DEAN'S INTRODUCTION

The development of a highly innovative educational programme of medical education, different in many respects from any programme previously introduced in other parts of the world, has naturally been a difficult, and at times quite stressful, business for all concerned, both students and staff. Now that we are welcoming the third intake of students, we feel confident that many of the initial problems have been ironed out, so that we are anticipating a rather smoother passage for you than has been experienced by your predecessors. Changes have needed to be made, most obviously in the area of what we call assessment (roughly equivalent to "examination"), and there is still much to be done to refine some of the more difficult aspects of the programme, such as the segment devoted to interview and physical examination skills, and the strand concerned with the analysis of health problems in specific areas of the local community. Our tutors, whether they are full-time members of the academic staff or health professionals from the community are by now much more experienced and much more comfortable in the rather unusual roles in which they are cast within this medical school, and you will certainly be gaining the benefit of their much greater familiarity with the philosophy and strategy of the programme.

The changes we have made have not however modified in any significant way the concepts which underpinned the development of this Faculty. In particular, th member’s of the Faculty’s staff have not budged one inch from their commitment to: (i) the belief that learning will be most effective, and the retention of knowledge most enduring, if we favour “learning through discovery” and learning via problem-solving, rather than employ the traditional didactic methods favoured in most faculties (ii) our belief that students will learn more effectively, and find their learning more enjoyable, if they are not given set “courses” in the usual scientific and clinical disciplines, but are faced with an integrated programme wherein they have to locate the knowledge, from whatever discipline, which is required to solve a given problem; (iii) our belief that the early years of medical education will be enriched by an early, progressive exposure to the real world of health care, so that students begin to see patients and to practice basic clinical skills from the commencement of the programme, and (iv) our belief that medical education must deal with the reality of the health problems displayed by the local community, so that the school is seen as an important contributor to the delivery of more comprehensive health care to the citizens of the Hunter Valley.

These preoccupations, although they may seem self-evident to you, are by no means universally acceptable. It has thus been a particular pleasure for us to have obtained international recognition through an
invitation to join a network of 16 medical schools across the world, sponsored by the World Health Organisation, which had its first meeting in Jamaica in June 1979. These 16 schools have been identified by W.H.O. as breaking new ground in medical education, particularly because of their commitment to problem-based forms of learning and to the development of educational programmes which are responsive to the needs of the local community. The tangible benefits that we may gain from our participation in this network have yet to be worked out but, even in advance of definite information of this kind, it is a very real “shot in the arm” for us to know that Newcastle has been selected, from the world’s 1285 medical schools, as a major contributor to a series of new and important developments in health professional education. I feel confident that you will become increasingly aware of our national and international significance in this regard as you proceed through your course.

You stand now on the threshold of what should be one of the most stimulating and rewarding periods of your entire life. I am sure you recognise that you will be required to work hard, and to work consistently, for the complexities of modern medical science and clinical practice will not be revealed to you without a very substantial commitment on your part. The members of the Faculty will at the same time be doing everything they can to assist you to come to grips with the many sided issues that will confront you both on the campus and in the community. On behalf of all my colleagues, I wish you well.

David Maddison,
Dean.
Constitution of the Faculty Board

The membership of the Vice-Chancellor and the full-time academic and teaching staff is provided for by the relevant by-laws and regulations. Additional members are provided for in the Faculty of Medicine as follows:

(a) 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 in each year, the result of such calculation to be adjusted up to the next whole number;

(b) members elected by and from the part-time academic staff of the Faculty in the ratio of one such representative for each four full-time members of the academic staff of the Faculty as at 1st January in each year, 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;

(c) the Librarian or his nominee;

(d) the Regional Director for the Hunter Region of the Health Commission of New South Wales;

(e) a member nominated by the Hunter Medical Association;

(f) two members nominated by the Board of Directors of The Royal Newcastle Hospital: provided that there shall be only one such nominee in 1977;

(g) a member nominated by the Advisory Board of the Mater Misericordiae Hospital;

(h) a member nominated by the Board of Directors of the Wallsend District Hospital: provided that no such nominee shall be appointed before 1st January, 1978;

(i) not more than three other persons, whether or not members of the University, elected by the members of the Faculty Board other than those prescribed in this paragraph;

(j) one postgraduate student elected by and from the postgraduate students enrolled in the Faculty;

(k) two students from each year of the bachelor's degree course offered within the Faculty, elected by and from the students enrolled in each year of that course.

