The University of Newcastle

FACULTY OF MEDICINE
HANDBOOK

CALENDAR 1990
VOLUME 8
The University of Newcastle Calendar consists of the following volumes:

Volume 1 — Legislation
Volume 2 — University Bodies and Staff
Volume 3 — Faculty of Architecture Handbook
Volume 4 — Faculty of Arts Handbook
Volume 5 — Faculty of Economics and Commerce Handbook
Volume 6 — Faculty of Education Handbook
Volume 7 — Faculty of Engineering Handbook
Volume 8 — Faculty of Medicine Handbook
Volume 9 — Faculty of Science and Mathematics Handbook

Also available are the Undergraduate Guide and Postgraduate Prospectus

This volume is intended as a reference handbook for students enrolling in courses conducted by the Faculty of Medicine.

The colour band, Rhodochrosite BCC14, on the cover is the lining colour of the hood of Bachelors of Medicine of this University.

The information in this Handbook is correct as at 1st December, 1989.

ISSN 0159 — 3471

Recommended Price: Four dollars and fifty cents plus postage.
Welcome to the Faculty of Medicine at the University of Newcastle. Those of you entering so exactly twelve years after the foundation class. We are very pleased to learn of the high reputation of our graduates. Documented in a number of papers that are available through the Dean's approaches 1975 with a specific mandate to explore new approaches to medical education and to focus our priorities on the needs of the community and specifically on this community in the Hunter Valley. You will already be aware of the great care we take in the selection of medical students. We have now completed a study which has demonstrated the special value of the interview as a way to get to know the personality of each student. The same applies in any community in which you may ultimately settle and the same applies to the community of the University. It is very easy for medical students to stay apart from the rest of their colleagues and this happens rather easily because you are often out in the hospitals. You need relaxation and you need contact with students in other disciplines, so try to avoid the isolation.

A major priority for the medical school is to respond both with research and, in our curriculum, to the broad needs of the community. This community here in particular but also communities in Australia and elsewhere in the world. To that end you will be working in the community getting to grips with methods of social science and epidemiology and have much experience in general practice, in country hospitals and in community settings generally. Many of the problems you will be studying will relate to health in the population as a whole and will address the rising priorities of preventive health education and social and emotional issues as they affect health. Our immediate community is Newcastle. It is a working industrial city with fine beaches and fine country up in the Hunter Valley. Some people find they keep their roots in their home town and tend to dash away at weekends. That is no way to get to grips with the community or to feel part of it. The more you identify with this community and get into it the more you will feel part of it and learn what is necessary to serve it. The same applies in any community in which you may ultimately settle and the same applies to the community of the University.

In the first introductory week and during the rest of your time here you will be presented with many detailed documents to assist you to take up what for many will be a new and unusual approach to education. Our aim is to help you to study and think for yourselves, to do so with scientific rigour and with insights into the social and personal needs of our community. Much of your work will be in small groups guided by a Faculty tutor and you will focus your work around medical problems of individual patients or communities. You will learn all the basic sciences that underpin clinical medicine but you will not do so in separate isolated courses. Rather, our curriculum is integrated using the method of problem solving to achieve that integration. You will find the curriculum organised according to five domains of activity. These are Professional Skills, Critical Reasoning, The Identification, Prevention and Management of Illness, Population Medicine and Self-Directed Learning. These will allow you to achieve a wide range of skills and knowledge that will equip you for your future to pursue a career in any direction that appears most appropriate. You will be seeing patients from the beginning and that will help you achieve a sense of reality and develop your ability to communicate and assist patients to communicate with you. Not everybody you will see will be ill for we emphasize developing your skills and counselling in times of trouble in preventive care and in advice about lifestyle as it affects health.

You will find the curriculum organised according to five domains of activity. These are Professional Skills, Critical Reasoning, The Identification, Prevention and Management of Illness, Population Medicine and Self-Directed Learning. These will allow you to achieve a wide range of skills and knowledge that will equip you for your future to pursue a career in any direction that appears most appropriate. You will be seeing patients from the beginning and that will help you achieve a sense of reality and develop your ability to communicate and assist patients to communicate with you. Not everybody you will see will be ill for we emphasize developing your skills and counselling in times of trouble in preventive care and in advice about lifestyle as it affects health.
FACULTY OF MEDICINE STAFF

Dean J D Hamilton, MB, BS(Lond), FRCP, FRCPCan
Deputy Dean G M Kellerman, MB, BS, MSc(Syd), FAACB, FRACP, FRCPA
Sub-Dean D A Powis, BSc, PhD(Lond)
Faculty Secretary B J Kelleher, BE, BCom

DISCIPLINE OF ANATOMY
Professor R M Clarke, MA, MD, BChir(Camb), PhD, FRACS
Associate Professor N. Bogduk, BSc(Med), MBBS(Syd), PhD(NSW), DipAnat(ASANZ), HonMMTAA
Senior Lecturer J W Heath, BSc, PhD(Melb)
Senior Technical Officer L Rogers, BSc(Harris College Virginia)

DISCIPLINE OF BEHAVIOURAL SCIENCE IN RELATION TO MEDICINE
Professor R Sanson-Fisher, MPsyCh, PhD(W Aust), ABPsS, MAPsS
Senior Lecturer K R Mitchell, MSc, PhD(NSW)
Clinical Senior Lecturer T C Waring, BA, MSc, MAPsS

Lecturers
S Redman, BA, PhD(Well)
R A Walsh, BA, DipEd(Macq)

Clinical Lecturers
M R Ervington, BA, LLB(Syd), LLM(Lond)
W Wilks, RGN(NZ), RPN

Professional Officer J Wiggers, BA
SECTION ONE
FACULTY OF MEDICINE STAFF

DISCIPLINE OF CLINICAL PHARMACOLOGY

Professor A J Smith, MA, DM, BCh(Edin), FRCP

Senior Lecturers
L A Chahal, MSc, PhD(Qld)
D A Henry, MB, ChB(Ohio), FRCP

Clinical Lecturer J M Whyte, MB, BS(Qld), FRACP

Professional Officer P Bore, BSc

Research Officer J F Gerkens, BSc, PhD(Melb)

DISCIPLINE OF COMMUNITY MEDICINE

Professor R F Heller, MB, BS(Lond), FRACP (Clinical Epidemiology)

Associate Professors
M J Hendley, MB, BS(Edin), FRACP
A L A Reid, MB, BS(Lond), FRACP (General Practice)

Senior Lecturers
D B Evans, BSc(Res), MSc, PhD(ANU) (Health Economics)
H N Higgsbotham, BA(US International), MA, PhD(Hawaii) (Health Social Science)
J E Stuart, MB, BS(Wausau), DCH(Lond), FRACP (joint appointment Community Medicine — Paediatrics)

Lecturers
J A Dickinson, MB, BS(Qld), PhD, FACCIP(Canada) (General Practice)
D L O’Connell, BMath, PhD (Biostatistics)
A Sambharvanam, BSc(Triv), MSc, PhD(India) (Biostatistics)

Clinical Lecturers
H N Rose, MB, BS(Yd), MRACP, DCH(Lond), FRACP

Fellows
P Hopkins, MB, BS(NSW), FRACP (General Practice)

Professional Officers
D Lloyd, BA, DipEd
L Penrice, BA(Bio)

DISCIPLINE OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH

Professor G G Christie, MB, BS(Qld), MD(Lond), FRACP, FFOM, FACOM

Senior Lecturer A M Brown, MB, BS(Melb), MPhE(Monash), FACOM

Fellow G Dange, MB, ChB, DPhil, DIH(Edin), MFOM, FACOM

Occupational Hygienist P Davey, BSc, DipOHISM(NCAE), MAIOH

DISCIPLINE OF HUMAN PHYSIOLOGY

Professor S W White, MB, BS(Yq), MD(NSW)

Senior Lecturers
R L B Neame, MA, MB, BCh(Edin), PhD(Lond)
D A Poole, BSc, PhD(Lond)
A W Quail, MB, BS(Yq), MD, FFARACS

Senior Research Fellow D Van Helden, BH, PhD(NSW)

SECTION ONE
FACULTY OF MEDICINE STAFF

DISCIPLINE OF MEDICAL BIOCHEMISTRY

Professor O M Keilman, MB, BS, MS(Yq), FAACB, FRACP, FRACPA

Associate Professor P R Dunkley, BSc, PhD(Melb)

Senior Lecturer J A P Rustas, BSc, PhD(Monash)

Senior Technical Officer J Jarvie, BSc

Research Officer S Bunn, BSc(Surrey), PhD(Lond)

DISCIPLINE OF MEDICINE

Professor N A Saunders, MB, BS, MD(Yq), FRCP, FRACP

Associate Professors
S L Carney, MB, BS, PhD(Melb), FRACP
R Smith, MB, BS(Yq), PhD(Lond), FRACP

Clinical Associate Professors
J M Daggan, MB, BS, MD(Yq), FRACP, FRCP
J T Nair, MB, BS(Yq), FRACP
P S Moffa, MB, BS(Yq), MRCGP(Ed)
R S Naura, MB, BS(Kinayo), FRACP

Senior Lecturers
A H B Gligis, MB, ChB(NZ), PhD, FRACP
V J McPherson, MB, BS(Yq), FRCPA
L G Olen, BSc(Melb), MB, BS(Yq), PhD, FRACP

Lecturer J S Silberberg, MB, BCh(Witswaterrand), MSc(McGill), FRACP

Clinical Lecturers
S. Ackland, MB BS(Melb), FRACP
B Bastian, MB, BS(Yq), FRACP
B Chapman, MB, BS(Yq), FRACP
P G Curtice, MB, BS(Yq), FRACP
D A Pleiss, MB, BS(Yq), MRCGP(Ed), FRACP
J Fowler, MB, BS(Yq), FRACP
A Foley, BSc(Med), MB, BS(Yq), MSc(Monash), FRACP
C A Heller, MB BS(Lond), DMED, FRCP
B F Jones, MB, BS(Melb), MRCP
G A C Major, MB, BS(Yq), FRACP
B Nair, MB BS(Kerado), MRCGP
G H Rapasa, MB, BS(Yq), FRACP
N Salton, MB, BS(Yq), MRCGP, MRCGP, FRACP, FCCP
J A R Suppe, MB BS(Yq), DDIM, FACD
P Trevillian, MB, BS(Yq), FRACP
T J Woolard, MB, BS, DPhil(Syd), FRACMA, FACRM, FACOM

Professional Officer C D Rye, BSc(Monash), PhD

DISCIPLINE OF PEDIATRICS

Professor T J C Boulton, BSc, MD, ChB(Edin), FRACP

Senior Lecturer R L Henry, MB, BS(Yq), DipClinEpid, FRACP

Clinical Lecturers
D Anderson, MB, BS(Yq), FRACP
R G Evans, MB, BS(Adel), FRACP

Professional Officer J A Seal, BAppSc(WA), GradDipDiet(Curtin)
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<th>FACULTY OF MEDICINE STAFF</th>
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<tbody>
<tr>
<td><strong>DISCIPLINE OF PATHOLOGY</strong></td>
</tr>
<tr>
<td>Professor R L Chetty, BSc(Med), MB, BS(Syd), PhD(Monash), FRACP, FRCPCan</td>
</tr>
<tr>
<td>Professor of Anatomical Pathology K Donn, MB BS, PhD(QMl), FRCPath, MRCPath, FRACMA, FRACS</td>
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<tr>
<td>Clinical Professor — Anatomical Pathology S B Bhagwandin, MDChM(Natu), FRCPA, FRCPath</td>
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<tr>
<td>Associate Professors</td>
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<tr>
<td>R B Barry, BSc(VetSyd), PhD(ANU), MA, Soc(D(Camb) (Microbiology)</td>
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<tr>
<td>A J Hunt, BSc(Env), PhD(Syd) (Immunology)</td>
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<tr>
<td>G A Tanouck, MSc(WAust), PhD(ANU) (Microbiology)</td>
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<tr>
<td>Clinical Associate Professor D A Sutherland, BSc(Auck), MB, ChB(Otago), FRACS (Anatomical Pathology)</td>
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<tr>
<td>Senior Lecturer B Young, BSc(St Andrews), MB ChB(Auss), MRCPA, FRCPA/Anatomical Pathology)</td>
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<tr>
<td>Fellow — Anatomical Pathology A Price, MB BS(Syd), FRCPA</td>
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<td>Clinical Lecturers</td>
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<tr>
<td>A W Cripps, BSc(Nat), PhD(Syd) (Immunlogy)</td>
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<tr>
<td>N W Ferguson, MB BS(Syd), MRCPath (Anatomical Pathology)</td>
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<td>Professional Officer G T Pang, MSc, PhD(Auck)</td>
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<td>Senior Technical Officer C S Cardoso, BSc(Bom)</td>
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<td><strong>DISCIPLINE OF PSYCHIATRY</strong></td>
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<tr>
<td>Professor Y J Car, MB, BS, MD(Adel), FRCPCan, FRANZCP</td>
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<tr>
<td>Clinical Professor R Morice, MB, BSc(Meds), MD(NSW), FRANZCP</td>
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<td>Senior Lecturer J C Coles, MB, BSc(Syd), FRANZCP</td>
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<td>Clinical Senior Lecturer H Johnson, MB BS, DPM(Syd), FRANZCP</td>
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<td>Lecturer P L Hazel, BMedSc, MB ChB(Otago), FRANZCP</td>
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<td>Clinical Lecturers</td>
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<tr>
<td>G L Carter, MB BS(Syd), FRANZCP</td>
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<td>S D Robinson, MB, BS, DPM(Lond), MRCPsych, FRANZCP</td>
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<tr>
<td>G P Steele, MB BS(Syd), FRANZCP</td>
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<td>Professional Officer T Lewin, BCom(Arts)(NSW)</td>
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<td><strong>DISCIPLINE OF REPRODUCTIVE MEDICINE</strong></td>
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<tr>
<td>Professor W A Walters, MB, BS(Adel), PhD(Oxi), FRCOG, FRA Ad</td>
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<tr>
<td>Clinical Associate Professor K H Ng, MB, BS(Malaysia), DObstECOG, FRCOG, FRACOG</td>
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<td>Senior Lecturer M W Brannan, MB, BS(Qld), PhD(Aust), MRCPsych, FRACOG</td>
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<td>Lecturer S W Raymond, MB, BS(Syd), FRACOG</td>
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<td>Clinical Lecturers</td>
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<tr>
<td>L W Clark, MB, BS(Syd), MRCPsych, FAOCOG, FRACOG</td>
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<tr>
<td>A C Costello, BSc, MB, BCh(Eng), FRCOG, FAOCOG, FRACOG</td>
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<tr>
<td>S M Fisher, MB, BS(Syd), MRCPsych, FRACOG, FRACOG</td>
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<tr>
<td>A D Heslop, MB, BS(Syd), FRCOG, FRACOG, FRCS(Ed), FRACS</td>
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<td>Professional Officer J Falconer, BSc, PhD(Lond)</td>
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<td><strong>DISCIPLINE OF SURGICAL SCIENCE</strong></td>
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<tr>
<td>Professor R A Burton, BMedSc, MB, BS, PhD(Meds), FRACS, FRACP</td>
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<tr>
<td>Professor of Orthopaedic Surgery W Gillespie, BSc, MB BCh(Edin), ChM(Otago), FRCS(Ed), FRACS</td>
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<tr>
<td>Professor of Surgical Oncology J P Vinter, MB, BMedSc, MS(Meds), FRCS, FRACS</td>
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<tr>
<td>Clinical Professor - Oncology P Hickey, MB, BSc(Adel), PhD(Ox), FRACP</td>
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<td>Clinical Associate Professors</td>
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<tr>
<td>Y A C Limshwai, MB, BS, DipSurgery(Cairo), MCh(Orth)(Liv), FRCS(Ed), FRACS (Orthopaedics)</td>
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<td>A D Rolfe, MB, BS, BSc(Eng), MD(Otago), FRACS</td>
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<td>E J Jinnings, MB, BS(Syd), FRACS</td>
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<tr>
<td>G Kerridge, AM, MB, BS(Syd), FRCS(Ed), FRACS, FACS, FACR (Orthopaedics)</td>
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<td>Senior Lecturer M V Agrez, MB, BS, MS(WAust), FRCS, FRACS</td>
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<td>Fellows</td>
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<tr>
<td>D W Jackson, MB BS(Syd), FRCS, FRACS</td>
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<td>J J Smyth, MB BS, MS(Syd), FRACS</td>
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<tr>
<td>Clinical Senior Lecturers</td>
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<tr>
<td>R L Bisset, MB, BS(Meds), FRCS, FRCS</td>
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<td>H Foster, BSc, MB BS(Syd), FRACS, FRCS, FICS</td>
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<td>Clinical Lecturers</td>
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<tr>
<td>P F Anetnie, MB, BS(Syd), FRACS</td>
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<tr>
<td>J Beckett-Wood, MB BS(Syd), DA(Edin), FFARACS(Aesthetic)</td>
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<tr>
<td>P Byth, MB BS(Syd), FFARACS(Aesthetic &amp; Cosmetic)</td>
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<tr>
<td>P S Dharmaw, MB, BS, DLO(Liv), FRCS, FRCS(Ed) (Ear Nose and Throat)</td>
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<tr>
<td>A J Dunlop, BSc(Meds), MB BS(Syd), FRACO, FRACO(Urology)</td>
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<tr>
<td>A Grant, MB BS(Syd), FRACS, FRCS(Urology)</td>
</tr>
<tr>
<td>L Roper, MB BS(Syd), FRCS(Can), FACS, FRACS(Orthopaedics)</td>
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<tr>
<td>K Osings, MB, BS(Syd), FRCS, FRACS (Orthopaedics)</td>
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<tr>
<td>W T Porter, MB BS(Syd), DLO(Liv), FRACO(Ophthalmology)</td>
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<tr>
<td>I Simpson, MB BS(Syd), FFFARACS(Aesthetic)</td>
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<tr>
<td>J S Taylor, MB, BS(Syd), FRCS(Eng), FRCS(Eng), FRACS (Urology)</td>
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<td>Professional Officer V C Smart, BSc, MSc(WAust), PhD</td>
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**NBN TELETHON CANCER RESEARCH UNIT**

**NBN Professor of Cancer Research G F Bums, BSc(Heron-Watt), PhD(Camb), DipHematology, MRCPres**

**Lecturer J R Scott, BSc(Hons)(Flinders), PhD(Adelaide)**

**Professional Officer C M Lucas**

**DEAN'S UNIT**

Dean and Professor of Medicine J D Hamilton, MB, BS(Lond), FRCP, FRCPCan

**Honorary Professor D B Allbrook, MB, BS, PhD(Lond)**

**Senior Lecturer — Medical Education L B Murphy, BA, MA(Sus), DipLid**

**Assistant University Secretary B J Kelleher, BE BCom**

**Aboriginal Student Liaison Officer J Schwenke, BA(Q'ld), BMed**

**Professional Officers**

T Bristow, BA (Admissions/Programme Evaluation)

S Maitlin, B(VetSc)(Melb) (Animal House)
Computer Systems Officers
O R Abbott, BE (Computer Manager)
1 vacancy

Administrative Assistant Vacancy
Senior Technical Officer G B Davis, (Biochemicals)

Clinical Supervisors Associated Hospitals
M B Donoghue, MB, BS(Syd), FRACGP (Gosford District Hospital)
J Hunt, MB, BS(Syd), DObst, RCOG (Orange Base Hospital)
J B McDonald, MB BS(Syd), FRCs (Maitland District Hospital)
P C Waterford, MB, BS(Syd), FRACP (Tamworth Base Hospital)
W S Wickremesinghe, MD, BS(Ceyl), MRCP, FRACP (Manning River District Hospital)

UNDERGRADUATE EDUCATION UNIT
Administrative Officer L McBriarly, BA, DipEd
Administrative Assistant S McBride, BComm(AppPsych), DipEd(NSW), BA(Otago)

Professional Officers
B J Wallis, BS(Syd), BA, DipEd, MAPsS, MBEDP (Instructional Design)
M Wright, BSc(Assessment)

Information Officer K Byrne, BA(McR), DipLib(NSW), DipCompSci ALAA

Senior Supervisor Student Clinical Attachments S Graf, RGN

MEDICAL COMMUNICATION UNIT
Director of Education Technology A V Daniel, FDBill(Victoria)

Medical Photographers
B Turnbull, MIMBI(NZ)
S McInally

Artist J Single

Audio-Visual Officer P Lloyd

FACULTY INFORMATION

The Faculty

The Faculty of Medicine is constituted under By-law 2.4.1. The Faculty Board, Faculty of Medicine is charged with conducting the affairs of the Faculty. The membership of the Board is as follows:

- the Vice-Chancellor;
- the Dean of the Faculty;
- the full-time academic staff of the Faculty;
- Members elected by the Senate from the academic staff of the University other than the Faculty of Medicine, in the ratio of one such member for each eight members of the full-time academic staff of the Faculty of Medicine as at 1st January immediately preceding the commencement of the term of office, the result of such calculation to be adjusted up to the next whole number;
- Members elected by and from the part-time academic staff of the Faculty in the ratio of one such member for each four full-time members of the academic staff of the Faculty as at 1st January immediately preceding the commencement of the term of office, the result of such calculation to be adjusted up to the next whole number; provided that medical and non-medical members of that part-time staff shall be represented as closely as possible in the proportion which their respective numbers bear to the total number of such staff;
- The Professor of Biostatistics of the University;
- The University Librarian or the nominee of the Librarian;
- A member nominated by the Hunter Medical Association;
- A member nominated by the Hunter Postgraduate Medical Institute;
- Two members nominated by the Executive Officer of the Royal Newcastle Hospital;
- Two members nominated by the Board of the Newcastle Mater Misericordiae Hospital;
- A member nominated by the Executive Officer of the Wallsend District Hospital;
- Two members nominated by the Hunter Area Health Service Board;
- Not more than three other persons, whether or not members of the University, nominated by the members of the Faculty Board other than those prescribed by this paragraph;
- One postgraduate student elected by and from the postgraduate students enrolled in the Faculty;
- Two students from each year of the Bachelor of Medicine degree course elected by and from the students enrolled in each year of that course;
- One student elected by and from the candidates for the degree of Bachelor of Medical Science.

The Dean is Chairman and the executive officer of the Faculty Board. In addition as the Dean of the Faculty of Medicine is an appointed dean, rather than an elected dean, he is responsible for the allocation of resources within the Faculty.

