting), the first opportunity for retrieval of failure is reassessment (which occurs at the end of the year during the summer reassessment period). Following the reassessment period, the next opportunity to sit the exams is during the following academic year, therefore, a retake of the year is required. Retake is subject to approval by the board of examiners and is only granted if students have been successful in at least 4 of their assessed elements.

Any assessment element subject to reassessment or resit will have the mark capped at a pass when passed.

Students will be notified of the reassessment/retake opportunities in the results notification issued via the secure student portal (SOLE). It is the student's responsibility to be aware of and comply with any reassessments/retakes.

15. Programme structures and requirements

Generally, the blueprint highlights that assessments are mapped to Professional values and behaviours, Professional skills and Professional knowledge are aligned to the the GMC (2018) document Outcomes for Graduates (see table 7). Students must demonstrate competence across these themes by graduation. Each week contains components of Professional values and behaviours, Professional skills and Professional knowledge and builds on the knowledge and skills already acquired.

The structure of assessments are outlined in the module specifications, and the map of assessments. Students must satisfy the examiners in each Assessment Element separately and in each year to progress through the course and to graduation.

The programme requirements are outlined in the MBChB regulations, and the TCRF.

16. QAA and professional academic standards and quality

This award is located at level five of the Framework for Higher Education Qualification (FHEQ) in year one, level six in year two, and at level seven in years three and four. The Outcomes described above are congruent with the Level descriptors in The Framework for Higher Education Qualifications of Degree-Awarding Bodies in England, Wales and Northern Ireland (officeforstudents.org.uk-sector-recognised-standards.pdf)

The General Medical Council will, subject to the results of its inspections, recognise the degree as a Primary Medical Qualification (PMQ) allowing graduates to register under the Medical Acts (1983).

17. Support for students

The University Personal Academic Tutoring Policy is central to the course and to the student support system within the University. In this scheme every student is allocated a personal academic tutor (PAT). The purpose of the system which is primarily to support academic development and signpost student welfare services where appropriate, is set out in the policy and associate guidance documents.

The Medical School has a Student Support and Guidance Lead who will coordinate the support of students and with the Lead for PBL and ICM provide guidance for the PATs.

Additional support for medical students includes

- An identified educational supervisor on each clinical placement
- A 'point of contact' member of the educational administrative team on each major hospital site
- Dedicated careers support
- Occupational health

These are hyperlinks to Student Services and the Disability and Dyslexia Service

<http://www.worcester.ac.uk/student-services/index.htm>

<http://www.worcester.ac.uk/student-services/disability-and-dyslexia.htm>

18. Admissions

Admissions policy

The aim is to recruit graduates in any discipline who have the personal qualities and academic abilities to contribute to the health care of the population. We wish to assist in widening entry into the profession and welcome enquiries from individuals from under-represented groups and those who are differently abled.

Our admission process aligns to Health Education England's Values-based Recruitment Framework (2016) and is informed by the Medical Schools Council's 'Selecting for Excellence' Report (2014). During the process of selection, we will carefully consider students who demonstrate the ability, character, attributes and values to become doctors who deliver excellent patient-centred, competent, compassionate, effective and safe care. In considering all applicants, the Medical School will take into account the General Medical Council's standards in Outcomes for Graduates (2018) [outcomes-for-graduates-2018_pdf](#) and the guidelines on Medical Students: Professional Behaviour and Fitness to Practise (2016) [Professional behaviour and fitness to practise \(gmc-uk.org\)](#).

The selection and admissions criteria will be reviewed annually against national guidance by the Three Counties Medical School Admissions and Selection Committee. Those involved in the selection process will also include individuals from health, clinical, academic and lay backgrounds, all of whom will receive procedural and equality and diversity training prior to any involvement.

Applications for the MBChB from Home students should be made via UCAS by the 15th October deadline though we will remain open to receive applications after this date as published on our website. The personal statement and academic reference are used to check for predicted grades or clarification of qualifications studied.