Hospitals and Other Clinical Facilities

The Royal Newcastle Hospital complex comprises a total of 870 beds distributed between four main sites. These include the main hospital (503 beds) and Belmont Hospital (108 beds), which provide a range of general and specialist services, William Lyne (90 beds), the centre of the hospital’s geriatric rehabilitation programme, and Rankin Park, used for chest patients.

There are approximately 1,300,000 outpatient attendances annually, mainly for specialist clinics. The hospital also provides a domiciliary care service, involving approximately 36,000 home visits per year.

The Newcastle Mater Misericordiae Hospital has 302 beds, including 50 for pediatrics and 61 for obstetrics. Approximately 1900 births occur annually at this hospital.

Wallsend District Hospital has approximately 200 beds following completion of current extensions and is expected to develop a significant role in geriatric and paediatric care, and in community health and domiciliary care services.

Newcastle Psychiatric Centre has 151 beds and an admission rate of approximately 2000 per year. The admission pattern is similar to that in other State psychiatric hospitals.

Private Practices

Some general practitioners and specialists in the Region will be making their practices available as learning resources.

Health Commission

The Health Commission of New South Wales has Community Care Centres throughout the Hunter Region. These provide a wide range of services including domiciliary care. There are, in addition, a number of specialist services, the Hunter Drug Advisory Service, Regional Mental Retardation Team, Regional Geriatric Team and Child Development Unit, which will participate in the educational activities of the University.

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 (e.g. 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.

In some cases it may be more appropriate not to wear a white coat (e.g. 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 tidiness 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, e.g. hospital dining rooms.

In general, men may wear shorts with long socks and shoes. Thongs will be inadvisable for safety reasons. No restriction will be placed on hair length, but hair should be clean and kept under control.

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

Costs

Apart from the compulsory charges common to all undergraduate courses, there will be some additional costs.

Clothing

The white coats mentioned in the section on Student Dress and Appearance should be purchased by students. Coats of the approved pattern will be available on campus for purchase by students during the first week of Term 1. Each student should possess two coats, total cost approximately $25.00.

Instruments

The only instrument required by a student at the outset is a stethoscope.

Books

Students are recommended not to buy books until they have had the opportunity to assess the books during the course.

The Auchenmuty Library

At present, medical monographs and serials form part of the medical collections. Medical non-print materials, however, and facilities for their use together with a small collection of special texts are housed in the Medical Reading Room within the Library.

Medical Reading Room

<table>
<thead>
<tr>
<th>Days</th>
<th>Opening Time</th>
<th>Closing Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday to Thursday</td>
<td>8.30 a.m. to 10 p.m.</td>
<td>8.30 a.m. to 7 p.m.</td>
</tr>
<tr>
<td>Friday</td>
<td>8.30 a.m. to 7 p.m.</td>
<td>1.30 p.m. to 5 p.m.</td>
</tr>
<tr>
<td>Saturday and Sunday</td>
<td>1.30 p.m. to 5 p.m.</td>
<td>8.30 a.m. to 7 p.m.</td>
</tr>
</tbody>
</table>

Requirements for the Degree of Bachelor of Medicine

Definition 1. In these Requirements, unless the context or subject matter otherwise indicates or requires, “the Faculty Board” means the Faculty Board of the Faculty of Medicine.

Grading of Degree 2. The degree of Bachelor of Medicine may be conferred as an ordinary degree or as a degree with honours.

Enrolment 3. A candidate shall enrol only as a full-time student.