The responsibilities of Faculty Boards are set out in By-law 2.4.4 and other By-laws and Regulations of the University.
SECTION TWO

DEGREES AND DIPLOMAS

The degrees and diplomas which can be awarded as a result of studies undertaken within the Faculty of Medicine are listed below:

Bachelor Degrees
  Bachelor of Medicine
  Bachelor of Medical Science

Postgraduate Diplomas
  Postgraduate Diploma in Epidemiology
  Postgraduate Diploma in Health Social Science
  Postgraduate Diploma in Medical Statistics

Postgraduate Degrees
  Master of Medical Science
  Master of Medical Statistics
  Doctor of Philosophy
  Doctor of Medicine

BOARD OF STUDIES IN CLINICAL EPIDEMIOLOGY AND BIOSCIENCES

The University has established a Board of Studies in Clinical Epidemiology and Biosciences responsible to the Faculty Board, Faculty of Medicine for the academic administration of the Postgraduate Diploma in Epidemiology, the Postgraduate Diploma in Health Social Science, the Postgraduate Diploma in Medical Statistics, the Master of Medical Statistics Degree and the Master of Medical Science Degree in the following options:

- Clinical Epidemiology, Health Promotion, Medical Social Science, Occupational Epidemiology, Pharmacoeconomics, and Psychiatric Epidemiology.

The membership of the Board of Studies is set out in Schedule 4 of the Regulations governing Boards of Studies and is as follows:

- The Dean of the Faculty of Medicine;
- The Director of the Centre for Clinical Epidemiology and Biosciences;
- The Professor of Biostatistics;
- One student member elected annually by and from the students enrolled in each degree and diploma for which the Board has responsibilities;
- Up to six members of the full-time academic staff of the Faculty of Medicine involved in teaching subjects in the degrees or diplomas for which the Board has responsibilities, nominated by the Director of the Centre for Clinical Epidemiology and Biosciences;
- Three members of the full-time academic staff of the Department of Statistics or other full-time academic staff of the University involved in coursework or supervision in the degrees or diplomas for which the Board has responsibilities, nominated by the Director of the Centre for Clinical Epidemiology and Biosciences;
- Three members of the full-time academic staff of the Faculty of Medicine involved in coursework or supervision in the degrees or diplomas for which the Board has responsibilities, nominated by the Dean of the Faculty of Medicine;
- Up to two members of the full-time academic staff of the Department of Sociology involved in coursework or supervision in the degrees or diplomas for which the Board has responsibilities, nominated by the Head of that Department;
- The Head of the Department of Sociology.

The responsibilities of the Board of Studies are set out in the regulations governing the diplomas and degrees for which the Board is responsible.

FACULTY INFORMATION

DEGREES AND DIPLOMAS

Bachelor Degrees
  Bachelor of Medicine
  Bachelor of Medical Science

Postgraduate Diplomas
  Postgraduate Diploma in Epidemiology
  Postgraduate Diploma in Health Social Science
  Postgraduate Diploma in Medical Statistics

Postgraduate Degrees
  Master of Medical Science
  Master of Medical Statistics
  Doctor of Philosophy
  Doctor of Medicine

The University contributes to the Gardiner Library located in DMB. It is planned to extend the role of the Gardiner Library to that of a resource for the entire Hunter Area Health Service.

Medical Communication Unit - graphic, video, film and audio-visual capability. Main facilities are in DMB with small units at MMH and some planned for the John Hunter Hospital.

Animal facilities. Large animals with long term surgical preparations are housed in MMH and a separate sheep husbandry facility. Surgical theatres and small animal housing are in MSB; a breeding colony for the University is on campus. Small animal facilities are in DMB and planned for the NTH.

CENTRE FOR CLINICAL EPIDEMIOLOGY AND BIOSCIENCES

The Centre for Clinical Epidemiology and Biostatistics was established in 1987 to provide a focus for the development of postgraduate teaching in research in clinical epidemiology and biostatistics both within Australia and overseas. The objectives of the Centre are:

- to foster the pursuit of studies at the postgraduate level in the University of Newcastle in the subject area of clinical epidemiology and biostatistics;
- to encourage the growth of clinical epidemiology locally, nationally and internationally by assisting clinical doctors in their efforts to develop and evaluate clinical measurement, diagnostic and therapeutic procedures and research methodology with emphasis on research into the evaluation of clinical practice and the understanding and prevention of health problems of high priority to the population;
- to encourage the growth of biostatistics locally, nationally and internationally in order to provide an up-to-date epidemiological and biostatistical basis for clinical decision making in the standards of medical research;
- to encourage and develop in the medical profession a population perspective in health, including consideration of economic as well as medical issues, and the use of official statistics in the provision of health services and health planning;
- to seek funding for local, national and international students to enable them to undertake studies in clinical epidemiology and biostatistics both at postgraduate coursework and research degree levels; and
- to seek funding to support teaching and research staff to assist in these developments.

The activities of the Centre have been funded by a grant from the Rockefeller Foundation in the United States under the INCLINE Programme and also by a grant from the Commonwealth Department of Health under the recommendations of the Kerr White Report.

The Centre is located in the David Maddison Clinical Sciences Building and Wheeler House, both located adjacent to the Royal Newcastle Hospital. It provides facilities for students enrolled in the Postgraduate Diploma in Epidemiology, the Postgraduate Diploma in Health Social Science, the Postgraduate Diploma in...
Medical Statistics, the Degree of Master of Medical Statistics and the Degree of Master of Medical Science in the following options: Clinical Epidemiology, Health Promotion, Health Social Science, Occupational Epidemiology, and Pharmacoepidemiology.

Student Dress and Appearance

In all professional settings, the general appearance and dress of students should be appropriate. This is so that the image which students present to patients and relatives facilitates communication between them, so that students are easily recognised as members of the profession by health professionals and other staff, and so that students themselves develop a sense of professional identity.

In some clinical settings (eg wards, clinics, etc.) it will be appropriate to wear a short white coat of approved pattern. The Faculty will make available a supply of such coats for purchase by students, who will be responsible for laundering them. These should only be worn in hospital or other professional surroundings. Each student should possess two coats.

In some cases it may be more appropriate not to wear a white coat (eg private rooms, some surgeries). Advance consultation with the person in charge of the activity will establish whether or not a white coat should be worn.

For laboratory work, protective clothing (when required) will be provided by the Faculty, and should be worn.

Students will be expected to wear a name badge in the clinical setting, and on some other occasions which will again be identified by consultation with the person in charge. The badge will bear the student’s given name and surname only, and will be provided by the Faculty. In some hospitals, further identification will be necessary; this should be worn or carried at all times, and may be useful identification outside the hospital.

For obvious reasons, a high standard of cleanliness will be required in all clinical settings.

General appearance and dress should be socially acceptable and appropriate to the occasion. Students will quickly learn by experience what standards are appropriate in different circumstances, not only, for example, on the wards or in private rooms, but also in ‘off duty’ professional settings, eg hospital dining rooms.

Supervisors will notify students whose dress and appearance is inappropriate, and such students may be refused access to the facilities for which their appearance is deemed inappropriate.

Coats of the approved pattern which cost approximately $50 each, will be available for purchase by students during the first week of first term.

THE DEGREE OF BACHELOR OF MEDICINE

This section contains information on the Bachelor of Medicine Degree as follows:

- Regulations — Governing Admission to BMed Course
  — Governing BMed Degree
- Undergraduate Programme Objectives by Domain
- Learning Methods Upon Which the Course is Based
- Course Description — Years I to V
- Assessment Guidelines — General Summative Assessment Guidelines followed by the Assessment Guidelines for each subject of the Course.
- Text and Reference Books used during the course
- Prizes and Grants-in-aid available to students enrolled in the course.

Regulations Governing Admission to the Bachelor of Medicine Course

General

1. These regulations are made in accordance with the powers vested in the Council under By-law 5.5.5.

Definitions

2. In these Regulations unless the context of the subject matter otherwise indicates or requires:
   “approved qualification” means a diploma or degree course at a College of Advanced Education or University approved by the Faculty Board for the purposes of these Regulations;
   “degree” means the degree of Bachelor of Medicine;
   “Faculty Board” means the Faculty Board, Faculty of Medicine;
   “Higher School Certificate examination” means the New South Wales Higher School Certificate examination or its equivalent in another State or Territory; and
   “Secretary” means Secretary to the University.

Application for Admission

3.(1) An application for admission to candidature for the degree shall be made on the prescribed form and lodged with the Secretary by the closing date.

(2) For the purposes of these Regulations the closing date referred to in sub-regulation (1) shall be 5.00 pm on June 30 of the year prior to that in which admission is sought. If June 30 falls on a weekend the prescribed date shall be 5.00 pm on the next working day after June 30.
BACHELOR OF MEDICINE ADMISSION REGULATIONS

4.(1) Applications will not be accepted from persons who, as at the closing date are not bona fide residents of New South Wales or an Australian Commonwealth Territory.

(2) Questions arising as to the residential status of an applicant shall be determined by the Secretary.

5.(1) Except in cases where the Faculty Board holds that exceptional circumstances exist applications will not be accepted from persons who are over 35 years of age as at March 1 in the year in which they wish to enrol in the course.

(2) In determining whether exceptional circumstances exist in a particular case the Faculty Board shall take into account:
   (a) the number of years by which the applicant exceeds 35 years of age;
   (b) the applicant’s chances of succeeding in the course as judged by his or her previous academic achievements;
   (c) the applicant’s employment experience in medical or related fields; and
   (d) any other matters it considers relevant.

6.(1) In addition to the application under Regulation 3(1), an application for enrolment including the Bachelor of Medicine course in this University as one of the preferences, shall be lodged with the Universities and Colleges Admissions Centre by the closing date.

(2) The closing date referred to in sub-regulation (1) shall be the date determined from time to time by the Universities and Colleges Admissions Centre after which the Centre will not accept applications.

Enrolment

7.(1) In order to be admitted to the course an applicant shall:
   (a) as at the closing date satisfy Regulation 3 of the Regulations Governing Admissions and Enrolment save that applicants who are candidates for the current Higher School Certificate examination may be considered;
   (b) complete the Personal Qualities Assessment;
   (c) receive approval to enrol;
   (d) complete the prescribed enrolment procedure; and
   (e) pay fees and charges prescribed by the Council.

(2) Approval to enrol will not be given to applicants who are unable to demonstrate to the Secretary that their state of health is commensurate with the standard of fitness required to undertake this course.

(3) The standard of fitness required in sub-regulation (2) shall be determined by the Faculty Board.

Personal Qualities Assessment

8. The Personal Qualities Assessment shall consist of such written tests and interviews as the Faculty Board shall require.

9. Applicants will be invited to take part in the Personal Qualities Assessment if:
   (a) they are ranked in the top 10% of all candidates at the New South Wales Higher School Certificate examination based on the basis of this University’s selection aggregate; or
   (b) they have achieved results in courses leading to the award of an approved qualification at a level prescribed by the Faculty Board; or
   (c) in the opinion of the Faculty Board they have other equivalent qualifications.

10.(1) An applicant who is a candidate for the higher Higher School Certificate examination shall be invited to take part in the Personal Qualities Assessment if the Principal of the school or college attended by the applicant estimates that the applicant’s results in the examination will place the applicant in the top 10% of all candidates at the examination.

(2) If the Principal’s estimate places an applicant below the top 10% and that applicant achieves an actual result in the top 10% the applicant will be invited to take part in the Personal Qualities Assessment as soon as is convenient to the University.

(3) If the Principal’s estimate places an applicant in the top 10% and that applicant achieves an actual result below the top 10% that applicant will not be eligible for admission to candidature regardless of their Personal Qualities Assessment result.

11.(1) The eligibility of an applicant, who has a record of studies at the tertiary level, to take part in the Personal Qualities Assessment shall normally be determined on the basis of the results obtained in those studies.

(2) In cases where an applicant’s record of studies at the tertiary level is below the level required for participation in the Personal Qualities Assessment the Faculty Board may take into account the applicant’s performance at the Higher School Certificate examination which may have been obtained either prior to or after attendance at a tertiary institution.

12. Applicants who do not attend the University for Personal Qualities Assessment as invited will be deemed to have withdrawn their application unless they can provide a reason for their failure to do so which is acceptable to the Secretary.

Selection

13.(1) The Secretary shall ensure that sufficient offers of admission to the course are made each year such that 64 students are admitted to the first year of the course.

(2) Approximately half of the 64 places referred to in sub-regulations (1) will be allocated to applicants judged by the Faculty Board to have the highest academic merit.

(3) The remainder will be allocated to applicants achieving the highest results in the Personal Qualities Assessment.

(4) The Faculty Board may further subdivide the places allocated on the basis of academic merit into those allocated on the basis of academic merit as demonstrated in studies at the secondary level or those on the basis of academic merit as demonstrated in studies at the tertiary level.

(5) Places allocated on the basis of academic merit as demonstrated in studies at the tertiary level shall be allocated to applicants who have completed an approved qualification.

(6) Applicants whose results in the Personal Qualities Assessment do not reach a standard deemed to be satisfactory by the Faculty Board shall not be allocated a place on the basis of academic merit.

Deferment of Admission

14.(1) The Dean of the Faculty of Medicine or the Dean’s nominee may grant an applicant offered admission to candidature in the course a deferment of admission of one year—
   (a) to allow an applicant who has just left school an opportunity to gain broader experience through travel or work before commencing university studies;
   (b) to afford an applicant sufficient time to make necessary arrangements concerning financial, domestic or employment commitments; or
   (c) to allow an applicant enrolled as a candidate for a postgraduate degree in a university time to complete the requirements for admission to that degree.

(2) An applicant granted deferment under sub-regulation (1)(c) who at the end of the period of deferment has not met the requirements for admission to the degree but who is considered by the Dean of the Faculty of Medicine or the Dean’s nominee to be making satisfactory progress towards satisfying the requirements for admission to the degree, may be granted deferment of admission to candidature in the course for an additional period of one year.

(3) An applicant who wishes to defer admission must apply to the Secretary in writing prior to the expiry date of the offer of admission.

(4) The number of applicants permitted to defer admission in any one year shall not exceed 16.

(5) Applicants permitted to defer admission who enrol in another degree or diploma course in a University or College of Advanced Education may be refused permission to enrol in the course at the expiration of their period of deferment on the grounds that their academic performance in that other course has fallen below the standard required for admission to the Bachelor of Medicine course.

(6) The standard required in sub-regulation (5) shall be as set out in Regulation 9(b) and (c) of these Regulations.

Faculty Admissions Committee

15.(1) There shall be a Faculty Admissions Committee comprising the following members:
   (a) the Dean of the Faculty;
   (b) the Sub-Dean of the Faculty who shall chair the Committee;
   (c) the Deputy Chairman of Senate;
   (d) up to four members of academic staff of the Faculty elected by the Faculty Board on the nomination of the Sub-Dean;
   (e) up to four residents of the Hunter Region, not being members of staff of the University, appointed by the Faculty Board on the nomination of the Sub-Dean.

(2) A member elected or appointed under sub-regulations (1)(b)(i) and (1)(c) shall hold office for three years from 1 March of the year of election or appointment.

(3) Members elected under sub-regulation (1)(b) shall cease to be members of the Committee if they cease to be members of the full-time academic staff of the Faculty.

(4) Any vacancy occurring in the office of an elected or appointed member of the Committee shall be filled by election or appointment in the same manner as in that in which the member whose office is vacated was elected or appointed and the person so elected or appointed shall hold office for the remainder of that term.

(5) The number of members constituting the quorum of the Committee shall be five.

(6) In the absence of the Sub-Dean from any meeting of the Committee a person to chair the meeting shall be elected by the meeting and from those members present.

16. The Faculty Admissions Committee shall exercise such powers and perform such duties as may be determined by these Regulations as the Faculty Board may authorise. Further, the Faculty Admissions Committee may:
   (a) make recommendations to the Faculty Board on policy issues with respect to admission to the Bachelor of Medicine course; and
   (b) promote and undertake research on methods of admission.

Relaxing Provision

17.(1) The Senate on the recommendation of the Faculty Board may, by any provision of these Regulations to allow the admission of Australian Aborigines or Torres Strait Islanders to the course under such terms and conditions as the Senate on the recommendation of the Faculty Board may determine.

(2) For the purposes of sub-regulation (1) "Australian Aboriginal" or "Torres Strait Islander" shall mean a person of Australian Aboriginal or Torres Strait Islander descent who identifies as an Australian Aboriginal or Torres Strait Islander and is accepted as such by the community in which that person lives.

18. The Senate on the recommendation of the Faculty Board, may relax any provision of these Regulations to allow the admission of overseas students to the course under such terms and conditions as the Senate on the recommendation of the Faculty Board may determine.
Regulations Governing the Degree of Bachelor of Medicine

1. General
These regulations are made in accordance with the powers vested in the Council under By-law 5.2.1 and prescribe the conditions and requirements relating to the degree of Bachelor of Medicine.

2. Definitions
In these Regulations and the Schedule thereto unless the context or subject matter otherwise indicates or requires:
- "course" means the total requirements as prescribed in the Schedule to qualify a candidate for the award of the degree;
- "Dean" means the Dean of the Faculty of Medicine;
- "degree" means the degree of Bachelor of Medicine;
- "Faculty Board" means the Faculty Board, Faculty of Medicine;
- "subject" means any part of the course for which a result may be recorded.

3. Enrolment
(1) In any year a candidate shall enrol only in those subjects approved by the Dean or his nominee.
(2) Except with the permission of the Dean given in exceptional circumstances, a candidate shall enrol only as a full-time student.

4. Standing
Standing will not be granted to candidates in any subject for work completed in other Faculties of the University or elsewhere.

5. Corequisites and Prerequisites
Except with the approval of the Dean, a candidate may not enrol in a subject unless that candidate has satisfied any prerequisite and has already passed or concurrently enroled in or is already enrolled in any subject prescribed as its corequisite.

6. Withdrawal
(1) A candidate may withdraw from a subject or the course only by notifying the Secretary to the University in writing and the withdrawal shall take effect from the date of receipt of such notification.
(2) Such withdrawal shall be:
(a) without failure, if the candidate's performance is deemed by the Faculty Board to be satisfactory; or
(b) with failure, if the candidate's performance is deemed by the Faculty Board to be unsatisfactory.
(3) A candidate who has been permitted to withdraw without failure and who subsequently wishes to resume studies in the course:
(a) may be required by the Faculty Board to reapply for admission to the University if the withdrawal occurred during the first year of study; or
(b) if the withdrawal occurred in a later year of study, will be permitted to re-enrol under such conditions and at such time as the Faculty Board may determine, which conditions may include success at reassessments before re-enrolment.

7. Leave of Absence
(1) At the completion of an academic year, a candidate whose performance is deemed by the Faculty Board to be satisfactory may be granted leave of absence under such conditions as the Faculty Board may determine.
(2) Such leave shall only be granted to any one candidate once and will not normally be granted for more than one year.

8. Subject Requirements
(1) To complete a subject a candidate shall attend such scheduled academic and clinical activities, and shall submit such written or other work as the Faculty Board shall require.
(2) To pass a subject a candidate shall complete it and pass such assessments as the Faculty Board shall require.

9. Grading of Degree
The degree shall be conferred as an ordinary degree except that in cases where a candidate's performance in the course has reached a standard determined by the Faculty Board, the degree may be conferred with honours.

10. Admission to Degree
Except where indicated otherwise in the Schedule, to qualify for admission to the degree a candidate shall pass all the subjects listed in the Schedule.

11. Exceptional Circumstances
In order to provide for exceptional circumstances arising in a particular case, the Senate on the recommendation of the Faculty Board may relax any provision of these Regulations.

SCHEDULE

<table>
<thead>
<tr>
<th>Subjects</th>
<th>Prerequisites</th>
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<td>Year 4</td>
<td>Medicine IV</td>
<td>Medicine III</td>
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Note: Students may, if they wish, complete an additional elective subject (Elective III) upon the completion of the third or fourth years of the course. Students who pass Elective III will not be required to complete or pass Elective II.

SECTION THREE

BACHELOR OF MEDICINE REGULATIONS

Note:
Further information with respect to admission and the policies adopted under the above regulations are set out in a booklet entitled Medical Course Admission which is available on applications to the University in May each year.

BACHELOR OF MEDICINE OBJECTIVES

<table>
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<th>Medicine V</th>
<th>Medicine IV</th>
<th>Medicine II</th>
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Undergraduate Programme Objectives

The Programme Objectives act as:

- A basis for curriculum development by the Faculty, and a yardstick, for decisions about inclusion or exclusion of particular activities within the curriculum;
- An overall statement of goals for students, and a framework within which to set their own efforts;
- The overt basis for the assessment of student progress and achievement;
- One of the yardsticks for evaluation of the programme.

However, they do not specify the full range of curriculum development responsibilities which rests with the Faculty to develop a learning environment of acceptable quality and to choose relevant educational content. The notion that the learning environment should be happy and constructive cannot be expressed equally in objective form. In addition there are several aspirations which the Faculty holds which cannot be mandated. Thus the Faculty may wish to maintain a range of values and attitudes such as caring, willingness to help, and dedication, but it is not possible to insist upon these values and yet concurrently adhere to a liberal educational philosophy. This is not to deny their importance, but rather to distinguish them from performance which is the concern of behavioural objectives. In this sense the UPOs identify the behaviour expected of students in the way they carry out the performance of their intellectual and clinical responsibilities (eg 1.1).

The Objectives

These are designed to ensure that, at the conclusion of the course, the graduate demonstrates the ability to:

- Engage in productive professional relationships and maintain those relationships to acquire, evaluate and communicate information;
- Apply the processes of critical reasoning to medical care;
- Apply his or her understanding of illness to its prevention, identification and management and to the promotion and maintenance of health;
- Apply his or her understanding of the practice of medicine in a community or population context;
- Take responsibility for evaluating his or her own performance and implementing his or her own education.

These objectives assume a dynamic environment in which medicine will be practised. In consequence the graduating student should be able to participate in change and to adapt to change.