Entry requirements:

In order to be eligible to apply, students must have achieved, or be predicted to achieve, the following (or equivalent):

- either an upper second (2.1) or first-class degree in any subject
- or a merit or distinction (equivalent to 2.1 or first) in an integrated undergraduate Master's degree
- or a lower second (2.2) PLUS a Postgraduate Master's or PhD
- GCSE Mathematics and English at grade C/4

In addition:

- not previously commenced a medical degree in the UK or overseas.
- If the degree is in a non-science subject, students will need to have passed GCSE (or equivalent) at Grade C/4 in two science subjects (maths is not included as a science subject).
- IELTS 7.0 overall with 7 in the speaking component and at least 6.5 in all other components (all candidates from non-English speaking countries)

Degrees awarded in countries other than the UK can be accepted if they are confirmed to be equivalent to awards in the UK system. If more than one undergraduate degree is held, the result from the most recent degree is considered.

Additional requirements:

Aptitude Test:

All candidates are required to undertake an aptitude test prior to application to the MBChB Medicine Programme (UCAT or GAMSAT). Test scores can only be used to support an application in the relevant cycle. If candidates are reapplying, they will need to sit the aptitude test again. We will be unable to consider applications without the completion of a year relevant aptitude test. The aptitude tests that will be considered can be found here:

<https://www.worcester.ac.uk/courses/medicine-mbchb#entry-requirements>

Good Character:

All applicants are expected to meet the GMC (2018) Outcomes for Graduates. To achieve these, applicants must be of good character and must be open and honest about health conditions or disabilities to ensure and uphold public trust. It is essential that any issues which may prevent future registration or impact on a student's practice are declared at the time of application. For example, this includes health, disability, criminal conduct or restrictions on practice imposed by a professional regulatory body. Whilst such declarations will not be taken into consideration in the initial stages of selection, any offers made will be subject to appropriate clearance as detailed below. Occupational health services provide an independent assessment of health related issues.

Applications should be completed honestly and without omissions. The University reserves the right to withdraw any offer of interview or place on the MBChB if it becomes aware of any dishonesty or failure to disclose. University of Worcester may check against the Medical Schools Council Excluded Students Database (ESD) as appropriate.

Age:

Due to the early clinical contact in the first months of the course, students must be a minimum of 18 years of age by 1 November, in the year their course starts. Applicants who apply but would be under 18 by 1 November will be advised to reapply for the following year.

Deferred entry will not be offered to applicants. Applicants who wish to defer will be advised to undertake a full re-application for the subsequent year. A full re-application will also include the need to be re-interviewed if the applicant reaches that stage of the selection process

Disclosure and Barring Service (DBS) requirements

An enhanced Disclosure and Barring (DBS) check will be required on students before they commence the course. Admission is also dependent on satisfactory Occupational Health checks.

Recognition of Prior Learning

The MBChB is not open to applicants who:

- have previously started a medical degree and have failed to progress or withdrawn will not be considered.
- wish to transfer from other medical programmes

No recognition of prior learning (RPL) will be considered on this basis.

Admissions/selection criteria

The selection process is designed to identify students who have the academic ability and characteristics that would allow them to become excellent doctors. We expect applicants to be familiar with the NHS, NHS constitution and the General Medical Council (GMC) requirements of medical students. We will be looking for applicants to demonstrate throughout the selection process their professional attitude and commitment to the values of healthcare professionals.

Stage 1: Application Screening Against the Standard Academic Criteria

All applications will be screened to determine whether they meet the standard academic criteria. Applications which do not meet the minimum eligibility and academic criteria will not be progressed to the next stage.

Stage 2: Aptitude Test Ranking

Applicants who meet the minimum academic criteria will be ranked according to their aptitude test scores. A threshold will be set depending on the number of interviews to be held.

Applicants who meet the threshold will be invited to interview. The threshold set may differ from year to year as it is dependent on the scores achieved by those who apply in each admissions cycle.

The threshold may be extended for candidates who meet specific widening participation criteria as advertised on our website. Priority for interview will be considered for those applicants who have:

- A Three Counties (Herefordshire, Worcestershire and Gloucestershire) address
- University of Worcester graduate
- Currently work in the NHS
- Have a current address in an underrepresented area
- Have parents who did not go to university or who do not have a HE qualification
- Have previously been in local authority care
- Have refugee status

Stage 3: Interview

All candidates who progress from stage 2 will be required to attend interview. The interview will assess an applicant's enthusiasm for medicine and ability to problem solve.