Qualifications for Degree 4. To qualify for admission to the degree of Bachelor of Medicine a candidate shall in normally not less than five academic years complete to the satisfaction of the Faculty Board the programme of work set out in the Schedule of these Requirements and consisting of such seminars, tutorials and lectures, written and practical work, examinations and assessments as may be prescribed by the Faculty Board.

5. Except as otherwise provided in clauses 7 and 9 of these Requirements a candidate shall complete the programme of work in consecutive terms.

Progression 6. (1) A candidate shall attempt all the assessments prescribed as summative by the Faculty Board.

(2) Summative assessment will normally be conducted in each term, except Term 1.

(3) Except in Phase 5, the results of candidates in summative assessments shall be classified as ungraded Pass or Fail. In Phase 5 results shall be classified as Honours, Pass or Fail.

(4) A candidate whose result in a summative assessment is classified as Fail will be required to attempt such additional assessment as the Faculty Board shall determine.

(5) A candidate who fails in summative assessments for more than one term of a Phase will normally be recommended to the Admissions Committee for exclusion from the course under the provision of By-law 5.4.1.2.
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 tidiness 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, e.g. hospital dining rooms.

In general, men may wear shorts with long socks and shoes. Thongs will be inadvisable for safety reasons. No restriction will be placed on hair length, but hair should be clean and kept under control.

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

Costs

Apart from the compulsory charges common to all undergraduate courses, there will be some additional costs.

Clothing

The white coats mentioned in the section on Student Dress and Appearance should be purchased by students. Coats of the approved pattern will be available on campus for purchase by students during the first week of Term 1. Each student should possess two coats, total cost approximately $25.00.

Instruments

The only instrument required by a student at the outset is a stethoscope.

Books

Students are recommended not to buy books until they have had the opportunity to assess the books during the course.

The Auchmuty Library

At present, medical monographs and serials form part of the general collections. Medical non-print materials, however, and facilities for their use together with a small collection of special texts are housed in the Medical Reading Room within the Library.

Medical Reading Room

<table>
<thead>
<tr>
<th>Monday to Thursday</th>
<th>8.30 a.m. to 10 p.m.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friday</td>
<td>8.30 a.m. to 7 p.m.</td>
</tr>
<tr>
<td>Saturday and Sunday</td>
<td>1.30 p.m. to 5 p.m.</td>
</tr>
</tbody>
</table>

Requirements for the Degree of Bachelor of Medicine

Definition 1. In these Requirements, unless the context or subject matter otherwise indicates or requires, "the Faculty Board" means the Faculty Board of the Faculty of Medicine.

Grading of Degree 2. The degree of Bachelor of Medicine may be conferred as an ordinary degree or as a degree with honours.

Enrolment 3. A candidate shall enrol only as a full-time student.

Qualifications for Degree 4. To qualify for admission to the degree of Bachelor of Medicine a candidate shall in normally no less than five academic years complete to the satisfaction of the Faculty Board the programme of work set out in the Schedule of these Requirements and consisting of such seminars, tutorials and lectures, written and practical work, examinations and assessments as may be prescribed by the Faculty Board.

5. Except as otherwise provided in clauses 7 and 9 of these Requirements a candidate shall complete the programme of work in consecutive terms.

Progression 6. (1) A candidate shall attempt all the assessments prescribed as summative by the Faculty Board.

(2) Summative assessment will normally be conducted in each term, except Term 1.

(3) Except in Phase 5, the results of candidates in summative assessments shall be classified as ungraded Pass or Fail. In Phase 5 results shall be classified as Honours, Pass or Fail.

(4) A candidate whose result in a summative assessment is classified as Fail will be required to attempt such additional assessment as the Faculty Board shall determine.

(5) A candidate who fails in summative assessments for more than one term of a Phase will normally be recommended to the Admissions Committee for exclusion from the course under the provision of By-law 5.4.1.2.
Withdrawal 7. (1) A candidate may withdraw from 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, in which event the Faculty Board will also normally recommend exclusion from the course.