DOMAIN 1 — PROFESSIONAL SKILLS

1. By the time of graduation students demonstrate ability to relate to, and function in an effective fashion with, patients and their families as well as fellow professionals by:
   - Manifesting those personal characteristics essential for the practice of excellent medicine, including (i) an awareness of their own assets, limitations and responsibilities,
   - Responsibility, thoroughness, reliability and confidentiality,
   - Sensitivity to the needs of others and concern for other persons;
   - Consistently displaying a deep regard for others, thereby showing that caring and understanding must be amongst the appropriate tasks for a medical practitioner;
   - Showing that their approach to all patients reflects an understanding that the person who is ill is more important than the illness from which he or she suffers;
   - Applying in an observable way both an understanding of the importance of the doctor-patient relationship, and its place in the provision of medical care at all levels;
   - Showing, (i) an enlightened involvement with patients, free from undue interference with communication created by the excessive use of psychological defence mechanisms, thus avoiding the demonstration of aloof and unforgiving detachment, undue aggression and other unhelpful behaviours, (ii) a recognition of those patients who display dependency or hostility to an extent which affects patient management and patient co-operation, and interacting appropriately with them, (iii) an awareness of how their own personality affects their interaction with their patients and how their own anxieties and prejudices may alter patient attitudes and behaviours, (iv) a capacity to second with ethical principles which restrain practitioners from taking advantage of patients;
   - Applying an awareness of the role of the physician in health/welfare professional teams and working co-operatively within them;
   - Showing the establishment of effective communication and co-operation with a wide variety of patients, healthy members of the community and other professionals;
   - Applying an awareness of the potential conflicts imposed upon them by their obligations to themselves and their family, to their patients and the community they serve;
   - Applying an understanding of the ethical basis of medical practice;
   - Applying a logical and probabilistic approach to clinical problems, and displaying a tolerance for ambiguous situations by coping with uncertainty in the clinical context;
   - Applying skills in interacting with patients to increase the probability of accurate diagnosis, patient satisfaction and compliance, and the patient's accurate recall of supplied information, and to decrease the anxiety associated with potentially threatening medical interventions;
   - Obtaining a clinical history from a wide variety of patients, and eliciting clinical signs through the conduct of physical examination - these skills should be demonstrated with both adults and children;
   - Writing an accurate clinical record on the basis of their own observations, recognising and defining a clinical problem, and communicating their findings to others clearly and concisely (oral and/or in writing).

2. By the time of graduation students demonstrate ability to apply the processes of scientific reasoning by:
   - Making reliable observations of cellular, pathological and behavioural phenomena, and extracting the relevant data from these observations, integrating where appropriate the information provided from these three perspectives on human biology;
   - Applying a critical appreciation of the techniques, processes and goals of bio-medical research, and applying the various scientific methods in current use (particularly the hypotheso-deductive method) to the reliability and validity of observations, and the testing of hypotheses;
   - Applying scientific principles to the study of the behaviour of individuals, groups and institutions;
   - Locating bio-medical information required for the understanding and management of medical problems, through the use of available educational resources;
   - Ascending the possibility of conclusions based on reported data, including the interpretation of statistical treatment employed for the analysis of such data;
   - Interpreting and critiquing data from evaluation studies of medical services supplied to communities or populations.

3. By the time of graduation students will demonstrate ability to apply their understanding of illness and its prevention and management by:
   - Applying an understanding of the mechanism and significance of health-related physical and behavioural events and adaptive responses to those events, both normal and abnormal, at levels ranging from the molecular to the community and wider environment;
   - Applying an understanding of biological, psychological, social, developmental and environmental mechanisms to the diagnosis, management and prevention of illness;
   - Applying a knowledge of the significance and limitations of the findings of standard laboratory and allied investigations;
   - Planning and interpreting a programme of investigations appropriate to the clinical problem presented by the patient, with due regard for patient comfort and safety and the manipulation of the physical environment.

4. By the time of graduation students will demonstrate ability to apply their understanding of the impact of illness upon families, and the importance of family factors in prevention, treatment and rehabilitation;

5. By the time of graduation students will demonstrate ability to apply their understanding of the importance of the practice of medicine in a community or population by:

6. By the time of graduation students will demonstrate ability to contribute to the identification and solution of community health problems and to the evaluation of the results of such interventions;

7. By the time of graduation students will demonstrate ability to apply their understanding of the importance of the practice of medicine in both community settings and in hospital settings;

8. By the time of graduation students will demonstrate ability to apply their understanding of the impact of illness upon families, and the importance of family factors in prevention, treatment and rehabilitation;

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in the first two years tutorial groups stay together throughout the
year and study in all Domains together. The membership of
tutorial groups is rearranged at the end of each year. In the Final
three years of the course, the size and composition of groups
varies more frequently according to the various clinical rotations
and hospital postings.

Learning Methods
A variety of learning methods are used throughout the
curriculum, and these will be explained in the Introductory Week.
A particularly important method is problem based learning. For
example, in the early years of the course, learning in Domain 3 is
based on activities in which groups of approximately eight
members guided by a Faculty tutor. The method requires students
to analyse and solve biomedical problems, usually those of ill
patients but sometimes of communities. The sequence of
identifying the nature and background of the problem, researching
information to both understand and solve the problem and
solving problems, follows the same sequence as is used in
clinical diagnosis and in scientific research. The various basic,
social, and quantitative sciences upon which clinical medicine is
based are learnt in the course of these problem-solving exercises.
There are therefore no separate courses of, for instance, anatomy,
physiology, biochemistry, pharmacology, etc. Instead, Faculty
members in those disciplines contribute to the biomedical
problems by identifying topics for study, and are then available
as resources for students to consult, either in prearranged
sessions, fixed resource sessions, demonstrations or individual
and group consultations on selected topics. For the beginning
students learn from contact with patients and communities and
this contact becomes increasingly important as they progress
through clinical rotations in the latter part of the curriculum.

In the first two years tutorial groups stay together throughout the
year and study in all Domains together. The membership of
tutorial groups is rearranged at the end of each year. In the Final
three years of the course, the size and composition of groups
varies more frequently according to the various clinical rotations
and hospital postings.

Course Description Year 1
Detailed documentation of activities in each term and within each
Domain will be distributed from time to time. This account
provides a general overview with brief comment on assessment.

Domain 1 - Professional Skills
Week one consists of an overall introduction to the medical
school, the curriculum, learning methods and learning
objectives. The remainder of the year is organised by Domain as
follows.

Domain I - Professional Skills
Block 1: A broad introduction to the health care system with adult
and paediatric ward experience linked to activities in Domain III.
An introduction and supervised experience is provided in
communication skills as a foundation for the medical
consultation.

Group skills are developed under guidance in the setting of the
small group tutorials of Domain III.

Block 2: Medical consultation skills are expanded. The techniques
of history taking and physical examination are introduced under
the guidance of a clinical tutor in the group setting and in the wards.

Block 3: Consultation skills are now refined and applied to disorders of the
body system under study in Domain III (renal and gastrointestinal).

Domain II - Critical Reasoning
Topics are chosen for study that relate to the topics of Domain III
with topics experienced in the techniques of critical reasoning.
The main activity is critical appraisal of publications and the
quantitative and scientific validity of the evidence they present.

Domain III - Identification, Prevention and Management of Disease
Blocks 1 & 2: A programme in continuity, in which, through the study
of clinical problems, students learn the mechanisms of —
homeostasis under stress and the mechanisms of abnormality and
damage: genetic, nutritional, psychological, traumatic, infective,
toxic, vascular and neoplastic. (These mechanisms are further
explored in relation to each body system and to clinical
mechanisms in subsequent terms.)

Block 3: The kidneys, urinary tract and gastrointestinal system. The study
through clinical problems of normal structure and function and
control mechanisms, and of the mechanisms and manifestations of
diseases resulting from selected stresses and disease mechanisms.

SECTION THREE
BACHELOR OF MEDICINE COURSE DESCRIPTION

Domain IV — Population Medicine
A year long programme providing contact with, and insight into,
the needs and resources of individuals and society. This is
arranged through role playing of disable and through visits within
the community including a family visit, visits to facilities
and self-help agencies, experience of terminal care and
exploration of alternative health systems. An introduction to the
basic concepts of epidemiology and biostatistics is linked to the
exercises in Domain II.

Domain V — Self-Directed Learning
There are two parts:
1. Learning topics are identified from a clinical problem
considered by the students as part of Domain I assessment.
Each student accepts a topic as their "own learning task";
for individual study and research based on literature and
consultation.
2. A "mini-elective". This elective is based upon a field of
interest identified by the student during the year.
A programme is arranged in consultation with a Faculty
supervisor and a report is written.

Timetable Commitments
Typical weekly timetables for each block are shown below:

Block 1 — Homeostasis Under Stress
Monday Tuesday Wednesday Thursday Friday
Medical Consultation Microscopy Medical Consultation Microscopy
Consultation Medicine Fixed Working Working Resource Working

In addition, this Block includes Group Skills sessions, Paediatric
ward experience, adult ward experience, community visits,
Anatomy sessions and sessions with ambulance officers.

Block 2 — Homeostasis Under Stress
Monday Tuesday Wednesday Thursday Friday
Medical Consultation Microscopy Medical Consultation Microscopy
Consultation Medicine Fixed Working Working Resource Working

In addition, students in this Block have Medline Training
sessions, Professional Skills sessions in the hospital and Critical
Reasoning Tutorials.

Block 3 — Organ Systems: Renal, Urinary Tract and Gastro-
Intestinal
Monday Tuesday Wednesday Thursday Friday
Medical Consultation Microscopy Medical Consultation Microscopy
Consultation Medicine Fixed Working Working Resource Working

In addition, students in this Block have Medline Training
sessions, Professional Skills sessions in the hospital and Critical
Reasoning Tutorials.

In addition, students in this Block have regular sessions with
physicians and surgeons, and post-mortem tutorials.

Detailed timetables are distributed to students at the beginning of
each Block.

Year II
YEAR II consists of the subject MEDICINE II. The year is
divided into three blocks, each of approximately 10 weeks
duration.

MEDICINE II
Domain I — Professional Skills
Clinical skills are further practised and strengthened under
supervision of clinical tutors in hospitals and private rooms.
Students are also attached to a general practice, where the special
basic skills relevant to general practice are developed. Clinical
tutorials relate to the successive body systems under study in
Domain III; the cardiovascular, respiratory, neurologic, psychic,
dermatologic and haematologic system.

Domain II — Critical Reasoning
Students pursue a number of literature research projects linked to
the activities of Domain III. There are also a special emphasis
on evidence of causation and association, the efficacy of health care
systems, and modes of intervention in acute and chronic disease.

Domain III — Identification, Prevention and Management of Illness
The sequence of study through successive body systems
commences in Block 3 of Year 1 and is now continued as follows:

Block 4: Cardiovascular and Respiratory Systems
Block 5: Neurology and Psychiatry
Block 6: Gastroenterology and Haematology

Domain IV — Population Medicine
The entire course studies a single topic of broad community
significance. For 1989 the topic is mental health. The study will
be divided into separate fields, each the responsibility of an
individual tutorial group.

Domain V — Self-Directed Learning
Extended "own learning tasks" will be identified in relation to
the various programs of study in Domain III. This may be based
on an area of difficulty from Year 1, providing an opportunity for remediation. Alternatively,
students may select a topic of particular interest from Year 1 or
anticipate an area of study in Year 2. This task is carried out under
academic supervision and a written report is required.

Additionally, a topic will be identified in the course of long case
(clinical skills) assessment and this will form the basis of a 48
hour learning task based upon literature, research and
consultation.

At the end of the year a further mini-elective will be undertaken
for two weeks based upon the topic of the student's choice, as in
Year 1.
Timetable Commitments

Typical weekly timetables for each term are shown below:

Block 4 — Organ Systems: Cardiovascular and Respiratory

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>am</td>
<td>Microscopy</td>
<td>Population Medicine</td>
<td>Microscopy</td>
<td>Case Discussion</td>
</tr>
</tbody>
</table>

In addition, students in this term have regular Professional Skills attachments, General Practice Attachments and an autopsy dissection session.

Block 5 — Organ Systems: Neurology and Psychiatry

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>am</td>
<td>Neurology</td>
<td>Population Medicine</td>
<td>Microscopy</td>
<td>Microscopy</td>
</tr>
</tbody>
</table>

In addition, students in this term have regular Neurology Professional Skills tutorials, General Practice attachments, Psychiatric Hospital attachments, and Medline training sessions.

Block 6 — Organ Systems: Endocrinology & Haematology

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>am</td>
<td>Case Presentations</td>
<td>Population Medicine</td>
<td>Microscopy</td>
<td>Microscopy</td>
</tr>
</tbody>
</table>

In addition, students in this block have regular Haematology Professional Skills and Endocrinology Professional Skills sessions, Clinico-Pathology Cases, a Blood Bank visit, and a Transfusion Workshop.

Year III

Year III consists of the subjects MEDICINE III and ELECTIVE I. The year is divided into three blocks, one of 12 and two of 8 weeks duration. There is then an 8 week elective term. The two 8 week blocks are run twice in parallel, for each half of the class.

MEDICINE III

DOMAIN I — PROFESSIONAL SKILLS

Clinical skills are further refined, linking with the various sub-specialties experiences of Terms 1, 2 and 3. In the programme of human sexuality the foundation skills of counselling are laid down. The write-up of histories, referral and discharge letters are included in professional skills training.

DOMAIN II — CRITICAL REASONING

Further reinforcement of the skills of critical appraisal through the study of published papers dealing with the effects of treatment, prognosis, the efficiency of diagnostic tests and issues in occupational medicine.

DOMAIN III — IDENTIFICATION, PREVENTION AND MANAGEMENT OF ILLNESS

The learning of Years 1 and 2 is consolidated in two terms and extended to the special considerations of individual sub-specialties. These two terms are undertaken in Newcastle. For the first term all students are in Newcastle together. For the second term half the students study in Newcastle and the other half are allocated to the country hospitals. In the third term the country group returns to complete their second Newcastle term, and the other half go to the country.

Block 7: (First Newcastle block)

Understanding of the mechanisms and manifestations of normal and disturbed structure and function are consolidated and extended through further clinical problems of the respiratory, cardiovascular and gastrointestinal system. In addition, problems in ear, nose and throat, ophthalmology, rheumatology, orthopaedics, and dermatology are considered, and appropriate clinical experiences are provided in those areas.

Block 8: (Second Newcastle block)

Further problems in relation to neurosurgery, psychiatry, dermatology, immunology, and the endocrine system are considered. In addition, there is a segment on human sexuality together with genito-urinary medicine.

Block 9: (Country block)

The understanding of basic mechanisms and of the manifestations of disease is now applied in direct clinical clerking of patients in a variety of country hospital postings. Students are attached to members of staff of those hospitals, and particular emphasis is given on general medicine, general surgery, casualty and emergency care, and general practice. Further clinical experience in sub-specialties is obtained.

DOMAIN IV — POPULATION MEDICINE

Topics are based upon the problems of Domain III, as they apply to a given population. In addition, special studies focus upon methods and value of assessing the quality of care, Aboriginal health, and health economics.

DOMAIN V — SELF-DIRECTED LEARNING

An extended own learning task is pursued, either on a student’s topic of choice or as remediation for a previously identified deficiency from Year 2.

Timetable Commitments

Block 7 — Newcastle Block

Weeks 1-4: Ear Nose and Throat and Ophthalmology in Parallel

Week 5: Cardiovascular

Weeks 6 & 7: Orthopaedics

Week 8: Rheumatology

Week 9: Dermatology

In addition, students in this Block have Professional Skills attachments with Medica Registrars and the Dermatology Clinic.

Block 8 — Country Block

Country Hospital Attachments: Tamworth, Turme, Orange, Gosford, Maitland and Lismore.

ELECTIVE I

In addition to independent learning tasks (Domain V) allocated by the Faculty as part of Medicine III, it is recognised that time should be allocated to allow students to undertake the study of a topic of their own choice in greater depth. Thus students are required to undertake an 8 week elective at the end of Year 3. This elective is student oriented both in content and process. Preparation for the elective period starts long before the elective itself. Elective topics may be proposed either by Faculty staff or by student. However, the onus for selecting a topic rests with the student. The student must find a member of Faculty staff, or an individual approved by the Faculty, who is prepared to supervise study of the chosen topic. The location for the elective is not restricted and may be anywhere in Australia or overseas. The student, in consultation with the supervisor, is required to draw up a set of objectives to be achieved during the elective. These objectives are then included in an "elective study contract" which is submitted to the Faculty for approval before the elective is begun. Students are then required to submit a report of at least 1000 words in length on their elective experience. The supervisor is also required to report on the student’s performance during the elective.

Year IV

Year IV consists of the subject MEDICINE IV. This year is divided into six clinical attachments of six weeks, rotating through major clinical specialties. Each group of students undertakes these attachments in a different order.

MEDICINE IV

DOMAIN I — PROFESSIONAL SKILLS

Clinical skills are now strengthened in the course of the clinical rotations. In addition, a programme to develop skills in patient education and counselling is provided with special emphasis on problems of childhood, manipulation of diet and avoidance of alcoholism. These activities strongly link to those of population medicine.

DOMAIN II — CRITICAL REASONING

Previously developed skills in critical reasoning are applied to the care of patients on the wards.

DOMAIN III — IDENTIFICATION, PREVENTION AND MANAGEMENT OF ILLNESS

Students undertake six clinical rotations, each group of students in a different order. The attachments are as follows:

Attachment 1: Paediatrics

Attachment 2: Reproductive Medicine

Attachment 3: Surgery I (Orthopaedics and Urology)

Attachment 4: Surgery II (General Surgery)

Attachment 5: Medicine I (Ageing and Respiratory, or Gastroenterology and Haematology)

Attachment 6: Medicine II (Cardiology and Endocrinology or Nephrology or Rheumatology)

A ten day General Practice workshop is held at the end of these rotations.

DOMAIN IV — POPULATION MEDICINE

A sequence of activities integrated with those of Domain III and Domain I with particular emphasis on strategies for the prevention of cancer, paediatric screening, immunology and additional selected topics.

DOMAIN V — SELF-DIRECTED LEARNING

Experience with the arrival of a baby in a family and a "baby in the family" report.

Timetable Commitments

The timetable for Medicine IV is organised in a similar fashion to that for Medicine V with clinical attachments on Mondays, Tuesdays, Fridays and Wednesday and Thursday mornings, and Fixed Resource Sessions organised for Wednesday and Thursday afternoon.
SECTION THREE
BACHELOR OF MEDICINE SUMMATIVE ASSESSMENT GUIDELINES

Year V
YEAR V consists of the subjects MEDICINE I and ELECTIVE II. This year is divided into one period of two weeks and five periods of 5 weeks, followed by a 2 week elective term. Rotations through major specialties continue, with additional general practice experience.

MEDICINE V
DOMAIN I — PROFESSIONAL SKILLS
Clinical skills are consolidated in each of the clinical rotations. In addition, there is a programme to develop skills in the education of patients with respect to their disease and their treatment with a view to improving understanding and compliance, in the breaking of bad news and the explanation of the nature and implications of investigations and treatment, in counselling for smoking prevention.

DOMAIN II — CRITICAL REASONING
A particular emphasis on the assessment of the effectiveness of diagnostic tests and regimens for the management of illness.

DOMAIN III — IDENTIFICATION, PREVENTION AND MANAGEMENT OF ILLNESS
The year commences with a two week general practice attachment, in which students are posted to individual practitioners to consolidate their skills in managing problems in an ambulatory setting. The rest of the year is a continuity of rotations as follows:

Attachment 1: Medicine
Attachment 2: Paediatrics
Attachment 3: Surgery
Attachment 4: Reproductive Medicine
Attachment 5: Psychosocial and Psychiatry

DOMAIN IV — POPULATION MEDICINE
Continuation of the programmes of activities in Year 3 with emphasis now on diabetes, alcoholism, cardiovascular disease, ageing, dementia.

DOMAIN V — SELF-DIRECTED LEARNING
There are no specific activities in this Domain.

Timetable Commtiinents
Students are expected to attend all appropriate clinical activities (eg ward rounds, operating theatre) on Monday, Tuesday, Wednesday and Friday. Students may also be rostered on any night of the week and on weekends. Students may be attached to country hospitals for clinical activities. Every Thursday all students attend Fixed Resource Sessions, as follows:

Terms 1 and 2
9.15 - 10.30 Topics covering Domain II (Critical Reasoning) and Domain IV (Population Medicine).

11.00 - 12.30 Students work in small groups considering various Interdisciplinary Skills topics.
2.15 - 3.30 Topics covering Domain III (Identification, Prevention and Management of Illness).
4.00 - 5.30 Topics covering Domain IV (Population Medicine).

Term 3
9.15 - 10.30 Topics covering Domain II and Domain IV.
11.00 - 12.30 Topics covering Domain III.
2.15 - 3.30 Topics covering Domain II and Domain IV.
4.00 - 5.30 Topics covering Domain III.

Term 4
9.15 - 10.30 Topics covering "Health, Law and Ethics" and other areas within Domain III.
11.00 - 12.30 Topics covering Domain II and Domain IV.
2.15 - 3.30 Topics covering Domain II and Domain IV.
4.00 - 5.30 Topics covering Domain III.

Note: Royal Newcastle Hospital Grand Rounds are held from 1.00 - 2.00 each Thursday.

ELECTIVE II
This concludes Year V and is structured and governed in the same way as Elective I.

ELECTIVE III
Students may, if they wish, complete an additional elective subject (Elective III) upon completion of the third or fourth years of the course. Students who pass Elective III will not be required to complete or pass Elective II. The Elective II must cover a period of twenty eight (28) weeks, but is otherwise structured and governed in the same way as Elective I.

General Summative Assessment Guidelines
1. Assessment is by Domain. All Domains rank equally in regard to student progress.
2. Summative assessment is subject to the same general conditions of examinations and unsatisfactory progress as any other examination in the University. Students should refer to the University's By-laws and Regulations for specific details. (Volume 1, Part 2, of the University of Newcastle Calendar).
3. Attendance at Prescribed First and Final Assessments is Compulsory:
   (i) Failure to attend first assessment will result in a mark of Not Satisfactory, unless there are extenuating circumstances. Students who do not attend first assessment will be permitted one final assessment in the final assessment period.
   (ii) Failure to attend final assessment will result in a final result of Not Satisfactory for that assessment, unless there are extenuating circumstances. Students who do not attend first assessment will be permitted one final assessment in the final assessment period.
4. For short cases and long cases only, students who attend first assessment but are deemed Not Satisfactory will be permitted a second assessment in that instrument in the second assessment period. Students found Not Satisfactory at second assessment will be permitted one final assessment in that instrument in the final assessment period. Students may choose not to undertake second assessment and sit for final assessment only. In this case students MUST notify the Faculty in writing prior to the scheduled assessment period. An alternative second assessment will not be available.
5. Submission of Reports by a Stipulated Date is Compulsory:
   (a) If the report is a pre-condition for assessment in a Domain (for example, Certifications in Domain III) then:
      (i) Failure to submit the appropriate documentation(s) by the stipulated date will result in a mark of Not Satisfactory at first assessment for that certification and for the dependent instrument, unless there are extenuating circumstances. The appropriate and satisfactory certification must be submitted prior to the relevant final assessment period. Students will then be permitted to undertake final assessment in the dependent instrument.
      (ii) Students who do not submit the appropriate and satisfactory certifications by the final assessment period will receive a final mark of Not Satisfactory in certification and the dependent instrument.
   (b) If the report is itself a summative assessment instrument then:
      (i) Failure to submit the report by the stipulated date will result in a mark of Not Satisfactory at first assessment, unless there are extenuating circumstances. Students will be permitted their final assessments in that instrument, to be submitted by the final assessment date detailed in the relevant Year Assessment Guidelines.
      (ii) Failure to submit the report by the stipulated date for final assessment will result in a final mark of Not Satisfactory for that instrument; no further assessment will be permitted.