Candidates will also be required to also complete a Situational Judgment test (SJT).

Performance in both the SJT and interview will be combined. Applicants will be ranked according to their overall score and offers made to the top students. Offers will be made to candidates who have the highest combined scores subject to the below additional requirements.

Stage 4: Additional Requirements

As outlined in the entry criteria, if candidates accept an offer, they will be required to complete a Declaration of Health questionnaire and may be contacted by the University's nominated Occupational Health Service provider and/or be required to attend an appointment with them.

Candidates will also be required to apply for a Disclosure and Barring Service (DBS) Enhanced Disclosure indicating that you meet the mandatory criteria of 'Clearance to Work with Children and/or Vulnerable Adults'.

19. Regulation of assessment

The MBChB operates under Regulations that for reasons of professional, regulatory and statutory body requirement are a modified version of the University of Worcester Taught Courses Regulatory Framework (TCRF). Therefore, MBChB operates under The University of Worcester TCRF, with key modifications outlined in the University's Bachelor of Medicine and Bachelor of Surgery (MBChB) Regulations.

The MBChB regulations and the TCRF are not repeated or summarised here. The MBChB regulations are appendix 2 of the TCRF.

<https://www2.worc.ac.uk/registryservices/documents/TaughtCoursesRegulatoryFramework.pdf>

Requirements for Awards

The following awards will be available to students who meet the following minimum requirements at the levels shown or at a higher level:

Table 11: Requirements for award

Award	Requirement
Certificate of Higher Education (CertHE) Medical Studies	Minimum of 150 credits at Level 5 or higher
Diploma of Higher Education (DipHE) Medical Studies	Minimum of 300 credits at Level 6 or higher
Degree without Honours BSc Medical Studies	Minimum of 450 credits including 150 credits at Level 6 and 150 credits at level 7
Bachelor of Medicine, Bachelor of Surgery (MBChB)	Minimum of 600 credits with at least 150 credits at Level 5 and 150 credits at Level 6 and a minimum of 300 credits at Level 7

20. Graduate destinations, employability and links with employers

Graduate destinations: although the NHS is by far the largest employer, there are others such as the universities, the services and local authorities. Graduating students are encouraged to complete their postgraduate 2-year Foundation Training which enables doctors to then apply for specialty training. Training for less than full-time is well established in the NHS which makes it a supportive destination for TCMS differently-abled graduating doctors or those with caring or other responsibilities.

Employability: Doctors are in short supply and employment rates for new graduates are between 98-100%.

Link with employers: the medical course has a large component delivered in the NHS. All postgraduate career paths involve much additional study and examinations but there are many opportunities within the Three Counties for progression in almost any branch of medicine and the Postgraduate Deans and their teams are well placed to advise.

Students are able to volunteer during their studies and often find this very rewarding providing experience in both community and healthcare settings before qualification. The medical school will engage with local healthcare providers and its partners to develop expanded NHS placement capacity to ensure our students have opportunities to sustain and increase the local NHS workforce.

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 s/he 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 can be found in associated course documentation e.g. course handbooks, study guides and module specifications.

Award map for:

Table 12: heading for course title

Course Title: Bachelor of Medicine, Bachelor of Surgery
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Table 13: award map for Bachelor of Medicine, Bachelor of Surgery

Module Code	Level	Module Title	Credits (Number)	Status (Mandatory (M) or Optional (O))	Pre-requisites (Code of Module required)	Co-requisites/ exclusions and other notes*
TCMS2001	Level 5	Foundations of Medicine 1	150	M	None	None
TCMS3001	Level 6	Foundations of Medicine 2	150	M	TCMS2001	None
TCMS4001	Level 7	Practice of Medicine 1	150	M	TCMS2001, TCMS3001	None
TCMS4002	Level 7	Practice of Medicine 2	150	M	TCMS2001, TCMS3001, TCMS4001	None