8. A candidate who has been permitted to withdraw without failure and who subsequently wishes to resume his studies in the course:
(a) will be required to re-apply for admission to the course if the withdrawal occurred during his 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 re-assessment before re-enrolment.

Leave of Absence

9. 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; which conditions may include success at re-assessment before re-enrolment. Such leave will not normally be granted for more than one year.

Relaxation Clause

10. The Senate on the recommendation of the Faculty Board may relax any provision of these Requirements in order to provide for exceptional circumstances arising in particular cases.

THE SCHEDULE

<table>
<thead>
<tr>
<th>Phases</th>
<th>Terms</th>
<th>Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase I</td>
<td>Introduction to Problem Solving</td>
<td>Term 1</td>
</tr>
<tr>
<td>Phase II</td>
<td>Problems in the Adult</td>
<td>Term 4</td>
</tr>
<tr>
<td>Phase III</td>
<td>Problems in the Adult (continued)</td>
<td>Term 7</td>
</tr>
<tr>
<td>Elective I</td>
<td></td>
<td>Term 10</td>
</tr>
<tr>
<td>Phase IV</td>
<td>Problems of Growth and Ageing</td>
<td>Term 11</td>
</tr>
<tr>
<td>Elective II</td>
<td></td>
<td>Term 14</td>
</tr>
<tr>
<td>Phase V</td>
<td>Integrated Practice</td>
<td>Term 15</td>
</tr>
</tbody>
</table>

Notes
1. The programme of work in elective studies shall be proposed by the candidate and approved by the Faculty Board.
2. Years 3, 4 and 5 each comprise four Terms whose dates are not the same as those of the three University Terms.

Bachelor of Medical Science

Provision is being made for a Bachelor of Medical Science degree which may be completed in one additional year's study, part way through the Bachelor of Medicine course.

Faculty Policy on Student Failure and Withdrawal

The requirements for the Degree of Bachelor of Medicine constitute the formal expression of the Faculty's policy concerning students who fail to satisfy the examiners, or who wish to withdraw from the course temporarily or permanently. These notes explain the Faculty's policy, and how it will be interpreted in practice.
Aim

The overriding aim of the policy is to encourage students to succeed, by humane and enlightened treatment, rather than to punish students for failure. This means that every assistance to succeed will be given to students who fail because of extenuating circumstances, but that, once it becomes clear that the student is incapable of success in the course, exclusion will promptly follow.

Assessment Procedure

In the curriculum, learning will occur cumulatively, that is, the acquisition of knowledge, understanding, skills and attitudes will be built up progressively. It is therefore necessary to assess the students’ mastery at each stage before proceeding to the next. This ‘summative’ assessment will take place towards the end of each Term.

A student who does not satisfy the examiners at this stage will be expected to undertake remedial studies and will have the opportunity of presenting himself for further assessment during the later part of the year—these further assessments are defined as ‘second assessment.’ Under this arrangement, a student may have one or more further opportunities to satisfy the examiners, the last formal opportunity occurring in the University’s annual or supplementary examination period, as appropriate. Inability to satisfy the examiners within the prescribed time period for second assessment will normally result in a failure being entered into the student’s academic record at the end of the year. The consequences of this result are described below.

Failure

The basic rule is that a student will be recommended for exclusion from the course after failure in assessment for more than one Term in any Phase (Degree Requirement 6 (5)). In the absence of extenuating circumstances, a student will not normally be allowed to repeat a year’s study in the Faculty.

These arrangements will allow the entering student to become accustomed to University life and to novel ways of learning and assessment without dire penalties for failure to adapt rapidly.

It is obvious that a student who has failed in assessment for a Term must satisfy the examiners eventually (Degree Requirement 4 & 6 (1)), but, if possible, progress through the course should not be delayed. Such a student will therefore continue to work with his or her contemporaries, but will also be required to present himself or herself for re-assessment on the failed material one year after the first failure, normally with the succeeding intake of students. Failure at that third attempt will be construed as failure in a second term in the Phase, and will result in an immediate recommendation for exclusion from the course.