Notes for (a) and (b):
- Misreading of the stipulated date will not be accepted under any circumstances as an excuse for failure to submit a report. All reports and certifications must be lodged in the appropriate box on Level 6, Medical Sciences Building (for Year 1) or Level 2, David Maddison Building (for Years 2, 3, 4 and 5) by 5.00 pm on the date stipulated, except for:
  - 48 Hour Tastu, Years 2 and 4: to be submitted to the Clinical Supervisor or Administrative Officer by the due and time specified at the time of the assessment.
  - Clinical Supervisors' Report Forms, Years 4 and 5: to be submitted to the relevant Discipline Secretary by 5.00 pm of the Monday following the end of each rotation.

6. Rating forms to be used in assessments will be made available to students at appropriate times prior to the assessments. It is the student's responsibility to be familiar with them.

7. A specific timetable for each assessment will be published at least one week in advance of the assessments. Locations of assessment notice boards are: Level 6, Medical Sciences Building, Level 5, New Med II (Mater) and Level 2, David Maddison Clinical Sciences Building. Assessment notices will be posted on general notice boards. It is the student's responsibility to ensure they are aware of all assessment requirements, dates, locations and so on.

8. Assessment results will be posted on the Assessment noticeboards (see Item 6). It is the student's responsibility to check these notice boards in time for final assessments. An official result letter will be sent to students for confirmation of results.

9. Students who feel that their study during the year in preparation for examinations was affected by illness or other serious cause may submit an application for special consideration. The application for Special Consideration and the Medical
SECTION THREE
BACHELOR OF MEDICINE SUMMATIVE ASSESSMENT GUIDELINES

Certificate must be made on the prescribed form and be submitted to the University Secretary within seven days after the event on which the request is based.

10. Students who claim attendance at or performance in a formal written examination has been affected by illness or other serious cause may submit an application for Special Consideration. The application for Special Consideration and the Medical Certificate must be made on the prescribed form and be submitted to the University Secretary not later than three days after the date of the examination.

11. Students who feel that they have been disadvantaged by the process of assessment or by unusual occurrences during the assessment should apply, in writing, for special consideration. This request should be made within three days of completion of the assessment and should be addressed to the Secretary of the University, the request may be lodged with the Faculty Secretary.

12. After the release of results a student may apply to have a result reviewed. There is a charge for each review, which is refundable in the event of a change of result. Applications for review must be submitted on the appropriate form, together with the prescribed review charge. However, it should be noted that examination results are released only after careful consideration of students' performances and that, amongst other things, marginal failures are reviewed before results are released.

To provide feedback students will be granted access to assessment scripts after results are released. Access times and dates will be provided on notice boards on the day results are released. Students may take their scripts with them for an extended period but by so doing they forgo the right subsequently to request a remark.

Students who wish to request a remark or review of their results must be lodged within one week of the release of the relevant results.

Assessment Guidelines 1990

Medicine I

Assessment Co-ordinator: Dr J. E. Stuart,
Room 219, Wheeler House,
Phone: 2690/4/269/505.

DOMAIN I — PROFESSIONAL SKILLS

1. Certification Sheet
Each student must submit a completed certification sheet by the date specified on the Year 1 schedule of key dates, on which tutors certify that the student has attended and can satisfactorily carry out the prescribed tasks. This is a pre-requisite to being permitted to undertake the Long Case. (The certification sheet is at the end of the Term 3 Professional Skills' handbook).

2. Long Case
Each student will undertake a long case assessment, over a 65 minute period. The student will be given 10 minutes initial planning time, up to 30 minutes with the simulated patient, a further 10 minutes to plan the case presentation and 15 minutes for the case presentation and viva voce (= oral assessment).

3. Group Task
Each student group will deal with a "practice problem" in a given three hour period. The first 1 1/2 hours will be observed by the assessors. The Group Task assesses the ability of the group to interact together, to generate hypotheses, to plan an enquiry strategy, and to define learning goals. The group must submit a written report at the end of the Task.

DOMAIN II — CRITICAL REASONING

Each student group will be given two hours to consider and prepare a written report on a given problem.

DOMAIN III — IDENTIFICATION, PREVENTION AND MANAGEMENT OF ILLNESS

Students will undertake up to 12 hours of written assessments. The following assessment instruments may be used:

i) Modified Essay Questions (MEQs) — a series of short, integrated and sequential questions relating to a particular patient problem.

ii) Short Answer Questions (SAQs) — a series of short independent questions each relating to important concepts studied during the course of the year.

iii) Short Essay Questions — independent short essays on given topics.

iv) Multiple Choice Questions (MCQs) — a series of short questions and answers from which the correct answer(s) is/are selected.

v) Objective Structured Clinical Assessments (OSCA) — a series of separate problems, requiring observation and interpretation of some practical resource or the performance of some practical task using medically relevant equipment; the assessment for this instrument may, in some cases, be in the form of a viva.

DOMAIN IV — POPULATION MEDICINE

1. Reports
Each student will be required to submit two (2) reports during the year. Each report must be no longer than 3,500 words. This word limit does not include references and tables, but these should be limited to another three A4 pages only. References and tables must not be included in the body of the report text but appended in a separate section at the end.

2. Written Assessment
Each student will undertake an individual written assessment of up to one and one half hours duration. They will be required to answer four (4) out of a choice of seven (7) essay format questions. Students will not be permitted to answer a question on the topic their group studied in detail during the year.

DOMAIN V — SELF-DIRECTED LEARNING

Students' Own Learning Viva

Students will be given a 24 hour interval after the group task to investigate a learning goal of their choice, identified during the group task. An individual 30 minute viva assessment will then be held, during which students may consult their own notes.

Criteria for Performance and Details of Final Assessments

Competence is determined by instrument. That is, students must be satisfactory in each component of each Domain.

DOMAIN I

1. Certification Sheet
Students who do not submit the completed Certification by the due date will not be permitted to undertake the first assessment Long Case, unless there are extenuating circumstances. The appropriate and satisfactory certification must be submitted prior to the Long Case first assessment period. Students will then be permitted to undertake second assessment Long Case in the first assessment period.

2. Written Assessment
Any student group found Not Satisfactory in the Critical Reasoning Assessment will be required to undertake one final assessment of up to 12 hours, in the same format as first assessment.

DOMAIN IV

1. Reports
Students who do not submit a report by the due date will be deemed Not Satisfactory at first assessment and will be required to submit the required report(s) for one final assessment by the final assessment date.

2. Written Assessment
Any student group found Not Satisfactory in the Critical Reasoning Assessment will be required to undertake one final assessment of up to 12 hours, in the same format as first assessment.

3. Group Task
If a group is considered Not Satisfactory on the Group Task assessment they will be required to undertake one final Group Task.

DOMAIN II

Any student group found Not Satisfactory in the Critical Reasoning Assessment will be required to undertake one final assessment in a format similar to the first assessments.

DOMAIN III

Students considered Not Satisfactory in the Domain III assessments will be required to undertake final assessment of up to 12 hours, in the same format as first assessment.

2. Long Case
Students who are Not Satisfactory in the Long Case will be required to undertake a second Long Case. Students still considered Not Satisfactory will be required to undertake a final Long Case. Second and final Long Cases will be in the same format as the first assessment.

3. Group Task
If a group is considered Not Satisfactory on the Group Task assessment they will be required to undertake one final Group Task.

DOMAIN IV

Any student group found Not Satisfactory in the Critical Reasoning Assessment will be required to undertake one final assessment in a format similar to the first assessments.

DOMAIN V

Students considered Not Satisfactory in the Domain IV assessments will be required to undertake final assessment of up to 12 hours, in the same format as first assessment.

Medicine I Key Dates 1990

<table>
<thead>
<tr>
<th>Domain</th>
<th>Instrument</th>
<th>Assessment Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Certification sheet</td>
<td>29/09/00</td>
</tr>
<tr>
<td>II</td>
<td>Long Case</td>
<td>5/11/90 - 16/11/90</td>
</tr>
<tr>
<td>III</td>
<td>Group Task</td>
<td>5/11/90 - 16/11/90</td>
</tr>
<tr>
<td>IV</td>
<td>Group Critical</td>
<td>5/11/90 - 16/11/90</td>
</tr>
<tr>
<td>V</td>
<td>Reasoning</td>
<td>5/11/90 - 16/11/90</td>
</tr>
<tr>
<td>VI</td>
<td>Written Papers</td>
<td>5/11/90 - 16/11/90</td>
</tr>
</tbody>
</table>
**DOMIAN I — PROFESSIONAL SKILLS**

1. **Certification Sheets**
   Students must be certified by clinicians as having certain professional skills:
   i) Block 4 - Cardiovascular and Respiratory systems
   ii) Block 5 - Neurology and Psychiatry
   iii) Block 6 - Endocrinology and Haematology

   Appropriate documents are to be found in the Professional Skills handouts relating to each Block. Students must submit the appropriate documents by the dates nominated in the schedule of key dates for Year 2. This is a prerequisite to being permitted to undertake the Long Case.

2. **Long Case**
   Each student will be required to take a history from, and examine a patient, during a 30 minute period. The student will be observed and will be required to make a short case presentation summarising the patient’s problems. The examiner should seek clarification of clinical points relevant to the particular patient, but should not explore chronic disease, or issues of management. Discussion should not exceed 10 minutes duration and should be followed by 5 minutes feedback.

3. **General Practice**
   Each student must submit the nominated date 8 tasks as described in the General Practice document distributed to students prior to commencement of the General Practice attachment. These tasks will assess understanding of the process of general practice.

**DOMIAN II — CRITICAL REASONING**

Each student will undertake a written assessment of up to 3 hours in which they will analyse given research literature.

**DOMIAN III — IDENTIFICATION, PREVENTION & MANAGEMENT OF ILLNESS**

Students will undertake up to 13 hours of written assessments. The following assessment instruments may be used:

i) Modified Essay Questions (MEQ's) - a series of short, integrated and sequential questions relating to a particular patient problem.

ii) Short Answer Questions (SAQ's) - a series of short independent questions each relating to important concepts.

iii) Short Essays - independent short essays on given topics.

iv) Multiple Choice Questions (MCQ’s) - a series of short questions and answers from which the correct answer(s) is/are selected.

**DOMIAN V — SELF-DIRECTED LEARNING**

1. **48 Hour Task**
   Each student will identify an own-learning task immediately following their Long Case. 48 hours later students will be required to submit a 1,000 word report plus a list of the sources consulted during the 48 hours (including books, journals and people). Students may also be required to present for a supplementary viva to clarify any aspect of the report, at the discretion of the assessor. Full details of the format of the 48 hour task report are contained in a separate document.

2. **Extended Own Learning Task**
   By the end of week 4 of Term 1 students will be required to have registered with the Chairman, Domain V, a topic or topic for independent study. The topic of the task will be decided in consultation with the Domain V Chairman, but may include remediation in specific areas of the curriculum. A suitably qualified person must be nominated as the consultant for each report. Students will be required to submit by the specified date a written report (minimum 1,000 words) together with a confirmation from their supervisor/consultant (on the appropriate contract) that they have undertaken the task satisfactorily (i.e. students must submit the marked report and contract by the specified date).

**Criteria for Competence and Details of Final Assessments**

Competence is determined by instrument. That is, students must be Satisfactory in each component of each Domain.

**DOMIAN I**

1. **Certification Documents**
   Students who do not submit the required documents by the nominated dates will not be permitted to undertake the first assessment Long Case unless there are extenuating circumstances. The appropriate and satisfactory certification(s) must be submitted prior to the first assessment period. Students will then be permitted to undertake second assessment Long Case in the first assessment period.

Students whose certification is deemed Not Satisfactory will not be permitted to undertake the Long Case first assessment and will be required to repeat the process of certification so that it is Satisfactory prior to the first assessment period. Students will then be permitted to undertake second assessment Long Case in the first assessment period.

Students deemed Not Satisfactory at second assessment in the Long Case during the first assessment period, may choose to attempt final assessment in the Long Case during the second assessment period, provided that the student informs the year co-ordinator of this decision in writing at least one week before the commencement of the second assessment period. If the student was always deemed Not Satisfactory in the 48 hour task, the final assessment in this instrument must be attempted at the same time as the final assessment in the Long Case.

2. **Long Case**
   Students found Not Satisfactory in the Long Case will be required to undertake second and, if necessary, final assessment. These assessments will be in the same format as the first assessment.

3. **General Practice**
   A student whose tasks are considered to be Not Satisfactory will be required either to amend and re-submit the tasks to book or to submit new material as prescribed by the assessor(s), for one final assessment.

Students who do not submit the task book by the nominated date should refer to the General Summative Assessment Guidelines paragraph 4, Section (b). The General Practice Logbook must be completed and submitted by the specified date for final assessment.

**DOMIAN II**

Students considered Not Satisfactory in the Critical Reasoning assessment will be required to undertake one final assessment of up to 3 hours by written instruments.

**DOMIAN III**

Students considered Not Satisfactory in the Domian III assessments will be required to undertake one final assessment of up to 13 hours, in the same format as first assessment.

**DOMIAN IV**

1. **Group Report**
   Student groups found Not Satisfactory on their group report will be required to submit one further report, by the final assessment date. No further assessment will be permitted.

2. **Group Presentation**
   Student groups found Not Satisfactory on their group presentation will be required to re-present within one month of the first presentation. No further assessment will be permitted.
SECTION THREE

3. Individual Viva Assessment
Students found Not Satisfactory in the viva assessment will be required to undertake one final assessment in the same format as the first assessment.

DOMAIN V
48 Hour Task
Students who do not submit their report by the stipulated date and time will be deemed not to be Satisfactory at first assessment, unless there are extenuating circumstances. Students will be permitted one new task as final assessment in the same format as the first assessment, to be conducted in the second or final assessment period. Students wishing to undertake final assessment for the 48 hour task in the second assessment period must notify the year co-ordinator in writing at least one week prior to the commencement of the second assessment period. Students who submit a Not Satisfactory report will be required to undertake one new task as final assessment, in the same format as the first assessment. No further assessment will be permitted.

2. Extended Own Learning Task
Students who do not have an Extended Own Learning Task topic approved by the due date or do not submit the report by the due date will be deemed Not Satisfactory at first assessment, unless there are extenuating circumstances. Students will be permitted one final assessment to be completed by the date set by the Domain V Chair. Students who submit a report by the due date, but which is deemed Not Satisfactory will be required to submit one further report one month after the first report has been returned to the student. No further assessment will be permitted.

Medicine II Key Dates 1990

<table>
<thead>
<tr>
<th>First Assessment</th>
<th>Instrument</th>
<th>Due Date</th>
<th>Assessment Period</th>
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<tbody>
<tr>
<td>I Certification Sheets</td>
<td>Block 4</td>
<td>14/5/90</td>
<td>5/1/90 - 16/11/90</td>
</tr>
<tr>
<td></td>
<td>Block 5</td>
<td>30/7/90</td>
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<td>Block 6</td>
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<td>Long Case Task Book (General Practice)</td>
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<td>Extended Own Learning Task:</td>
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<td>i) Topic Registration and Approval</td>
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*Except for:
(i) Extended Own Learning Task: The date will be set by the Chair for Self-Directed Learning.
(ii) Domain IV Group Report: to be submitted by 7/1/91.
(iii) Long Case and 48 hour task where students elect to undertake final assessment in the second assessment period (3/1/90 - 7/12/90) as appropriate.

Second Assessment (Long Case only)
Long Case: Second Assessments will be held in the period 5/1/90 - 16/11/90 or 3/12/90 - 7/12/90 as appropriate.

Final Assessment
All Final Assessments will be held in the period 7/1/91 - 12/1/91.

SECTION THREE

BACHELOR OF MEDICINE SUMMATIVE ASSESSMENT GUIDELINES

Medicine III
Phone: 266-1621266-161.

DOMAIN I - PROFESSIONAL SKILLS
1. Certification is required for:
Ophthalmology, ENT, Dermatology, Theatre Scrubbing.

2. Country Term Logbook
The logbook itself will be submitted for summative assessment of content of the specified procedures and specified observations (i.e. (b) and (c) above).

3. Discharge Summary and Referral Letter
Students are required to submit for summative assessment, a discharge summary and referral letter as described in the country term handbook.

4. Short Cases
Students will be summatively assessed in two short cases (additional to the certification that they have satisfactorily completed three short case examinations).

The short case assessment will be of 20 minutes duration and students will be asked to demonstrate a limited examination of a patient and present the findings to the assessor, who will ask questions about the rationale for the examination undertaken, the pathological or physiological events which are being observed, and the pathophysiology of the specific patient's condition. Summative short case assessments will be held in two of the seven specified systems. Whether this will occur in Newcastle or the country will vary between terms and country centres.

5. Long Case
Each student will be required to undertake a long case. Up to 60 minutes will be allowed with a patient, the first 15 - 20 minutes of which will be observed. After a further 20 minutes the student will undertake a 30 minute case presentation/viva.

6. Specific Counselling
6.1 Certification
Each student will be required to submit by the due date a form signed by their tutor indicating completion of four specified video(tapes during their Newcastle Block II term. This is a prerequisite to being permitted to undertake summative assessment in specific counselling.

6.2 Assessment
Summative assessment will be with a simulated patient and will be videotaped. The duration of the interview will be up to 20 minutes.

DOMAIN II - CRITICAL REASONING
Each student will undertake a written assessment of up to 3 hours.

DOMAIN III - IDENTIFICATION, PREVENTION AND MANAGEMENT OF ILLNESS
1. Students will undertake up to 18 hours of written assessments. The following assessment instruments may be used:
   i) Modified Essay Questions (MEQs) - a series of short, integrated and sequential questions relating to a particular patient problem.
   ii) Short Answer Questions (SAQs) - a series of short independent questions each relating to important concepts.
   iii) Short Essay Questions - independent short essays on given topics.
   iv) Multiple Choice Questions (MCQs) - a series of short questions and answers from which the correct answer(s) is/are selected.
   v) Objective Structured Clinical Assessments (OSCA) - a series of separate problems, requiring observation and interpretation of some practical resource or the performance of some practical task using medically relevant equipment; the assessment for this instrument may, in some cases, be in the form of a viva.

2. Trauma Report
Students are required to submit a report of 1000 - 2000 words as described in the country term handbook.

3. Chronic Disability Presentation
Students will be required to select a case as described in the country term handbook. During the country term (as arranged by each Clinical Supervisor), each student will be required to present that case to a meeting including an academic member of the Faculty of Medicine and students at the country centre. The presentation should be of 10 minutes duration and demonstrate an understanding of the medical and social factors impinging on the patient's situation.

DOMAIN IV - POPULATION MEDICINE
Each student will undertake a Short Answer Question paper of 90 minutes duration.

DOMAIN V - SELF-DIRECTED LEARNING
Extended Own Learning Task
By the end of week 4 of Term 1 students will be required to have registered with the Chairman, Domain V, a topic or topics for independent study. The topic of the task will be decided in consultation with the Domain V Chairman, but may include pre-registration in specific areas of the curriculum. A suitably
Students who do not submit the required certification by the nominated date will not be permitted to undertake the Specific Counselling first assessment period. Students whose certification is submitted by the due date but is deemed to be Not Satisfactory will be permitted to undertake the Specific Counselling first assessment and will be required to submit satisfactory certification prior to the Specific Counselling final assessment period. They will then be permitted to undertake second assessment Long Case in the first assessment period.

2. Country Term Logbook

Students who do not submit the Logbook by the due date should refer to the General Summative Assessment Guidelines, Paragraph 4, subsection (b). The country term Logbook must be completed and submitted by the specified date for final assessment.

Students who submit the Logbook by the due date but are deemed Not Satisfactory in this assessment will be required to complete requirements of the Logbook satisfactorily before the final assessment period.

3. Discharge Summary and Referral Letter

Students who do not submit the Discharge Summary and/or Referral Letter by the due date should refer to the General Summative Assessment Guidelines, Paragraph 4, Section (b). The Discharge Summary and/or Referral Letter to be submitted prior to the Specific Counselling final assessment period. Students who submit a report by the due date, but which is deemed Not Satisfactory will be required to submit one further report one month after the first report has been returned to the student. Further assessment will be permitted.

Students who submit the Trauma Report by the due date, but which is deemed Not Satisfactory will be required to submit one further report one month after the first report has been returned to the student. Further assessment will be permitted.

4. Short Cases

Students found Not Satisfactory in either or both the summative Short Cases will not be permitted to undertake second and, if necessary, third assessment in relation to each case. These assessments will be in the same format as the first assessment.

5. Long Case

Students found Not Satisfactory in the Long Case will be required to undertake second, and, if necessary, third assessment. These assessments will be in the same format as the first assessment.

6. Specific Counselling

6.1 Certification

Students who do not submit the required certification by the nominated date will not be permitted to undertake the Specific Counselling first assessment unless there are extenuating circumstances. The appropriate and satisfactory certification(s) must be submitted prior to the Specific Counselling final assessment period. Students will then be permitted to undertake final assessment Specific Counselling.

Students whose certification is submitted by the due date but is deemed to be Not Satisfactory will not be permitted to undertake the Specific Counselling first assessment and will be required to submit satisfactory certification prior to the Specific Counselling final assessment period. They will then be permitted to undertake final assessment Specific Counselling.

6.2 Assessment

Students found Not Satisfactory in the Specific Counselling assessment will be required to undertake final assessment Specific Counselling in the same format as the first assessment.

DOMA IN II

Students found Not Satisfactory in the Critical Reasoning assessment will be required to undertake one final assessment by written instruments.

DOMA IN III

1. Written Assessments

Students found Not Satisfactory in the Domain III written assessments will be required to undertake one final assessment of up to 18 hours, in the same format as the first assessment.