If the failure occurs in a Term which is within one year of the end of the Phase (so that re-assessment one year later would interfere with the following Phase), then the Faculty may direct that remedial work and re-assessment shall be undertaken during the Elective Term at the end of the Phase, the Faculty may direct that the student shall undertake an extra term’s work before proceeding to the degree.

Extenuating Circumstances

Failure to satisfy the examiners is often the result of health, personal or other serious extenuating circumstances. The University has made provision for cases where such circumstances hinder the student’s preparation for, attendance at or performance in assessment. In their own interests students should note and follow the prescribed procedures.

A student whose preparation for assessment has been hindered will nevertheless be encouraged to attempt the assessment. Provided that there is satisfactory documentary evidence of the circumstances, the Faculty may determine that, in the event of failure, the Term shall not be counted as failed under Degree Requirement 6 (5), but that re-assessment one year later must still be undertaken.

If there has been a major impediment to study, a student may apply to repeat a year, joining the succeeding intake at the beginning of the term during which studies were interrupted, but the Faculty may call for a confidential report on the long-term prognosis of such a student before considering such an application.

Withdrawal

A student may withdraw from the course at any time by notifying the Secretary to the University in writing. For the purposes of the student’s academic record, an entry of ‘withdrawal without failure’ will be made if the student’s performance at assessment has been satisfactory, and this will allow the possibility of re-enrolment in the course at a later date (Degree Requirement 8). An entry of ‘withdrawal with failure’ will be made in the case of a student who withdraws after unsatisfactory performance at assessment, and such a student who wishes subsequently to re-enrol in the Faculty will have to ‘show cause’ why he or she should be re-enrolled (By-law 5.4.3.2).

Leave of Absence

A student may apply for leave of absence for a year. If leave is granted, a place will be reserved in the succeeding intake, although the student may be required to resit the last assessment undertaken before leave of absence began, to ensure that he or she is adequately prepared to rejoin the course.
The five-year undergraduate curriculum leading to the degree of Bachelor of Medicine is divided into four Phases and two Electives. A table is included in the Degree Requirements illustrating this.

Phase I occupies the first term, and constitutes an introduction to problem solving, to the practice of medicine, and to University Life. Phase II occupies the next five terms, and consists of a more detailed, systematic examination of problems which typically present in the adult. Phase III extends this study by a further three terms.

During the Elective terms, students will be able to study, in greater depth, a topic of their choice, subject to Faculty approval.

Phase IV lasts three terms, and is concerned with problems in infants, children, adolescents and the aged. The details of Phase V, in the final year, have yet to be finalised, but students will be confronted by clinical problems as they occur, and will undertake increasing clinical responsibility, perhaps as 'trainee interns.'

Conferment of the degree will depend on satisfactory progress through the course, and on satisfactory performance in Phase V.

Objectives
The overall objectives for the undergraduate curriculum are set out in the Faculty's Working Paper VI (Undergraduate Programme Objectives). More detailed objectives for each Phase and Block will be available.

Learning Methods
The major curricular emphasis will be on learning through considering and solving clinical problems. Students will be expected to acquire not only the factual knowledge and intellectual understanding which are essential for clinical decision-making, but also the skills of information gathering, decision making and implementation, not only in relation to problems of individual patients, but also in relation to problems of groups or communities.

Students will usually work in groups of eight with a tutor, but smaller groups will be used when appropriate. They will be encouraged to identify their own learning needs, and to find their own individual solutions to those needs, thus progressively becoming independent learners, capable of a life-time of continuing self-education and self-evaluation. Those who encounter learning difficulties, resulting either from poor study habits or from a different educational background (e.g. insufficient knowledge of physics) will be offered help to overcome those difficulties.