2. Trauma Report

Students who do not submit the Trauma Report by the due date should refer to the General Summative Assessment Guidelines, Paragraph 4, Section (b). A report based on a new patient must be submitted by the final assessment date.

Students who submit the Trauma Report by the due date but are deemed Not Satisfactory in this assessment will be required to complete the task one final time in the same format as the first assessment and based on a new patient.

3. Chronic Disability Presentation

Students found Not Satisfactory in the case presentation will be required to undertake one final assessment in the same format as the first assessment (except that the presentation will be to a Faculty assessor(s), without an audience) but with a new patient.

*According to country term relations
Medicine IV

Assessment Co-ordinator: Dr M. Agrez,
Level 4, David Maddison Building,
Phone: 266-167

DOMAIN I — PROFESSIONAL SKILLS

1. Certification

1.1 Clinical Supervisors' Reports (C.S.R.)

Students are required to submit clinical supervisors' reports on the forms provided for each clinical rotation, i.e. medicine, surgery, paediatrics, and reproductive medicine. These must be submitted to the discipline concerned by the times specified in the relevant documents.

1.2 Doctor/Patient Interactions

Students will be required to carry out a formal assessment exercise on video tape for discussion in group tutorials. Tutors will be required to certify that this has been done using the appropriate form.

Note:

There will be no formal summative assessment of interprofessional skills in Year 4. The content of these exercises will be available for assessment when these students are assessed in Information Transfer in Year 5.

2. Long Cases

Each student will undertake four long cases during the year. The tutor will have an assessment exercise which will centre around the case, but this will not be the major component of the assessment. They will not necessarily be identical, however, with formative assessment items or enabling objectives.

DOMAIN II — CRITICAL REASONING

Each student will undertake written assessment of up to three (3) hours.

DOMAIN III — IDENTIFICATION, PREVENTION AND MANAGEMENT OF ILLNESS

Students will undertake up to ten (10) hours of written assessments in the basic and clinical sciences. The following assessment instruments may be used:

i) Modified Essay Questions (MEQs)
ii) Short Answer Questions (SAQs)
iii) Short Essay Questions
iv) Multiple Choice Questions (MCQs)
v) Objective Structured Clinical Assessments (OSCA).

The summative assessment topics will be a reflection of topics covered throughout the year and included in handouts such as the enabling objectives. They will not necessarily be identical, however, with formative assessment items or enabling objectives.

DOMAIN IV — POPULATION MEDICINE

Assessment will be by a twenty minute viva.

DOMAIN V — SELF-DIRECTED LEARNING

1. Baby in the Family Report

Students are required to submit a "Baby in the Family" Report which should not exceed 2,000 words. Details are contained in the Paediatrics and Reproductive Medicine handbooks and will be elaborated at the start of the Paediatrics/Reproductive Medicine term.

2. Medical Independent Learning Exercise (MILE)

This is designed to test how well the student can formulate relevant questions in relation to a patient problem, use available resources in a systematic and sensible fashion and interpret information for direct benefit to the patient. An example of such work previously is: "Mrs C. has just been found to have a malignant lymphoma; she wants to know whether there is any evidence that lymphomas run in families. She wonders what is the risk of her children acquiring the disease or one related to it?". A task relating to the clinical attachment through which the student is rotating at the time will be distributed to each student. Students will be kept under supervision for 1 hour while they complete the first part of the task (formulating their questions and reviewing the relevant literature). They then have 48 hours to submit the report. The report should be no more than 2,000 words in length.

Criteria for Competence and Details of Final Assessments

Competence is determined by instrument. That is, students must be Satisfactory in each component of each Domain.

DOMAIN I

1. Certification

Students who do not submit the certification forms by the due dates should refer to the General Summative Assessment Guidelines, item 4, section (a).

1.1 Clinical Supervisors' Reports (C.S.R.)

- Medicine and Surgery

There are 4 rotations in surgery and 4 in medicine. For each discipline:

(a) A student who is Satisfactory in all rotations will proceed through the prescribed assessment process. (b) A student with one Not Satisfactory result will be interviewed by the appropriate discipline representative, and may be required to sit for an additional observed long case.

2. Long Cases

Each student will undertake four long cases during the year.

3. Medical Independent Learning Exercise (MILE)

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Elizabeth B. McNamee, Dr

BACHELOR OF MEDICINE SUMMATIVE ASSESSMENT GUIDELINES

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Criteria for Competence and Details of Final Assessments

Competence is determined by instrument. That is, students must be Satisfactory in each component of each Domain.

Elizabeth B. McNamee, Dr
Mini-elective
Semester
Stuvac
Sept
Semester
Block 8
Examinations commence Monday 5 November, 1990
NOTE:

ii
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Clinical
Period Nov 12 - Nov 21 One
Three
Six
Attachment 3b
Attachment la
(10 weeks).
commences
concludes
Friday 26 Nov 1990

Two
commences
concludes
Friday 16 November, 1990
concludes Friday 26 October, 1990

Block FOUT (10 weeks)

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30

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10/9-14/9
7 week AVCC/Easter
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1 week

Jan 6

2 week

Mar 1

1 week

Mar 21

10 week

Mar 25

11 week

May 21

2 week

July 23

4 week

July 29

6 week

Aug 15

6 week

Aug 29

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Aug 30

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Aug 31

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ATTENDANCE STATUS
A candidate for any qualification other than a postgraduate qualification who is enrolled in three quarters or more of a full-time programme shall be deemed to be a full-time student whereas a candidate enrolled in either a part-time course or less than three-quarters of a full-time programme shall be deemed to be a part-time student.

CONFIRMATION OF ENROLMENT
Students should ensure that all details on their Approved Programme form are correct. Failure to check this information could create problems at examination time.

FAILURE TO PAY OVERDUE DEBTS
Any student who is indebted to the University by reason of non-payment of any fee or charge, non-payment of any fine imposed, or who has failed to pay any overdue debts shall not be permitted to:
- commence enrolment in a following year;
- receive a transcript of academic record;
- or graduate or be awarded a Diploma, until such debts are paid.

Students are requested to pay any debts incurred without delay.

LEAVE OF ABSENCE
A student who does not wish to re-enter for any period up to three years should apply to The Secretary and ask for leave of absence. Leave of absence is normally granted only to those students who are in good standing. Applications should be submitted before the end of the first week of term in the first year for which leave of absence is sought. Leave of absence will not be granted for more than three years and will not be granted retrospectively.

In the case of the B.Ed. degree the following apply:
- at the completion of an academic year, a candidate whose performance is deemed unsatisfactory by the Faculty Board may be granted leave of absence under such conditions as the Faculty Board may determine.
- Such leave will not normally be granted for more than one year.

Application for re-admission to undergraduate degree courses must be made through the UCAC (see p.3).

ATTENDANCE AT CLASSES
Where a student's attendance or progress has not been satisfactory, action may be taken under the Regulations Governing Unsatisfactory Progress.

In the case of illness or absence for other unavoidable cause, a student may be excused from attendance at classes in the following circumstances:
- for any examination, a candidate may be excused from attendance at classes if the candidate applies in writing to the Head of the Department offering the subject. Where tests or term examinations have been missed, this fact should be noted in the application.
- in the event of an error being discovered.
- in the nature of the subject, which is refundable to a student may apply to have a result reviewed. There is a charge per subject, which is refundable in the event of an error being discovered. It is not obliged to grant a special examination. The evidence presented will be reviewed. There is a charge per subject, which is refundable in the event of an error being discovered. It is not obliged to grant a special examination. The evidence presented will be reviewed. There is a charge per subject, which is refundable in the event of an error being discovered.

APPLICATION FOR RE-ENTRY
The granting of an exemption from attendance at classes does not carry

GENERAL

Students are expected to conduct themselves at all times in a socially

SITTING FOR EXAMINATIONS
Formal written examinations are required, except where otherwise prescribed in a specific examination. Failure to appear for an examination will result in the candidate being awarded a fail. No examiners assist students, or commit any breach of...
UNSATISFACTORY PROGRESS

The University has adopted Regulations Governing Unsatisfactory Progress which are set out below.

1. Students who become liable for action under the Regulations will be informed accordingly by mail after the release of the End of Year examination results and will be informed of the procedure to be followed if they wish to "show cause".

Appeals against exclusion must be lodged together with Application for Re-enrolment forms by Friday 6 January 1989.

The Faculty's progress requirements are set out elsewhere in this volume.

REGULATIONS GOVERNING UNSATISFACTORY PROGRESS

1. These Regulations are made in accordance with the powers vested in the Council under By-law 5.1.2.

(2) These Regulations shall apply to all students of the University except those who are candidates for a degree of Master or Doctor.

(3) In those Regulations, unless the context or subject matter otherwise indicate or requires:

"Admissions Committee" means the Admissions Committee of the Senate constituted under By-law 2.3.5;

"Dean" means the Dean of a Faculty in which a student is enrolled.

"Faculty Board" means the Faculty Board of a Faculty in which a student is enrolled.

(2) A student's enrolment in a subject may be terminated by the Head of the Department offering that subject if the student's enrolment has been given prior written notice of the intention to terminate the enrolment and the student is given a reasonable opportunity to make representations with respect to the matter either in person or in writing or both.

(3) A student may appeal against any decision made under regulation 3 (b) (c) (d) (e) or (f) of these Regulations to the Admissions Committee which shall determine the matter.

4. Where the progress of a student who is enrolled in a combined course or who has previously been excluded from enrolment in another course or Faculty is considered by the Faculty Board to be unsatisfactory, the Faculty Board shall refer the matter to the Admissions Committee together with a recommendation for such action as the Faculty Board considers appropriate.

5. An appeal made by a student to the Admissions Committee pursuant to regulation 3 (b) of these Regulations shall be in such form as may be prescribed by the Admissions Committee and shall be made within fourteen (14) days from the date of posting to the student of the notification of the Admissions Committee of the decision.

6. In hearing any appeal the Admissions Committee may take into consideration any circumstances whatsoever including matters not relevant to the academic performance of the student.

7. The Dean or Sub-Dean shall act as a member of the Admissions Committee on the hearing of any appeal.

8. The appeal or the Dean's decision shall be in writing and be forwarded to the student and the Faculty Board.

9. The Admissions Committee may confirm the decision made by a Faculty Board or may substitute for any other decision which the Faculty Board is empowered to make pursuant to these Regulations.

6.1 The Admissions Committee shall consider any case referred to it by a Faculty Board and may:

(a) make any decision which the Faculty Board itself could have made pursuant to regulation 3 (b) (c) (d) (e) or (f) of these Regulations;

(b) exclude the student from enrolment in the Faculty Board of another Faculty, or as a joint student, or an "overseas student";

(c) the student from the University.

(2) The Committee shall not make any decision pursuant to regulation 6 (1) (b) (c) (d) (e) or (f) of these Regulations unless it has first given to the student the opportunity to be heard in person or by the Committee.

(3) A student may appeal against any decision made by the Admissions Committee under this Regulation.

7. Where there is an appeal against any decision of the Admissions Committee made under Regulation 6 of these Regulations, the Vice-Chancellor may refer the matter back to the Admissions Committee with a recommendation or shall arrange for the appeal to be heard by the Council. The Council of the Admissions Committee may substitute for its rejection any other decision which the Admissions Committee is empowered to make pursuant to these Regulations.
Campus Traffic and Parking

Persons wishing to bring motor vehicles (including motor cycles) on to the campus are required to complete a parking registration form for each vehicle. Completed forms must be lodged with the Attendant (Patrol) Office located off the loyer of the Great Hall. All persons must comply with the University’s Traffic and Parking Regulations including parking in approved parking areas, complying with road signs and not exceeding 55 k.p.h. on the campus.

If the Manager, Buildings and Grounds, after affirming the person a period of seven days in which to submit a written statement is satisfied that any person is in breach of Regulations, he may:

(a) warn the person against committing any further breach; or

(b) impose a fine; or

(c) refer the matter to the Vice-Chancellor.

The range of fines which may be imposed in respect of various categories of breach includes:

- $10 for parking in areas not set aside for parking.
- $15 for parking in special designated parking areas without a parking permit for that area.
- $30 for driving offences — including speeding and dangerous driving.
- $50 for failing to stop when signalled to do so by an Attendant (Patrol).

Refusing to give information to an Attendant (Patrol)

Failing to obey the directions of an Attendant (Patrol)

The Traffic and Parking Regulations are stated in full in the Calendar, Volume 1.

SECTION THREE: BACHELOR OF MEDICINE SUMMATIVE ASSESSMENT GUIDELINES

(c) A student with 2 or 3 Not Satisfactory results will be reviewed by the discipline representative(s), in consultation with the year co-ordinator, and will be required to sit additional observed long case assessment(s) in the appropriate discipline(s).

(d) A student with 4 or more Not Satisfactory results will be deemed to be Not Satisfactory in Domain I, First Assessment. Should he proceed through the other rotations of the year if this has not already been done, but will be required to undertake second assessment in long cases in the discipline found to be Not Satisfactory.

* Paediatrics and Reproductive Medicine

Students who are Not Satisfactory in Paediatrics or Reproductive Medicine will be reviewed in consultation with the year co-ordinator and the student may be required to undertake additional observed long case assessment.

The Faculty reserves the right to require a student to remediate in a specific discipline by repeating an attachment in which they are Not Satisfactory.

1.2 Doctor/patient Interaction

Students are required to carry out the prescribed video tape exercises and attend tutorials. Tutors will certify to this effect on the appropriate form, bound with the Clinical Supervisors Reports forms. Students who do not submit this certification by the due date will be required to complete video tapes and discuss their content to the satisfaction of the Domain Chair (or nominee). This must be done before the final assessment period.

2. Long Cases

Students must be Satisfactory in the observed component of one long case. Once a student has been rated Satisfactory in this component he/she will not be rated summarily for history taking and physical examination in subsequent long cases. If a student is Not Satisfactory at first attempt, a long case at the end of the next student term will be observed. This will be regarded as a Second Assessment. Any student who is still Not Satisfactory will have a final summative assessment at the end of the final term of the year. If a student is Not Satisfactory on all three summative observed components no further assessments will be permitted.

The minimum level of competence for the viva components of the long cases is a Satisfactory performance in 3 or more of the long cases. The criteria for Satisfactory in each individual viva is as follows:

- Performance in all components both of case presentation and case discussion.
- The student has satisfactorily demonstrated knowledge of the case presented and covered the examination questions.

Students who do not submit a MILE report by the due date and time should refer to the General Summative Assessment Guidelines, paragraph 4, section (b). The Baby in the Family Report must be submitted by the specified date for final assessment.

Students who do not submit a Baby in the Family Report by the stated date and time should refer to the General Summative Assessment Guidelines, paragraph 4, section (b). Students will be permitted one new task as final assessment in the same form as the first assessment, at a date to be arranged during the year.

HONOURS

All instruments will potentially contribute to Honours.
SECTION THREE

MEDICINE IV KEY DATES 1990

First Assessment

<table>
<thead>
<tr>
<th>Domain</th>
<th>Instrument</th>
<th>Due Date</th>
<th>Assessment Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Certification</td>
<td>By 5.00 p.m. of the Monday following the end of each rotation.</td>
<td></td>
</tr>
<tr>
<td>II</td>
<td>Doctor/Patient Interactions</td>
<td>Assessed on 4 occasions during the following 3 periods: 30/6/90 - 4/5/90, 30/9/90 - 3/8/90, 5/11/90 - 9/11/90</td>
<td></td>
</tr>
<tr>
<td>III</td>
<td>Written Assessments</td>
<td>3/12/90 - 7/12/90</td>
<td></td>
</tr>
<tr>
<td>IV</td>
<td>Viva</td>
<td>10/9/90 - 14/9/90</td>
<td></td>
</tr>
<tr>
<td>V</td>
<td>Bab in the Family Report</td>
<td>Due 10 days prior to the end of the combined Paediatrics/Reproductive Medicine term</td>
<td></td>
</tr>
</tbody>
</table>

Second Assessment (Long Case Only)

Long Case second assessment occurs during the year, as detailed in the guidelines. If a student is to undertake an additional Long Case as second assessment this will be conducted in the period 17/12/90 - 21/12/90.

Final Assessment

<table>
<thead>
<tr>
<th>Domain</th>
<th>Instrument</th>
<th>Due Date</th>
<th>Assessment Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Doctor/Patient Interactions</td>
<td>By 7/1/91</td>
<td></td>
</tr>
<tr>
<td>II</td>
<td>Written</td>
<td>7/1/91 - 12/1/91</td>
<td></td>
</tr>
<tr>
<td>III</td>
<td>Written</td>
<td>7/1/91 - 12/1/91</td>
<td></td>
</tr>
<tr>
<td>IV</td>
<td>Viva</td>
<td>7/1/91 - 12/1/91</td>
<td></td>
</tr>
<tr>
<td>V</td>
<td>Bab in the Family Report</td>
<td>During the year, as set by the Year 4 Co-ordinator</td>
<td></td>
</tr>
<tr>
<td></td>
<td>M.I.E.</td>
<td>During the year, as set by the Year 4 Co-ordinator</td>
<td></td>
</tr>
</tbody>
</table>

MEDICINE V

Assessment Co-ordinator: Associate Professor M. J. Hensley, Level 3, David Maddison Clinical Sciences Building, Phone: 266-142.

DOMAIN IV — POPULATION MEDICINE

Each student will undertake a three (3) hour written paper involving short essay questions on a number of topics.

DOMAIN V — SELF-DIRECTED LEARNING

This Domain is not summatively assessed in Year 5, 1990. Students should refer to the separate guidelines for Elective II.

CRITERIA FOR COMPETENCE AND DETAILS OF SECOND AND THIRD ASSESSMENTS

Competence is determined by instrument. That is, students must be Satisfactory in each component of each Domain.

Domain I

1. Certification

1.1 Clinical Supervisors' Reports (C.S.R.)

Students who do not submit the certifications by the due date should refer to the General Summative Assessment Guidelines, item 4 Section (a). There are rotations in general practice, paediatrics, reproductive medicine, medicine and surgery. Students must be Satisfactory in all terms. A student found to be NS in one or more terms MAY be required to remediate in a specific discipline by repeating a rotation in which they are NS and MAY be required to sit exams observed long case(s) or other assessment as appropriate at the second assessment period.

1.2 Doctor/Patient Interactions

Students who submit not satisfactory certifications will not be required to undertake final assessment of up to 3 hours in the same format as the first assessment.

HONOURS

All instruments will potentially contribute to Honours.

MEDICINE V KEY DATES 1990

First Assessment

<table>
<thead>
<tr>
<th>Domain</th>
<th>Instrument</th>
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<td></td>
</tr>
</tbody>
</table>

Second Assessment (Long Case Only)

Long Case second assessment occurs during the year, as detailed in the guidelines. If a student is to undertake an additional Long Case as second assessment this will be conducted in the period 17/12/90 - 21/12/90.

Final Assessment

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</tr>
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<td></td>
</tr>
<tr>
<td></td>
<td>M.I.E.</td>
<td>During the year, as set by the Year 4 Co-ordinator</td>
<td></td>
</tr>
</tbody>
</table>
### Elective I

Electives Co-ordinator: Associate Professor A.J. Husband, David Maddison Clinical Sciences Building, Room 301.

#### Key Dates

<table>
<thead>
<tr>
<th>First Assessment</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) Contract</td>
<td>23/12/90</td>
</tr>
<tr>
<td>(ii) Period</td>
<td>19/11/90 - 24/11/90</td>
</tr>
<tr>
<td>(iii) Student’s Report</td>
<td>10/9/90</td>
</tr>
<tr>
<td>(iv) Supervisor’s Report</td>
<td>17/9/90</td>
</tr>
</tbody>
</table>

### Elective II

Electives Co-ordinator: Associate Professor A.J. Husband, David Maddison Clinical Sciences Building, Room 301.

- Each student must submit a contract for an elective covering an eight-week period, undertake the elective and submit both a report on the elective and the supervisor’s report. The student’s and supervisor’s reports are to cover the first six weeks of the elective, however, students must complete the full eight weeks of the elective period.
- It is the student’s responsibility to ensure all reports reach the Faculty office by the due date even if the elective is undertaken at remote locations. Students who do not submit an elective contract and/or report by the stipulated dates will be deemed Not Satisfactory at first assessment, unless there is good reason for the omission. (An overseas elective or vacation is not considered to be “good reason”). These students must then submit their report by the specified final assessment date.

#### Key Dates

<table>
<thead>
<tr>
<th>Final Assessment</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) Contract</td>
<td>23/12/90</td>
</tr>
<tr>
<td>(ii) Reports</td>
<td>18/1/90</td>
</tr>
</tbody>
</table>

### Elective III

Electives Co-ordinator: Associate Professor A.J. Husband, David Maddison Clinical Sciences Building, Room 301.

Students may, if they wish, complete an additional elective subject (Elective III) upon completion of the third or fourth years of the course. Students who pass Elective III will not be required to complete or pass Elective II. Each student who undertakes this subject must submit a contract for an elective covering a twenty-eight-week period, undertake the elective and submit both a report on the elective and the supervisor’s report.

- It is the student’s responsibility to ensure all reports reach the Faculty office by the due date even if the elective is undertaken at remote locations. Students who do not submit an elective contract and/or report by the stipulated dates will be deemed Not Satisfactory at first assessment, unless there is good reason for the omission. (An overseas elective or vacation is not considered to be "good reason"). These students must then submit their report by the specified final assessment date.

#### Key Dates

<table>
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<th>Final Assessment</th>
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<td>(i) Contract</td>
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</tr>
<tr>
<td>(ii) Reports</td>
<td>18/1/90</td>
</tr>
</tbody>
</table>
### Texts and Reference Books

#### Notes for Students

This list of text and reference books has been prepared as a guide for your learning in the undergraduate medical curriculum. The books have been listed under discipline headings and books required for specific blocks are listed under subheadings within the most appropriate discipline.

You will note that books have been listed in three categories: introductory (only given where different from the standard text), standard and reference texts. The standard texts are those which have been found to be most suitable overall for student use. You are advised, however, not to buy any textbook until you are certain that you need a book on the subject and that it is the best book for your particular needs. Most students do not find it necessary to purchase reference texts, and you should consider purchase of introductory texts only if you have difficulty with the subject or find you have inadequate access to the introductory text provided in the first year students’ collection and the Medical Reserve. If in doubt consult discipline staff, the texts in the Medical Reserve or students in later years. Cheap student editions of some texts are available. Consult the student bookshop about the availability of these.

#### Year 1 Book Collection

In the first year of the course each tutorial group is provided with the following books:

#### Anatomy

- **Structure and function of the body** 7th ed (Timms, M. 1984)
- **Clinical anatomy** (Williams, J. 1980)
- **Histology** 8th ed (Lippincott 1979)
- **Atlas: Functional histology: a text and colour atlas** (Churchill Livingstone 1979)

#### Behavioural Science

- **Social psychology and behavioral medicine** (Wiley 1982)

#### Clinical Pharmacology

- **Clinical pharmacology** 5th ed (Churchill Livingstone 1980)
- **Modern pharmacology** 2nd ed (Little Brown 1986)
- **Pharmacology** (Churchill Livingstone 1987)

#### Community Medicine

- **A study guide to epidemiology and biostatistics** 2nd ed (University Park Press 1984)
- **Epidemiology of common diseases** (Heinemann 1984)
- **A dictionary of epidemiology** (Oxford University Press 1983)
- **Epidemiology: an introductory text for medical and other health science students** (NSW University Press 1987)

#### Health, Law and Ethics

- **Medical ethics: a clinical textbook and reference for the health care professions** (MIT Press 1983)
- **Principles of biomedical ethics** 2nd ed (Oxford University Press 1983)
- **Law for the medical profession** (Butterworths 1988)
- **Health respect: ethics in health care** (Faber & Faber 1987)

#### Human Physiology

- **Textbook of medical physiology** 6th ed (Saunders 1981)
- **Pathophysiology: principles of disease** (Saunders 1983)

#### Medical Biochemistry

- **Biochemistry** 4th ed (Balliere Tindall 1984) (A simple text which covers many but not all of the topics needed in 1st and 2nd years.)
- **Biochemistry: A functional approach** 3rd ed (Saunders 1983) (A comprehensive text)
- **Living chemistry** (Academic Press 1981) (Useful for those with no science background)
- **Food and nutrition** (Butterworths 1980)

#### Pathology

- **Anatomical Pathology and Histopathology** (Churchill Livingstone 1985)
- **Pathology Illustrated** (Churchill Livingstone 1983)
- **Immunology** (Butterworths 1980)
- **Essential immunology** 5th ed (Blackwell Scientific 1984)

#### Microbiology

- **Microbiology & Infectious Diseases** (Churchill Livingstone 1981)
- **Notes on medical bacteriology** (Churchill Livingstone 1981)
- **A practical approach to infectious disease** (Little Brown 1983)

#### Psychiatry

- **Psychiatric nursing** 5th ed (Churchill Livingstone 1982)

#### Textbooks and Reference Books

- **Elements of medical genetics** 6th ed (Churchill Livingstone 1983)
- **Medical genetics** (Butterworths 1980)

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**SECTION THREE**

**BACHELOR OF MEDICINE TEXTS AND REFERENCE BOOKS**

**Medicine**

- **Cecil essentials of medicine** (Saunders 1986)
- **Lecture notes on gastroenterology** 2nd ed (Churchill Livingstone 1985)
- **Internal medicine** (Churchill Livingstone 1983)
- **Concise textbook of gastroenterology** 2nd ed (Churchill Livingstone 1982)
- **Nephro-Urology** (Heinemann Medical 1983)
- **Fluids and electrolytes: a conceptual approach** (Churchill Livingstone 1980) (A very basic introduction to an area many students find difficult)

**Professional Skills**

- **Clinical methods: the history, physical and laboratory examination** 2nd ed (Butterworths 1980)

**Pathology**

- **Histopathology** 3rd ed (Saunders 1981)
- **Pathology Illustrated** (Churchill Livingstone 1983)

**Microbiology**

- **Microbiology & Infectious Diseases** 3rd ed (Churchill Livingstone 1983)

**Psychiatry**

- **Psychiatric nursing** 5th ed (Churchill Livingstone 1982)

---

**SECTION THREE**

**BACHELOR OF MEDICINE TEXTS AND REFERENCE BOOKS**

**Surgical Science**

- **Principles of surgery** (Blackwell Scientific 1980)

**General**

- **Basic Surgery** 2nd ed (Appleton-Century-Crofts 1982)

**Discipline Texts and References**

**ANATOMY**

- **Structure and function of the body** (Churchill Livingstone 1980)

**Gross**

- **Clinical anatomy** 2nd ed (Williams & Wilkins 1985)

**Microscopic**

- **Histology** 8th ed (Lippincott 1979)

**Developmental**

- **The developing human: clinically oriented embryology** 4th ed (Saunders 1988)

**Neuroanatomy**

- **The human brain: an introduction to its functional anatomy** 2nd ed (Mosby 1988)
SECTION THREE

BACHELOR OF MEDICINE TEXTS AND REFERENCE BOOKS

MEDICINE - SPECIALITIES

Reference Texts

Renal and Gastrointestinal

Elia, E. and Hawkins, C.
Lecture notes on gastroenterology (Blackwell Scientific 1985)

OR

Langman, M.J.S.
Concise textbook of gastroenterology 2nd ed (Churchill Livingstone 1982)

Smith, K.
Fluids and electrolytes: a conceptual approach Ed. II Brain (Churchill Livingstone, 1980) (A very basic introduction to an area many students find difficult)

Schrider, R.W. (ed)
Manual of nephrology 2nd ed (Little Brown 1985)

Cardiac and Respiratory

West, J.B.
Respiratory physiology: the essentials 4th ed (Williams & Wilkins 1990)

Davies, H. and Nelson, W.P.
Understanding cardiology (Butterworths 1978)

Musculo-skeletal

Dickson, R.A. and Wright, V. (ed)
Musculoskeletal disease (Heinemann 1984) (A good overview although a little brief)

Moskowitz, R.W.
Clinical rheumatology: a problem oriented approach to diagnosis and management 2nd ed (Lea and Febiger 1982)

McCarta, D.C.
Arthritis and allied conditions 11th ed (Lea and Febiger 1988)

Neurology

Schmidt, R.F.
Fundamentals of neurophysiology 3rd ed (Springer 1985)

Engel, G.L. and Morgan, W.L.
Principles and practice of dermatology 2nd ed (Butterworths 1983)

OPHTHALMOLOGY

Parr, J.
Introduction to ophthalmology 3rd ed (Oxford University Press 1989)

Vadhan, D. and Asbury, T.
General ophthalmology 11th ed (Lange 1986)

Ear, Nose and Throat

Bull, P.D.
Lecture notes on diseases of the ear, nose and throat 6th ed (Blackwell Scientific 1985)

Bull, T.R.
A colour atlas of ENT diagnosis 2nd ed (Wolfe Medical 1987)

ACUTE EMERGENCIES

Marshall, J. (ed)

Oh, T.E. (ed)
Intensive care manual 2nd ed (Butterworths 1985)

ONCOLOGY AND AGING

Aue, T. (ed)
Health care of the elderly: essays in old age, medicine, psychiatry and services (Croom Helm 1984)

International Union Against Cancer (ed)

OR

Portlock, C.S. and Goffinet, D.R.

Brocklehurst, J.C. and Harley, T.
Geriatric medicine for students 3rd ed (Churchill Livingstone 1987)

Brocklehurst, J.C. (ed)
Textbook of geriatric medicine and gerontology 3rd ed (Churchill Livingstone 1985)

MEDICINE - PROFESSIONAL SKILLS

Standard Texts

Engel, G.L. and Morgan, W.L.
Interviewing the patient (Saunders 1973)

MacLeod, J.
Clinical examination 7th ed (Churchill Livingstone 1986)

Swash, M. and Moxon, S. (ed)
Hutchinson's clinical methods 18th ed (Bailliere Tindall 1984)
Reference Texts

Walker, H.K. et al. (ed) Clinical methods: the history, physical and laboratory examinations 3rd ed (Butterworths 1985)

Wright, H.I. and MacAdam, D.B. Clinical thinking and practice: diagnosis and decision in patient care (Churchill Livingstone 1975)

Barrows, H.S. and Tamblyn, R.M. Problem-based learning: an approach to medical education (Springer 1986)

PEDIATRICS

Standard Texts


Royal Alexandra Hospital for Children, Camperdown, N.S.W. The Children's Hospital Handbook (The Hospital 1988)

Reference Texts


Bilgworth, R.S. The development of the infant and young child: normal and abnormal 9th ed (Churchill Livingstone 1987)

Bilgworth, R.S. The normal child: some problems of the early years and their treatment 9th ed (Churchill Livingstone 1987)

Jones, P.G. (ed) Clinical paediatric surgery: diagnosis and management by the staff of the Royal Children's Hospital, Melbourne 3rd ed (Blackwell Scientific 1986)


Milner, A.D. Asthma in childhood (Churchill Livingstone 1984)

Buchanan, N. Childhood asthma What it is and what you can do (Doubleday 1986)

PATHOLOGY

Anatomical Pathology and Histopathology

Standard Texts


BACHELOR OF MEDICINE TEXTS AND REFERENCE BOOKS

ESSENCIAL TEXTS AND REFERENCE BOOKS


Reference Texts

Robbins, S.L. et al Basic pathology 4th ed (Saunders 1987)


Walter, I.B. and Israel, N.S. General pathology 6th ed (Churchill Livingstone 1987)

Taussig, M.I. Processes in pathology and microbiology 2nd ed (Blackwell 1984)

Haematology

Standard Text

Hoffbrand, A.V. and Pettit, J.E. Essential haematology 2nd ed (Blackwell Scientific 1984)

Reference Text


Immunology

Standard Text

Rott, I.M. Essential immunology 6th ed (Blackwell Scientific 1987)

Reference Texts


Playfair, J.H.L. Immunology at a glance 4th ed (Blackwell 1987)

Microbiology/Infectious Disease

Introductory Texts

Skeggs, J.D. and Timbury, M.C. Notes on medical bacteriology 2nd ed (Churchill Livingstone 1986)

Timbury, M.C. Notes on medical virology 8th ed (Churchill Livingstone 1986)

Standard Texts


Hentges, D.J. (ed) Medical microbiology: a review with questions and explanations (Little Brown 1986)

SECTION THREE

REPRODUCTIVE MEDICINE

Standard Texts

Beischer, N.A. and Mackay, R.V. Obstetrics and the newborn: for midwives and medical students 2nd ed (Saunders 1986)

Chamberlain, G. et al Illustrated textbook of obstetrics (Gower Medical 1985)

OR

Llewellyn-Jones, D. Fundamentals of obstetrics and gynaecology 4th ed 2 vols (Faber & Faber 1986)

Mackay, R.V. and others ed Illustrated textbook of gynaecology (Saunders 1983)

Reference Texts


Beischer, N.A. and Mackay, R.V. Colour atlas of gynaecology (Saunders 1981)

Chamberlain, G. Contemporary obstetrics and gynaecology (Butterworths 1983) (A collection of articles from the British Journal of Hospital Medicine, published regularly)


Fox, H. Pathology of the placenta (W.B. Saunders 1978)


Harris, J. The value of life (Routledge and Kegan Paul 1985)


Kohe, H. and Singer, P. Should the baby live: the problem of handicapped infants (Oxford University Press 1985)

Pepperell, R.J. The infertile couple 2nd ed (Churchill Livingstone 1987)
SECTION THREE

BACHELOR OF MEDICINE TEXTS AND REFERENCE BOOKS

Orthopaedics
McRae, R.
Clinical orthopaedic examination 3rd ed (Churchill Livingstone 1990)
McRae, R.
Practical fracture treatment 2nd ed (Churchill Livingstone 1989)
Sikorski, J.M.
Understanding orthopaedics (Butterworths 1986)

SURGICAL SCIENCE

Introductory Texts
Broad, W. and Wade, N.
Betrayers of the truth: fraud and deceit in Science (Oxford University Press 1985)
Shen, S.
The house of God (Hodder and Stoughton 1979)

Standard Texts
Blaik, H. and Calne, R.Y.
Lecture notes on general surgery 7th ed (Blackwell Scientific 1987)
Myers, K.A. et al
Principles of pathology in surgery (Blackwell Scientific 1983)
Pincus, J. and Marshall, V.
Illustrated guide to surgical practice (Churchill Livingstone 1984)
Gray, F.J.
Principles of surgery (Churchill Livingstone 1981)
Bailey, H.
Hamilton Bailey's Demonstrations of physical signs in clinical surgery Ed. A. Clain, 17th ed (Wright 1986)

Reference Texts
Cope, Z.
Cope's Early diagnosis of the acute abdomen 17th edn (Rev W. Silen) (Oxford University Press 1987)
Nardi, G.L. and Zuidema, G.D.
Bailey, H. and Love, R.J.M.
Bailey and Love's Short practice of surgery 20th ed (Lewis 1988)
Polk, H.C. et al
Basic surgery 3rd ed (Appleton-Century-Crofts 1987)

Undergraduate Prizes

There are six undergraduate prizes. Details follow:

<table>
<thead>
<tr>
<th>Prize</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australian Medical Association Prize</td>
<td>500 OR</td>
</tr>
<tr>
<td>CIBA-Geigy Prize</td>
<td>CIBA Collection of Medical Illustrations by Dr Frank H. Netter</td>
</tr>
</tbody>
</table>

Qualifications

- Awarded to the graduate(s) who, in the final two years of the course demonstrated the highest overall ability and capacity in the following programmes objectives prescribed by the Faculty Board, Faculty of Medicine, namely:
  - a. Objectives related to Professional Skills, and
  - b. Objectives related to Population Medicine, if of sufficient merit.

- Awarded to the graduate who in the fourth and fifth years of the course, demonstrated the highest overall ability and capacity over all domains assessed, if of sufficient merit.

Grants-In-Aid for Electives

Notes

- Eligible students must apply to be considered for the following prizes, at the time of submission of the Elective contract.

- The Linda and John James Gentle Mother and Son Prize in Paediatrics
  - Approx 350
  - Awarded to the medical student who completes the best protocol for an elective project in Paediatrics in either Elective I, Elective II or Elective III, if of sufficient merit.
  - A student who has been awarded the prize shall not be eligible to be considered for its award a second time.
  - The prize shall be presented to the student upon completion of the elective and the submission of a satisfactory elective report.

- The Steele Douglas Prize in Pathology
  - Approx 200
  - Awarded to the medical student who completes the best protocol for an elective project in Pathology in either Elective I, Elective II or Elective III, provided that it is of sufficient merit.
  - A student who has been awarded the prize shall not be eligible to be considered for its award a second time.
  - The prize shall be presented upon the completion of the elective and the submission of a satisfactory elective report.

- Margaret Auchmuty Prize for Wotten Medical Students
  - Approx 150
  - Awarded to the medical student who completes the best protocol for an elective project in Aboriginal health in either Elective I, Elective II or Elective III, if of sufficient merit.
  - A student who has been awarded the prize shall not be eligible to be considered for its award a second time.
  - The prize shall be presented upon the completion of the elective and the submission of a satisfactory elective report.

- Andrew Lawson Memorial Prize in Oncology
  - Approx 500
  - Awarded to the medical student who completes the best protocol for an elective project in Oncology in either Elective I, Elective II or Elective III, if of sufficient merit.
  - A student who has been awarded the prize shall not be eligible to be considered for its award a second time.
  - The prize shall be presented upon the completion of the elective and the submission of a satisfactory elective report.
THE DEGREE OF BACHELOR OF MEDICAL SCIENCE

The Bachelor of Medical Science degree is comparable to the additional Honours year taken by candidates for the BSc Honours degree or the BA Honours degree in the Faculty of Science or the Faculty of Arts. It is designed to provide students with training in scientific method and in the verbal and written communication of scientific results.

Students take this degree for a variety of reasons. Some take it because of a genuine desire to obtain some research training and to gain an insight into their ability to do research, as they see their future career in medical science; and others because they wish to concentrate on just one problem or aspect of a discipline for a year, so as to gain in-depth understanding and mastery of the subject.

The degree consists of a one-year programme of supervised research in any of the disciplines represented in the Faculty of Medicine, subject to the availability of adequate supervision. Students wishing to enrol for this degree must have passed the subject Medicine III in the Bachelor of Medicine course. As part of the enrolment procedure, students are required to nominate the research project they wish to pursue and obtain approval for it from the proposed supervisor. Before work on the project can commence, the approval of the Faculty Research Committee, which has been authorised to act on behalf of the Faculty Board with respect to BMedSci degree matters, is required.

Course Requirements

Students are required to pursue a programme of research which, on completion, is written up in the form of a thesis. Students are also required to present their research findings at three seminars during the year. These seminars are attended by Faculty staff. A further requirement is that students must submit a fully referenced literature review on their field of study by mid-year. Students are advised of the exact dates for seminars and the submission of the literature review and thesis early in the year.

Assessment

The thesis is the major component of the assessment for the degree and is given a weighting of 60%. It is assessed by two examiners appointed by the Faculty Research Committee. Neither examiner can be the student’s supervisor. The final seminar presentation is also assessed by two assessors neither of whom is the student’s supervisor. The seminar counts 10% towards the student’s final result. Students are also assessed by their supervisor. The supervisor’s assessment counts 30% towards the student’s final result. The literature review (which normally comprises the first chapter of the thesis) is not formally assessed at the time of submission. Similarly the first two seminar presentations, which are really progress reports are not formally assessed. However, the submission of the literature review and the presentation of the first two seminars are used as opportunities to give students guidance in the form of a critical evaluation of their ability to present their work and to defend the scientific basis of their project.

Further Information

For further information on enrolment procedures, students should contact the Faculty Secretary. Students wishing to discuss matters such as the suitability of research programmes or the availability of projects should contact the Programme Coordinator, Dr. L.A. Child.

Regulations Governing the Degree of Bachelor of Medical Science

1. General

These regulations are made in accordance with the powers vested in the University by law 5.2.1 and prescribe the conditions and requirements relating to the degree of Bachelor of Medical Science.

2. Definitions

In these Regulations unless the context or the subject matter otherwise indicates or requires:

- "degree" means the degree of Bachelor of Medical Science;
- "Faculty Board" means the Faculty Board, Faculty of Medicine;
- "Programme" means a study comprising the investigation of a project; and
- "Programme Co-ordinator" means the member of the full-time academic staff of the Faculty of Medicine so appointed by the Faculty Board.

3. Admission to Candidature

(1) An application for admission to candidature for the degree shall be made on the prescribed form and lodged with the Secretary to the University by the prescribed date.

(2) To be eligible for admission to candidature an applicant shall have passed the subject Medicine III in the course leading to the degree of Bachelor of Medicine of the University of Newcastle.

(3) Applicants shall nominate the programme they wish to undertake and the discipline in which they wish to undertake it.

(4) The Programme Co-ordinator shall make recommendations to the Faculty Board as to:

   (a) an applicant’s suitability for admission to candidature;
   (b) the suitability of an applicant’s proposed programme;
   (c) the adequacy of facilities for the supervision of the proposed programme; and
   (d) the supervisor or supervisors who should be appointed to supervise the applicant’s programme.

Applicants are required to attend a seminar to which the proposed supervisor is invited. At the seminar the applicant outlines the proposed programme to those interested in the area. The criteria for selection of students are that they should have an interest in the area of the proposed programme and that they are suitable for the degree.

(5) Applications for admission to candidature shall be considered by the Faculty Board which may approve or reject any application.

(6) An applicant shall not be admitted to candidature unless the Faculty Board, after considering the Programme Co-ordinator’s recommendations, approves the proposed programme and is satisfied that adequate supervision and facilities are available.

4. Enrolment

A candidate shall enrol only as a full-time student.

5. Withdrawal

(1) A candidate may withdraw from the programme only by notifying the Secretary to the University in writing and the withdrawal shall take effect from the date of receipt of such notification.

(2) Withdrawal shall be:
   (a) without failure, if the candidate’s performance is deemed by the Faculty Board to be satisfactory; or
   (b) with failure, if the candidate’s performance is deemed by the Faculty Board to be unsatisfactory.

6. Re-Enrolment

With the exception of a candidate who has been permitted to withdraw without failure, a candidate who fails to complete the requirements for admission to the degree in one year shall not be permitted to re-enrol for the degree.

7. Grading of Degree

(1) The degree shall be conferred as an honours degree only.

(2) There shall be three classes of Honours, namely Class I, Class II and Class III. Class II shall have two divisions, namely Division I and Division II.

(3) The Faculty Board shall determine the grade of honour to be awarded to a candidate after considering the recommendation in that regard which shall be made by the Programme Co-ordinator.

8. Admission to Degree

To qualify for admission to the degree a candidate shall in one year complete all the satisfactory of the Faculty Board the programme together with such other work and examinations as the Faculty Board may require.

9. Relaxing Provision

In order to provide for exceptional circumstances arising in particular cases, the Senate on the recommendation of the Faculty Board may relax any provision of these Regulations.
POSTGRADUATE DIPLOMA AND DEGREE REGULATIONS

Regulations Governing Postgraduate Diplomas

1. General
These Regulations prescribe the requirements for the Postgraduate Diploma in Epidemiology, the Postgraduate Diploma in Health Social Sciences and the Postgraduate Diploma in Medical Statistics of the University of Newcastle and are made in accordance with the powers vested in the Council under By-Law 5,2.1.

2. Definitions
In these Regulations unless the context or subject matter otherwise indicates or requires:
"Board" means the "Board of Studies in Clinical Epidemiology and Biostatistics";
"Course Co-ordinator" means the member of the Board appointed by the Board as Course Co-ordinator for the diploma concerned;
"Diploma" means the Postgraduate Diploma in Epidemiology, the Postgraduate Diploma in Health Social Sciences or the Postgraduate Diploma in Medical Statistics as the case may be;
"Schedule" means the Schedule to these Regulations relevant to the diploma in which a person is enrolled or proposing to enrol.

3. Admission to Candidature
(1) An application for admission to candidacy shall be made on the prescribed form and lodged with the Secretary to the University by the prescribed date.

4. Programme of Studies
(1) To qualify for the award of the Diploma a candidate shall in not less than one year nor more than three years of full-time study or in not less than two years nor more than five years of part-time study complete and pass a programme of studies comprising subjects totalling 48 credit points as specified by the Board.
(2) A candidate’s programme shall not include subjects the content of which are in the opinion of the Board, substantially equivalent to subjects already completed towards another degree or diploma, in such case the Board may prescribe alternative subjects.

5. Enrolment
In any year a candidate shall enrol only in those subjects approved by the Course Co-ordinator.

6. Standing
The Board may grant a candidate standing in the course in recognition of work completed in this University or elsewhere on such conditions as the Board may determine.

7. Subject Requirements
(1) To complete a subject, a candidate shall attend such lectures, tutorials, seminars, laboratory classes and field work and submit such written or other work as the Board shall require.
(2) To pass a subject a candidate shall complete it and pass such examinations and assessments as the Board shall require.

8. Prerequisites and Corequisites
(1) The Board may prescribe prerequisites and/or corequisites for a subject.

9. Withdrawal
(1) A candidate may withdraw from enrolment in a subject or the diploma only by informing the Secretary to the University in writing and the withdrawal shall take effect from the date of receipt of such notification.
(2) Withdrawal shall be:
(a) without failure if the candidate’s performance is deemed by the Board to be satisfactory; or
(b) with failure if the candidate’s performance is deemed by the Board to be unsatisfactory.

10. Grading of Diploma
The Diploma shall be awarded in one grade only, that is, as an ungraded diploma.

11. Transfer of Candidacy from Related Master Degree Programme
(1) A student enrolled as a candidate for the Master of Medical Statistics degree or the Master of Medical Science degree in a recognised option, who is permitted to withdraw from the degree course under Regulation 7 of the Regulations Governing Master Degrees or whose candidacy is terminated under Regulation 8 of those Regulations may be permitted by the Board to enrol as a candidate for the related diploma as specified in the Schedule.
(2) A student who wishes to enrol as a candidate for the Diploma under the provisions of sub-regulation (1) shall apply for permission to do so in writing addressed to the Secretary to the University.
(3) A student permitted to enrol as a candidate for the Diploma under the provisions of sub-regulation (1) may count any subjects passed whilst enrolled as a candidate for the Master degree towards meeting the programme requirements for the Diploma as specified in Regulation 4 of these Regulations. Similarly, the period of time spent by the student enrolled as a candidate for the Master degree may be counted towards meeting the time requirements for the Diploma as specified in that Regulation.

12. Exceptional Circumstances
In order to provide for exceptional circumstances arising in a particular case, the Senate on the recommendation of the Board may relax any provision of these Regulations.

SCHEDULE 1 — POSTGRADUATE DIPLOMA IN EPIDEMIOLOGY

1. Specialisms Offered
(1) The programme of studies for the Diploma shall be pursued in one of the following specialisms:
(a) Clinical Epidemiology,
(b) Occupational Epidemiology,
(c) Pharmacoepidemiology, or
(d) Psychiatric Epidemiology.
(2) Applicants for admission to candidature will be required to nominate the specialism in which they wish to pursue their programme of studies.

2. Admission to Candidature
To be eligible for admission to candidacy an applicant shall:
(a) have satisfied the requirements for admission to the degree of Bachelor of Medicine in the University of Newcastle or an equivalent degree in another University recognised for this purpose by the Board, or
(b) have satisfied the requirements for admission to the degree of Bachelor of Pharmacy in a university recognised for this purpose by the Board, or
(c) have satisfied the requirements for admission to the degree of Bachelor of Science in the University of Newcastle or another University recognised for this purpose by the Board, or
(d) have satisfied the requirements for admission to the degree of Bachelor of Applied Science in a health related discipline in a tertiary institution recognised for this purpose by the Board, or
(e) have other qualifications approved for this purpose by the Board.

3. For the purposes of Regulation 11(1) the Diploma is related to the Master of Medical Science degree with Clinical Epidemiology option, Occupational Epidemiology option, Pharmacoepidemiology option or Psychiatric Epidemiology option.

SCHEDULE 2 — POSTGRADUATE DIPLOMA IN HEALTH SOCIAL SCIENCES

1. Specialisms Offered
(1) The programme of studies for the Diploma shall be pursued in one of the following specialisms:
(a) Health Promotion, or
(b) Medical Social Science.
(2) An applicant for admission to candidacy will be required to nominate the specialism in which they wish to pursue their programme of studies.
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For the purposes of Regulation 11 (1) the Diploma is related to the Master of Medical Statistics degree.

2. Admission to Candidature

To be eligible for admission to candidature an applicant shall:

(a) have satisfied the requirements for admission to a degree in a field related to health in a tertiary institution recognised for this purpose by the Board;

(b) have other qualifications approved for this purpose by the Board.

3. Related Master Degree

For the purposes of Regulation 11(1) the diploma is related to the Master of Medical Statistics degree with either Health Promotion option or Medical Social Statistics option.

SCHEDULE 3 — POSTGRADUATE DIPLOMA IN MEDICAL STATISTICS

1. Admission to Candidature

(1) To be eligible for admission to candidature an applicant shall:

(a) have satisfied the requirements for admission to a degree in the University of Newcastle;

(b) have satisfied the requirements for admission to a degree in any other tertiary institution approved for this purpose by the Board;

(c) have such other qualifications as may be approved for this purpose by the Board.

(2) An applicant who does not meet the provisions of sub-section (1), but who is currently enrolled in a course in the University of Newcastle leading to admission to a degree of Bachelor and requires less than one year of full-time study or equivalent to satisfy the requirements for admission to that degree, may be admitted to candidature by the Board on the recommendation of the Course Co-ordinator subject to the concurrence of the Dean of the Faculty in which the degree is offered.

2. Award of Diploma

A candidate admitted to candidature under section 1(2) of this Schedule shall not be awarded the Diploma until that candidate has satisfied the requirements for admission to the degree.

3. Related Master Degree

For the purposes of Regulation 11(1) the Diploma is related to the Master of Medical Statistics degree.
15. The University shall be entitled to retain the submitted copies of the thesis, accompanying documents and published work. The University shall be free to allow the thesis to be consulted or borrowed and, subject to the provisions of the Copyright Act, 1968 (Com), may issue it in whole or any part in photography or microfilm or other copying medium.

16.(1) For each candidate two examiners, at least one of whom shall be an external examiner (being a person who is not a member of the staff of the University) shall be appointed either by the Faculty Board or otherwise as prescribed in the Schedule.

(2) If the examiners' reports are such that the Faculty Board is unable to make any decision pursuant to Regulation 11 of these Regulations, a third examiner shall be appointed either by the Faculty Board or otherwise as prescribed in the Schedule.

SCHEDULE 12 — MASTER OF MEDICAL SCIENCE

1.(1) The Faculty of Medicine shall be responsible for the course leading to the degree of Master of Medical Science.

(2) In this schedule unless the context or subject matter otherwise indicates or requires:

"Board" means the Board of Studies in Clinical Epidemiology and Biostatistics;

"Course Co-ordinator" means the Course Co-ordinator appointed by the Board for the related diploma in the recognised option hereinafter referred to;

"Degree" means the degree of Master of Medical Science.

2.(1) Candidates for the degree may pursue:

(a) a programme of studies in a single discipline or a combination of disciplines recognised by the Faculty Board;

or

(b) the programme of studies for the degree in a specified option.

(2) For the purposes of sub-section (1) (b) the specified options available are:

(a) Clinical Epidemiology option

(b) Health Promotion option

(c) Medical Social Science option

(d) Occupational Epidemiology option

(e) Pharmacoeconomics option

(3) Candidates who wish to be admitted to candidacy for the degree in a specified option shall nominate that option.

3.(1) To qualify for admission to candidacy for the degree, a candidate shall:

(a) complete and pass a programme of studies comprising subjects totalling 48 credit points as specified for the related diploma in the Regulations Governing Postgraduate Diplomas in the Faculty of Medicine; and

(b) complete to the satisfaction of the Faculty Board a thesis embodying the results of an original investigation.

(2) To qualify for admission to the degree in all other cases, a candidate shall complete to the satisfaction of the Faculty Board a programme consisting of:

(a) such work and examinations as may be prescribed by the Faculty Board; and

(b) a thesis embodying the results of an original investigation.

3. (1) To qualify for admission to the degree, a candidate shall:

(a) complete and pass a programme of studies comprising subjects totalling 48 credit points as specified for the related Diploma in the Regulations Governing Postgraduate Diplomas in the Faculty of Medicine; and

(b) complete to the satisfaction of the Faculty Board a thesis embodying the results of an original investigation.

(2) Regulations 4(2), 5, 6, 7 and 8 of the Regulations Governing Postgraduate Diplomas in the Faculty of Medicine shall apply to the programme of studies referred to in sub-section 1(4).

4. The programme shall be completed:

(a) in not less than two academic years except that in the case of a candidate who has had previous research experience, the Faculty Board may reduce this period to not less than one academic year; and

(b) except with the permission of the Faculty Board shall complete the degree within not more than five years.

5. Examiners for the thesis referred to in section 3(1)(b) shall be appointed by the Faculty Board on the recommendation of the Board.

6. Before a decision is made under Regulation 11 of these Regulations the Board shall consider:

(a) the examiners' reports on the thesis; and

(b) the report of the Course Co-ordinator on the candidate's performance in the work prescribed under section 4(1)(a) of this Schedule; and shall submit these to the Faculty Board together with its recommendation. The Faculty Board shall make its decision in the light of these reports and on the recommendation of the Board.

SCHEDULE 19 — MASTER OF MEDICAL STATISTICS

1.(1) The Faculty of Medicine shall be responsible for the course leading to the degree of Master of Medical Statistics.

(2) In this schedule unless the context or subject matter otherwise indicates or requires:

"Board" means the Board of Studies in Clinical Epidemiology and Biostatistics;

"Course Co-ordinator" means the Course Co-ordinator appointed by the Board;

"Degree" means the degree of Master of Medical Statistics.

2.(1) To be eligible for admission to candidacy an applicant shall:

(a) have satisfied all the requirements for admission to a Bachelor degree in the University of Newcastle, or to a degree, approved for this purpose by the Faculty Board, of another university; or

(b) have satisfied all requirements for admission to the degree of Bachelor of Medical Science of the University of Newcastle, or the equivalent degree of another university, with Honours Class I or Class II; or

(c) have satisfied all requirements for admission to the degree of Bachelor of Science with Honours Class I or Class II of the University of Newcastle or to a degree, approved for this purpose by the Faculty Board, of another university; or

(d) in exceptional cases, produce evidence of possessing such other qualifications as may be approved by the Faculty Board.

2.(2) Application for admission to candidacy for the degree in a specified option shall be considered by the Board which shall make a decision thereon.

3. (1) Before an application for admission to candidacy is approved under sub-section (2), the Board shall be satisfied that adequate supervision and facilities are available.

4.(1) To qualify for admission to the degree in a specified option, a candidate shall:

(a) complete the programme of studies comprising subjects totalling 48 credit points as specified for the related diploma in the Regulations Governing Postgraduate Diplomas in the Faculty of Medicine; and

(b) complete to the satisfaction of the Faculty Board a thesis embodying the results of an original investigation.

5. In the case of a candidate for the degree in a specified option, the Board shall be satisfied that adequate supervision and facilities are available.

6. Before a decision is made under Regulation 11 of these Regulations the Board shall consider:

(a) the examiners' reports on the thesis; and

(b) the report of the Course Co-ordinator on the candidate's performance in the work prescribed under section 4(1)(a) of this Schedule; and shall submit these to the Faculty Board together with its recommendation. The Faculty Board shall make its decision in the light of these reports and on the recommendation of the Board.
Doctoral Degree Regulations

General
1. (a) These Regulations are made in accordance with the powers vested in the Council under By-law 5.2.1 and shall relate to the degree of Doctor of Engineering, Doctor of Letters, Doctor of Science, Doctor of Medicine and Doctor of Philosophy.

(b) In order to qualify for a doctoral degree the candidate shall comply with the requirements for the degree as set out in the appropriate Schedule of these Regulations.

(c) In these Regulations "Doctoral Degree Committee" means the Doctoral Degree Committee for the Faculty in which the candidate is enrolled or proposing to enrol.

(d) These Regulations shall not apply to degrees conferred honors causa.

Doctoral Degree Committee

2. (a) The Senate shall appoint for each Faculty a Doctoral Degree Committee consisting of

(i) the Dean of the Faculty who shall preside at meetings of the Committee,

(ii) the Deputy Chairman of the Senate or the nominee of the Deputy Chairman, and

(iii) three members of the academic staff of the University nominated by the Board of the Faculty concerned.

Where the Committee is to discuss matters affecting the candidature of a particular person the Head of the Department or Division in which the person is carrying out or is proposing to carry out research, or the nominee of the Head, shall, if not already a member of the Committee, be invited to take part in such discussion as a non-voting member.

(b) The number of members constituting a quorum of the Committee shall be three.

(c) (i) A member nominated by the Faculty Board shall hold office for three years from the date of appointment and shall be eligible for renomination; provided the first three members appointed shall hold office for one, two and three years respectively.

(ii) In the event of a casual vacancy, a new member shall be appointed by the Senate on the nomination of the Faculty Board and shall hold office for the residue of the predecessor's term of office.

Functions

3. The Doctoral Degree Committee shall be responsible for:

(a) Admission to Candidature

(b) Supervision of Candidates

(c) Examinations of Candidates

(d) Reporting to Faculty Board

(e) Senate Review Committee

DOCTORAL DEGREE REGULATIONS

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(iii) approving admission to candidature and the area of investigation and any subsequent variations in this area.

(b) by the Senate shall hold office for three years from the date of appointment and shall be eligible for renomination.

(ii) reviewing the reports of examiners and in the light of these and any subsequent reports recommending to the Senate Review Committee that the degree be conferred or not conferred.

(i) informing the Faculty Board from time to time of the policies it has adopted in respect of (a), (b) and (c) above;

(ii) considering, before the acceptance of the thesis for examination, the report of the supervisor certifying the fitness or otherwise of the thesis for examination and determining the course of action should the report be unsatisfactory;

(iii) making recommendations to the Senate Review Committee that the degree be conferred or not conferred.

4. Where the examiners' reports received by the Doctoral Degree Committee contain recommendations which are not unanimous the Committee may before making any recommendation under Regulations 3(d)(ii) of these Regulations take one or more of the following actions, namely

(a) review the reasons expressed by the examiners for their recommendations;

(b) direct that the candidate undertake such further examinations either oral, written or practical as the Committee may specify;

(c) recommend that the Senate appoint a further examiner who may or may not be appointed to act as an adjudicator;

(d) invite the examiners to confer, either in writing or in person, with each other or with the Committee with a view to the presentation of a consolidated recommendation.

Senate Review Committee

5. (a) There shall be a Doctoral Degree Review Committee of the Senate consisting of the Deputy Chairman of the Senate who shall preside at meetings of the Committee and two members to be appointed by the Senate on the nomination of the Deputy Chairman of the Senate.

(b) The number of members constituting a quorum of the Committee shall be two.

(c) (i) The two members appointed by the Senate shall hold office for three years from the date of appointment and shall be eligible for renomination.

(ii) In the event of a casual vacancy, a new member shall be appointed by the Senate on the nomination of the Deputy Chairman of the Senate and shall hold office for the residue of the predecessor's term of office.

6. The Senate Review Committee shall be responsible for:

(a) advising the Doctoral Degree Committee of procedures to be followed to resolve any doubt concerning the recommendation to be made to the Senate Review Committee;

(b) considering the recommendation of the Doctoral Degree Committee in the light of the report submitted with the recommendation and recommending to the Senate that the degree be conferred; or

(c) requesting the Doctoral Degree Committee to take specified further action; or

(d) recommending to the Senate that the degree be not conferred.

SCHEDULE II — REQUIREMENTS FOR THE DEGREE OF DOCTOR OF PHILOSOPHY

1. An applicant for admission to candidature for the degree of Doctor of Philosophy shall:

(a) have satisfied all of the requirements for admission to the degree of Master of Philosophy or the degree of Bachelor with first or second class honours in the University of Newcastle or a degree from another university approved for this purpose by the Doctoral Degree Committee;

(b) have satisfied all of the requirements for admission to the degree of Bachelor with third class honours or the ordinary degree of Bachelor in the University of Newcastle or a degree from another university approved for this purpose by the Doctoral Degree Committee; or

(c) have satisfied all of the requirements for admission to the degree of Bachelor with third class honours or the ordinary degree of Bachelor in the University of Newcastle or a degree from another university approved for this purpose by the Doctoral Degree Committee; and have achieved by subsequent work and study a standard recognised by the Doctoral Degree Committee as equivalent to at least second class honours; or

(d) in exceptional cases submit such other evidence of general and professional qualifications as may be approved by the Senate.

2. Before approving an admission to candidature the Doctoral Degree Committee shall:

(a) be satisfied that the applicant can devote sufficient time to advanced study and research; and

(b) may require an applicant to sit for such examinations or carry out such work as the Committee may prescribe.

3. Upon admission to candidature the candidate shall enrol and shall pursue a programme of advanced study and research (which in these requirements shall be referred to as "the programme") described in these Regulations.

4. The programme shall be carried out in the University under the direction of a supervisor or supervisors appointed by the Doctoral Degree Committee on the recommendation of the Head of the Department or Division in which the candidate is to carry out the research.

Notwithstanding the provisions of subsection (a) of this section, a candidate may be granted special permission by the Doctoral Degree Committee to spend a period of not more than one year in research at another institution approved by the Doctoral Degree Committee.

5. The candidate and the supervisor shall submit to the Doctoral Degree Committee annual reports on the candidate's progress. If after considering these reports, the Committee is of the opinion that the candidate is not making satisfactory progress towards the degree then the Committee may terminate the candidate's candidature or place such conditions on the continuation of the candidate as it deems fit.

6. Not later than one year after admission to candidature the candidate shall submit to the Senate a thesis for approval by the Doctoral Degree Committee. Where the candidate has failed to submit it may be changed only with the permission of the Doctoral Degree Committee.

7. On completing the programme every candidate shall submit a thesis which complies with the following requirements:

(a) the greater proportion of the work described must have been completed by the candidate subsequent to admission to candidature for the degree;

(b) it must be a significant contribution to the knowledge of the subject;

(c) it must be written in English or in a language approved by the Doctoral Degree Committee and reach a satisfactory standard of literary presentation;

(d) it must consist of the candidate's own research undertaken by the candidate. In special cases work done conjointly with other persons may be accepted provided the Doctoral Degree Committee is satisfied that the candidate's part in the joint research; and

(e) it must not contain as its main content any work or material which has previously been submitted for a university degree or other similar qualification unless the Doctoral Degree Committee otherwise permits.

8. The candidate shall give in writing to the Senate at three months' notice of intention to submit the thesis and such notice shall be accompanied by any prescribed fee.

9. The candidate shall comply with the following provisions concerning the presentation of the thesis:

(a) the thesis shall contain an abstract of approximately 300 words describing its content;

(b) the thesis shall be typed and bound in a manner prescribed by the University.
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(c) Four copies of the thesis shall be submitted together with
(i) if the candidate so desires, any documents or work
published by the candidate whether bearing on the
subject of the thesis or not; and
(ii) a report from the supervisor advising that the
candidate has completed the prescribed programme and
certifying that the thesis is of sufficient academic merit
to warrant examination provided that if the supervisor
is unwilling to give such a certificate the candidate may
nevertheless request that the thesis be accepted for
examination.

10. The University shall be entitled to retain the submitted copies
of the thesis, accompanying documents and published work. The
University shall be free to allow the thesis to be consulted or
borrowed. Subject to the provisions of the Copyright Act (1968)
the University may issue the thesis in whole or any part in
photostat or microfilm or other copying medium.

11. On the recommendation of the Doctoral Degree Committee
the Senate shall appoint three examiners of whom at least two
shall be members of the staff of the University.

12. The candidate may be required by the Doctoral Degree
Committee to undertake further oral, written or practical
examinations concerning the subject of the thesis or work.

13. A candidate permitted by the Doctoral Degree Committee to
resubmit a thesis for examination shall do so within a period
of one year from the date on which the candidate is advised of the
result of the first examination.

14. In exceptional circumstances arising in a particular case the
Senate on the recommendation of the Doctoral Degree Committee
may relax any requirement of this Schedule.

SCHEDULE III — REQUIREMENTS FOR THE
DEGREE OF DOCTOR OF
MEDICINE

1. The degree of Doctor of Medicine shall be awarded for an
original contribution of distinguished merit adding to the
knowledge, or understanding of any subject with which the
Faculty of Medicine is directly concerned.

2. An applicant for admission to candidature for the degree shall
(a) at least five years prior to application
(i) have been admitted to the degree of Bachelor of
Medicine of the University of Newcastle; or
(ii) have been admitted to the degree of Bachelor of
Medicine or other degree or other qualification of
another university deemed by the Doctoral Degree
Committee to be equivalent to the degree of Bachelor of
Medicine of the University of Newcastle and since such
admission, unless the Doctoral Degree Committee
determines otherwise, have carried out advanced study in
the University of Newcastle for a period of not less
than three years; and
(b) during the period since being admitted to such degree or
other qualification, have been substantially engaged in
medical research and study or in scientific work which, in
the opinion of the Doctoral Degree Committee, is relevant
to the practice of medicine.

3. (a) A written application for admission to candidature setting
out full details of the applicant's academic qualifications
shall be lodged with the Secretary to the University and
shall include
(i) a short discourse describing the nature of the
research which it is proposed would form the basis of
the work submitted for examination; and
(ii) written statements from three people as to the
academic standing of the applicant.

(b) The application shall be considered by the Doctoral Degree
Committee which in determining the acceptability of the
candidature may seek such other advice as it deems fit.

4. Eligibility for the degree shall be assessed on the thesis submitted
by the candidate supported, if the candidate so desires, by
published work, or on published work alone which the candidate
wishes to have examined.

5. The candidate shall give to the Secretary to the University three
months notice in writing of intention to submit the thesis or
published work for examination and such notice shall be
accompanied by any prescribed fee.

6. (1) The candidate shall submit four copies of the thesis, thesis
supported by published work or published work alone,
complying with the following provisions
(a) The work submitted shall be a record of original
research undertaken by the candidate who shall state the
sources from which the information in the work was
derived, the extent to which the candidate has made use
of the work of others, and the portion of the work
claimed as original.

(b) The work submitted shall include an abstract of
approximately 300 words summarising its contents.

(c) If the work submitted records work carried out
conjointly, the candidate shall state the extent to which
the candidate was responsible for the initiation, conduct
direction of such conjoint work.

(d) The work shall be written in English or in a language
approved by the Doctoral Degree Committee.

(e) If published work is submitted, either reprints or
copies of such work shall be properly bound and shall
include an introduction describing the theme of the
published work submitted and stating how the various
publications are related to one another and to the theme.

(f) A thesis submitted shall be typed and bound in a
manner prescribed by the University.

2. The work submitted must not consist as its main content
any work or material which has previously been submitted
for a university degree or other similar qualification unless
the Doctoral Degree Committee otherwise permits.

7. The University shall be entitled to retain the submitted copies
of the thesis, accompanying documents and published work. The
University shall be free to allow the thesis to be consulted or
borrowed. Subject to the provisions of the Copyright Act, 1968,
POSTGRADUATE DIPLOMA/MASTER DEGREE PROGRAMMES OF STUDY

A series of formal postgraduate diploma/master degree programmes of study are available in the following areas:

Clinical Epidemiology
Occupational Epidemiology
Pharmacoepidemiology
Psychiatric Epidemiology
Health Promotion
Medical Social Science
Medical Statistics

The postgraduate diplomas consist of a series of subjects totalling ten units taken over one year of full-time study or two years of part-time study. Students enrolling in the master degree programme in a specific area are required to complete the same subjects comprising the programme for the related postgraduate diploma and, in addition, complete a major research project and thesis taking a further year or more of study.

Clinical Epidemiology

Students wishing to pursue the programme of study in Clinical Epidemiology will enrol in either the Postgraduate Diploma in Epidemiology (Clinical Epidemiology specialism) or the Master of Medical Science Degree (Clinical Epidemiology option).

The approved programme of study in Clinical Epidemiology is:

<table>
<thead>
<tr>
<th>Subject</th>
<th>Credit Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>MED601 Epidemiology I</td>
<td>12</td>
</tr>
<tr>
<td>MED611 Biostatistics I</td>
<td>12</td>
</tr>
<tr>
<td>MED661 Research Protocol Design</td>
<td>6</td>
</tr>
<tr>
<td>MED621 Health Social Science I</td>
<td>6</td>
</tr>
<tr>
<td>MED602 Epidemiology II</td>
<td>6</td>
</tr>
<tr>
<td>MED632 Health Economics II</td>
<td>6</td>
</tr>
</tbody>
</table>

Occupational Epidemiology

Students wishing to pursue the programme of study in Occupational Epidemiology will enrol in either the Postgraduate Diploma in Epidemiology (Occupational Epidemiology specialism) or the Master of Medical Science Degree (Occupational Epidemiology option).

The approved programme of study in Occupational Epidemiology is:

<table>
<thead>
<tr>
<th>Subject</th>
<th>Credit Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>MED601 Epidemiology I</td>
<td>12</td>
</tr>
<tr>
<td>MED611 Biostatistics I</td>
<td>12</td>
</tr>
<tr>
<td>MED661 Research Protocol Design</td>
<td>6</td>
</tr>
<tr>
<td>MED621 Health Social Science I</td>
<td>6</td>
</tr>
<tr>
<td>MED602 Epidemiology II</td>
<td>6</td>
</tr>
<tr>
<td>MED632 Health Economics II</td>
<td>6</td>
</tr>
</tbody>
</table>

Pharmacoepidemiology

This programme of study is designed to prepare students for work in agencies responsible for the regulation and evaluation of therapeutic drugs. The coursework will be directed particularly at the needs of developing countries.

Developing countries are confronted with enormous problems. Their health budgets barely cover the costs of essential drugs needed for the treatment of endemic infectious diseases and increasingly their governments are being faced with requests to license and subsidise the use of expensive drugs needed for long-term management of degenerative diseases. Professionals who confront these problems must have a breadth of expertise which allows them to consider such disparate factors as disease epidemiology, clinical pharmacology, determination of efficacy, the standards required for evaluation, quality control, the likely patterns of drug use and adverse effects, cost-effectiveness and subsidisation policies and the social implications of different levels of drug distribution.

Our aim is to bring these subjects into one programme as they are not dealt with in existing undergraduate or postgraduate courses offered in Australia or elsewhere. In future it is likely that the Drug Evaluation Section of the Commonwealth Government will also see an advantage in putting their trainees through such a programme.

Students wishing to pursue this programme will enrol in either the Postgraduate Diploma in Epidemiology (Pharmacoepidemiology specialism) or the Master of Medical Science Degree (Pharmacoepidemiology option).

The approved programme of study is:

<table>
<thead>
<tr>
<th>Subject</th>
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<tbody>
<tr>
<td>MED601 Epidemiology I</td>
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<td>12</td>
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<tr>
<td>MED661 Research Protocol Design</td>
<td>6</td>
</tr>
<tr>
<td>MED623 Social and Economic Pharmacology</td>
<td>6</td>
</tr>
<tr>
<td>MED641 Drug Evaluation</td>
<td>6</td>
</tr>
<tr>
<td>MED642 Clinical Pharmacology</td>
<td>6</td>
</tr>
</tbody>
</table>

Health Promotion

This programme of study will prepare students in the development, implementation and evaluation of health promotional activities. Students will be introduced to health promotional efforts on an individual, micro and macro basis. It is expected that they will emerge with both conceptual, practical and evaluative skills in health promotion using a multidisciplinary framework.

Students wishing to pursue this programme enrol in either the Postgraduate Diploma in Health Social Science (Health Promotion specialism) or the Master of Medical Science Degree (Health Promotion option).

The approved programme is:

<table>
<thead>
<tr>
<th>Subject</th>
<th>Credit Points</th>
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</thead>
<tbody>
<tr>
<td>MED601 Epidemiology I</td>
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<td>MED611 Biostatistics I</td>
<td>12</td>
</tr>
<tr>
<td>MED661 Research Protocol Design</td>
<td>6</td>
</tr>
<tr>
<td>MED623 Social Health Science III</td>
<td>6</td>
</tr>
<tr>
<td>MED671 Health Promotion I</td>
<td>6</td>
</tr>
<tr>
<td>MED672 Health Promotion II</td>
<td>6</td>
</tr>
</tbody>
</table>

Psychiatric Epidemiology

This programme is designed to prepare candidates for careers in:

a) Mental health administration, health care policy and programme development, mental health service evaluation.

b) Research in social psychiatry and community mental health.

For qualified psychiatrists, in addition to the above, a knowledge of the principles and methods of clinical epidemiology will enhance their abilities as clinicians and teachers.
SECTION SIX

POSTGRADUATE PROGRAMMES OF STUDY

Medical Social Science

This programme is designed to prepare candidates to competently conceptualise, design and execute transdisciplinary research, as well as undertake health evaluation research. This requires understanding the social, cultural and psychological processes involved in the aetiology, distribution, prevention and amelioration of illness. Graduates of the course will be able to utilise the theoretical and methodological principles underlying health social science research. Such research skills will be applicable to both clinical and community settings.

Students wishing to pursue this programme will enrol in either the Postgraduate Diploma in Health Social Science (Medical Social Science specialism) or the Master of Medical Science Degree (Medical Social Science option).

The approved programme is:

Subject | Credit Points
---|---
MED601 Epidemiology I | 12
MED611 Biostatistics I | 12
MED651 Research Protocol Design | 6
MED652 Health Social Science II | 6
MED671 Health Promotion I | 6
MED672 Health Promotion II | 6

It is expected that Diplomates will be able to function as researchers in clinical or community health settings. They will have sufficient preparation to work independently or in interdisciplinary teams. They will be able to conceptualise and measure sociocultural variables, evaluate programme structure process and impact, and will be able to advise on ethical matters relevant to research design and intervention.

Master graduates will be able to act as principal investigators as well as consultants to other health professionals, community groups, and governments (within the scope of their research skills and experience).

Medical Statistics

Students wishing to pursue this programme will enrol in either the Postgraduate Diploma in Medical Statistics or the Master of Medical Statistics Degree.

The approved programme of study in Medical Statistics is:

Subject | Credit Points
---|---
MED661 Epidemiology I | 12
MED632 Biostatistics II | 6
MED662 Research Project | 6
MED663 Research Project | 12

The remaining 24 or 18 credit points to be selected from the subjects listed below. For the Master of Medical Statistics Degree at least 18 credit points must be selected from subjects marked *.

Subject | Credit Points
---|---
STAT201 Mathematical Statistics | 6
STAT202 Regression Analysis | 6
STAT203 Queue and Simulation | 3
STAT204 Non-parametric Statistics | 3
STAT205 Statistical Inference * | 6
STAT206 Study Design * | 6
STAT207 Generalised Linear Models * | 6
STAT208 Time Series Analysis * | 6
STAT210 Probability Theory * | 6
STAT211 Analysis of Categorical Data * | 6
STAT212 Demography and Survival Analysis * | 6
STAT213 Robust Regression and Smoothing * | 6
STAT214 Statistical Consulting * | 6
STAT215 Methods for Quality Improvement * | 6

MED641 DRUG EVALUATION | 6cp
An introduction to drug evaluation and clinical pharmacology. This subject is concerned with ways in which the human body handles and responds to drugs in health and disease. The following topics will be taught: essentials of drug action, pharmacokinetics and pharmacodynamics and their relevance in the determination of therapeutic responses and adverse drug reactions; the development and use of suitable computer software; the techniques necessary for the study of comparative bioavailability.

Time requirement | Approx. 30 hours
Assessment | Written and/or oral assessment.

MED642 CLINICAL PHARMACOLOGY | 6cp
A course in clinical pharmacology focusing on the following topics: essentials of drug action, pharmacokinetics and pharmacodynamics and their relevance in the determination of therapeutic responses and adverse drug reactions; the development and use of suitable computer software; the techniques necessary for the study of comparative bioavailability.

Time requirement | Approx. 30 hours
Assessment | Written and/or oral assessment.
**MED603 EPIDEMIOLOGY III**

6cp

An introduction to occupational epidemiology. Areas covered include:

- Measuring the environment
- Cross sectional studies
- Longitudinal studies
- Risk and Cause
- Case-control studies
- Measurement of dust and fibres
- The structure of an epidemiological study
- Epidemiology in practice

**Time requirement** Approx. 30 hours

**Assessment** Site visit reports, 2 hour written examination

**Text**

Christie, D.


**References**

Fuchs, V.


---

**MED631 HEALTH ECONOMICS I**

6cp

An introduction to Clinical Economics.

**Content**

- The cost of illness
- Economic costs and discounting
- Cost and cost analysis
- Cost-minimisation analysis
- Cost effectiveness analysis
- Cost utility analysis
- Cost benefit analysis
- Sensitivity analysis, inflation and critical appraisal
- Clinical decision analysis

**Time requirement** Approx. 30 hours

**Assessment** Assignments

**MED632 HEALTH ECONOMICS II**

6cp

This semester length course is designed to illustrate how the tools of economic analysis can be applied to general health care issues. The focus is much wider than the clinical setting considered in Clinical Economics I. The course introduces traditional health economics and many of the readings that are regarded as classics in the field.

**Time requirement** Approx. 30 hours

**Assessment** Assignments

---

**MED671 HEALTH PROMOTION I**

6cp

This subject covers the following topics:

- Introduction to the Behavioural Iterative Loop
- Methods of determining community need
- Defining and measuring the target behaviour
- Identification of factors maintaining the target behaviour
- Changing knowledge and attitudes
- Changing behaviour and skills
- Changing the environment
- Evaluation I: Process
- Evaluation II: Outcome
- Dissemination strategies

**Time requirement** Approx. 30 hours

**Assessment** Written and/or oral assessment.

---

**MED672 HEALTH PROMOTION II**

6cp

This subject covers the following topics:

- Individual and structural strategies
- Mass media strategies
- Legislative action
- Economic strategies
- Community development
- Health care provider interventions for patient behaviours
- Interventions for modifying health care providers' behaviour
- School and work based strategies
- Strategies for addressing inequality
- Policies and ethics of health promotion

**Time requirement** Approx. 30 hours

**Assessment** Written and/or oral assessment.

---

**MED621 HEALTH SOCIAL SCIENCE I**

6cp

An introduction to Health Social Science and Behaviour Change.

**Content**

- Social, cultural and psychological determinants of disease
- Social, cultural and psychological determinants of health
- The use of qualitative field methods in questionnaire design
- Questionnaire construction
- Planning interventions based on cultural beliefs and health practices
- Behaviour change strategies
- Utilisation and dissemination of research findings

---

**MED622 HEALTH SOCIAL SCIENCE II**

6cp

1. The following topics from Health Social Science I:

- Social, cultural and psychological determinants of disease
- Social, cultural and psychological determinants of health
- Use of qualitative field methods in questionnaire design
- Questionnaire construction

2. The following topics from Health Economics I:

- Cost of illness, including economic costs and discounting
- Cost analysis
- Cost minimisation analysis
- Cost effectiveness analysis

**Time requirement** Approx. 30 hours

**Assessment** Small group research project

---

**MED623 HEALTH SOCIAL SCIENCE III**

6cp

1. The following topics from Clinical Economics I:

- Introduction to clinical economics
- Cost of illness, including economic costs and discounting
- Cost analysis
- Cost minimisation analysis
- Cost effectiveness analysis

2. This part will consist of clinical attachments. Students will undertake these attachments with individuals in health agencies involved in health promotional activities. Such attachments will be fully supervised and permit the acquisition of experience in both the development and implementation of health promotional programmes.

The attachments will consist of 30 hours with health agencies involved in health promotional activities. Students will visit two agencies for 15 hours each; they will undertake a critical review of one of the agency's programmes including assessing: target audience; suitability of message; acceptability and extent to which effectiveness is evaluated. Students will also undertake some practical aspects of health promotion at the discretion of the agency.

**Time requirement** 30 hours

**Assessment** Critical Appraisal Exercise. Written and/or oral assessment.

---

**MED661 RESEARCH PROTOCOL DESIGN**

6cp

Involves design of a research protocol in the specialism of the Diploma, for example pharmacoeconomics or medical social science.

**Prerequisite** Epidemiology I

**Time requirement** Approx. 60 hours

**Assessment** Protocol, presentation of protocol

---

**MED625 SOCIAL AND ECONOMIC PHARMACOLOGY**

6cp

This subject deals with an introduction to clinical economics together with the study of social attitudes towards therapeutic drugs and the impact of these on drug distribution and utilization within communities.

**Time requirement** Approx. 30 hours

**Assessment** Written and/or oral assessment

---

**MED624 SOCIAL PSYCHIATRY**

6cp

This subject will deal with the concepts and methods of social psychiatry with particular reference to epidemiologically-based knowledge about mental illness, the role of environmental events in the onset and course of mental illness, social treatments and preventive strategies and their evaluation.

**Topics to be covered**

- Methods of measurement
- Socio-demography of mental illness
- Genetic and biological factors
- Formative experiences in childhood
- Concepts of stress
- Adverse life events
- Adverse environmental influences
- Social consequences of mental illness
- Primary care services
- Specialist psychiatric services
- Social management
- Preventive strategies
- Service evaluation

**Time requirement** 30 hours

**Assessment** Critical Appraisal Exercise. Written and/or oral assessment.

---

**References**

Henderson, A.S.

*An Introduction to Social Psychiatry* (O.U.P., Melbourne, 1988)

---
Definitions

Epidemiology: class, sex and gender, age, ethnicity and culture

Patient-provider communication and intervention strategies

Distributive justice and rationing

Fundamentals of health programme evaluation

Statistical computer packages

Handbook of Social Psychiatry

AS.

Minnesota

2nd edn (Duxbury 1985)

Statistics

STATISTICS

INTRODUCTORY STATISTICS

Offered Semester II

Prerequisite(s): This course does not assume knowledge of calculus or matrix algebra.

Content

Study design, including surveys and controlled experiments.


Tests To be advised

References

Prentice, D; Pisani, R and Purvis, R


Ryan, BF, Joiner, BL and Ryan, TA

MINITAB Handbook 2nd edn (Duxbury 1985)

Miller, JB

MINITAB Handbook for Business and Economics (PWS-Kent, Boston 1984)

MINITAB Reference Manual

STATISTICAL INFERENCE

6cp

Offered Semester I

Prerequisite: In 1990, Statistics II and from 1991 Mathematical Statistics (STAT201), Regression Analysis (STAT202) and MATH102 (or a subject equivalent to MATH102, in multivariable calculus).

Hours: 3 hours per week

Content

Statistical inference is the drawing of conclusions from data and this course is concerned with the theory and practice of that process. The main emphasis is on likelihood-based methods of estimation and hypothesis testing, but other topics to be covered may include: special distributions, transformed variables, some re-sampling and other computer-based techniques.

References

Kalbfleisch, JG

Probability and Statistical Inference II (Springer 1979)

Hogg, RV and Craig, AT


Silver, SD

Statistical Inference (Chapman and Hall 1978)

Cox, DR and Hinkley, DV

Theoretical Statistics (Chapman and Hall 1974)

STATISTICS

3cp

Offered Semester I

Prerequisite: In 1990, Statistics II and from 1991 Mathematical Statistics (STAT201) and Regression Analysis (STAT202)

Hours: 3 hours per week

Content

Queues. Random number generation. Simulation, including the use of SIMSCRIPT.

Tests

Nil

References

Morgan, DJT

Elements of Simulation (Chapman and Hall 1984)

Ross, S

Stochastic Processes (Wiley 1983)

STATISTICS

3cp

Offered Semester II

Prerequisite(s): In 1990, Mathematical Statistics (STAT210) and from 1991 Mathematical Statistics (STAT201) or Introduction to Statistical Analysis (STAT101) and MATH102 (or equivalent).

Course

STAT203: QUEUES & SIMULATION

Minimum hours

3

Content

Queues. Random number generation. Simulation, including the use of SIMSCRIPT.

Tests

Nil

References

Morgan, D.J.T.

Elements of Simulation (Chapman and Hall 1984)

Ross, S

Stochastic Processes (Wiley 1983)

STATISTICS

3cp

Offered Semester II

Prerequisite(s): In 1990, Mathematical Statistics (STAT210) and from 1991 Mathematical Statistics (STAT201) or Introduction to Statistical Analysis (STAT101) and MATH102 (or equivalent).

Course

STAT204: NON-PARAMETRIC STATISTICS

Minimum hours

3

Content

Chi-square tests for goodness of fit and contingency tables. Rank tests. Robust methods of data analysis.

Tests

To be advised

References

Cochran, W.G

Sampling Techniques 3rd edn (Wiley 1977)

Kish, L.

Survey Sampling (Wiley 1965)

Neter, J., Wasserman, W. and Knaier, MH

Applied Linear Statistical Models (Irwin 1983)

Cochran, W.G and Cox, GM

Experimental Designs (Wiley 1964)

Fox, GE, Han, W.G et al

Statistics for Experiments (Wiley 1978)
STATISTICS HONOURS

This is the 4th year honours course in statistics.

Prerequisites: For 1990 Statistics III and another Part III subject

Hours: Courses and project work

Content:

Students are required to take 4-6 coursework topics of which at least three must be chosen from Level 400 units offered by the Department of Statistics. Students are also required to complete project work which can be worth 12, 18, or 24 credit points, to be determined by consultation with the Head of Department. The results of the project are to be presented in a thesis. The project may be a practical one involving the analysis of data, or a theoretical one. Work on the project normally starts early in February. Level 400 units offered in 1990 are:

STAT401 PROBABILITY THEORY
STAT402 ANALYSIS OF CATEGORICAL DATA
STAT403 DEMOGRAPHY AND SURVIVAL ANALYSIS
STAT404 ROBUST REGRESSION AND SMOOTHING
STAT405 STATISTICAL CONSULTING

This course presents a mathematical treatment of the techniques used in population projections, manpower studies, and the survival models used in demography and biostatistics.

Text:

Keyfitz, N

Introduction to the Mathematics of Population (Addison-Wesley 1968)

Pollard, JI


References:

Babich, RL

Spline Smoothing and Nonparametric Regression (M Dekker, New York 1983)

Hampel, FR, Ronchetti, EM et al


Rousseeuw, PJ and Leroy, AM

Robust Regression and Outlier Detection (Wiley New York 1987)

DIPLOMA SUBJECT DESCRIPTIONS

STAT405 STATISTICAL CONSULTING 6cp

The aim of this course is to develop both the statistical and nonstatistical skills required for a successful consultant. The course includes a study of the consulting literature, a review of commonly-used statistical procedures, problem formulation and solving, analysis of data sets, report writing and oral presentation, role playing and consulting with actual clients.

Texts and References: To be advised.

STAT406 METHODS FOR QUALITY IMPROVEMENT 6cp

The course will cover the concepts of total quality management, the Deming philosophy and relevant statistical techniques. Simple methods such as flow charts and Panto diagrams will be covered, in addition to the various types of control charts and process capability analysis. Modern experimental design techniques for optimizing process performance will be included. The course is a practical one, and the issues involved in actually implementing a quality and productivity improvement programme in an organisation will be addressed.

Texts and References: To be advised.
**SECTION SEVEN**

**MEDICINE SUBJECT COMPUTER NUMBERS**

Computer numbers must be shown on enrolment and course variation forms.

**BACHELOR OF MEDICINE**

| MED 101 | Medicine I |
| MED 201 | Medicine II |
| MED 301 | Medicine III |
| MED 310 | Elective I |
| MED 401 | Medicine IV |
| MED 501 | Medicine V |
| MED 510 | Elective II |
| MED 511 | Elective III |

**BACHELOR OF MEDICAL SCIENCE**

| MED 411 | Thesis |

**POSTGRADUATE DIPLOMAS AND DEGREES**

Computer numbers of subjects offered in the Diploma of Clinical Epidemiology, Diploma of Medical Statistics, Master of Medical Statistics and Master of Medical Science programmes

| MED 611 | Biostatistics I |
| MED 612 | Biostatistics II |
| MED 642 | Clinical Pharmacology |
| MED 641 | Drug Evaluation |
| MED 601 | Epidemiology I |
| MED 602 | Epidemiology II |
| MED 603 | Epidemiology III |
| MED 631 | Health Economics I |
| MED 632 | Health Economics II |
| MED 671 | Health Promotion I |
| MED 672 | Health Promotion II |
| MED 621 | Health Social Science I |
| MED 622 | Health Social Science II |
| MED 623 | Health Social Science III |
| MED 661 | Research Protocol Design |
| MED 662 | Research Project |
| MED 663 | Research Project |
| MED 625 | Social and Economic Pharmacology |
| MED 624 | Social Psychiatry |
| MED 626 | Sociocultural Studies I |
| MED 627 | Sociocultural Studies II |

Subjects offered by the Department of Statistics

| STAT 201 | Mathematical Statistics |
| STAT 202 | Regression Analysis |
| STAT 203 | Queues and Simulation |
| STAT 204 | Non-parametric Statistics |
| STAT 301 | Statistical Inference |
| STAT 302 | Study Design |
| STAT 303 | Generalised Linear Models |
| STAT 304 | Time Series Analysis |
| STAT 401 | Probability Theory |
| STAT 402 | Analysis of Categorical Data |
| STAT 403 | Demography and Survival Analysis |
| STAT 404 | Robust Regression and Smoothing |
| STAT 405 | Statistical Consulting |
| STAT 406 | Methods for Quality Improvement |