Phase I---Term I---Introduction to Problem Solving
Following a week's general introduction to the University and the Faculty, the major activity in Phase I will give a broad overview of the scope of medical practice, and an introduction to clinical problemsolving, through the study of four problems, designed to be representative and likely to include acute and chronic illness in people of varying ages.

Study of selected aspects of these problems will make possible the acquisition of basic information which will be the foundation upon which later learning can be built. In addition, there will be instruction and practice in the skills of interviewing and communication, in preparation for meeting and talking to patients. There will also be an introduction to the lay and health professional communities of the Hunter Region.

Phase II---Term 2---Acute Interruption of Function
The problems in Term 2 will be split into two Blocks, which are designed so that either can be studied first. Half of the student groups will study Block 2A first and the other half 2B.

Block 2A is concerned with acute interruption of function in individuals and communities, through the study of:

- a bereaved person
- a person who tries to commit suicide
- a family with multiple health and social problems
- a disaster in the city of Newcastle

In addition to the knowledge and understanding basic to the management of these problems, emphasis will be given to the community services available to help people with such problems, and further attention will be given to communications and interviewing skills.

Block 2B is concerned with acute interruption of function in the limbs, through the study of:

- a man with a cut thigh
- a woman with a broken bone
- a man with muscle weakness and sensory loss after being stabbed in the arm
- a man with a cold, painful leg

As before, in addition to the acquisition of basic knowledge and understanding, attention will be given to the examination of patients with problems of this type. Experience will be arranged in a casualty department seeing patients with similar problems, and in a hospital ward under the supervision of the ward sister.

Phase II---Term 3---Gastrointestinal, Renal, Urological Problems
Block 3A will be devoted to the study of a number of problems in relation to the gastrointestinal tract, giving a broad introduction to this body system through the study of abdominal pain, altered bowel habit etc.
Block 3B will consider renal and urological problems, including failure to pass urine, blood in the urine, frequent passage of urine, pain on passing urine, and pain in the loin. During this term there will be practice in interviewing and examining patients with these and similar problems, both in hospital and in community settings.

Phase II—Term 4—Cardiology and Respiratory Problems

Block 4A will be devoted to study of a number of common cardiological problems which will enable the student to evaluate and diagnose patients with cardiac disease.

Block 4B will be devoted to study of a number of common respiratory conditions which will enable the student to understand the basic mechanisms of common respiratory disorders and to diagnose and manage patients with respiratory disease.

During this term the students will continue their practice in interviewing and physical examination and will commence to take responsibility for documenting the progress of a patient’s illness. Students will attend a general practice for three hours each fortnight and obtain experience in the interviewing, examination and problem-list generation of people in the community and will commence a longitudinal study of the care of people in the community.

Phase II—Term 5—Rheumatology, Orthopaedics and Haematology

Block 5A is concerned with rheumatological and non-traumatic orthopaedic problems.

Block 5B is concerned with a number of important haematological conditions and also provides an introduction to endocrinology.

Phase III—Term 6—Neurology and the Mind

This term will be a fully integrated term where the students will study neurological and psychiatric problems in a theoretical and practical setting.

Phase III—Term 7—Dermatology, Eye, Ear, Nose and Throat and Acute Emergencies

This term will alternate with Term 8 and 6 of the eight groups will spend it out of Newcastle at Tamworth, Taree or Gosford. The learning of skills in Dermatology, Eye and Ear, Nose and Throat will in many cases take place in individual practitioners’ rooms.

Phase III—Term 8—Sexuality and Acute Emergencies

This term will alternate with Term 7 and will be done in Newcastle. Problems of sexuality and associated problems will be considered. Attachments for acute emergencies will be arranged in the casualty and intensive care areas.

Phase III—Term 9—Chronic Failure

The term will be spent predominantly at the campus and any clinical attachment will be completely integrated into the problem.

Term 10

An elective term.

Phase IV

The students will rotate through Terms 11, 12, 13 and 14.

Phase IV—Terms 11 and 12—Development and Growth

Sixteen students will study problems in the area of obstetrics and pediatrics during this term. Appropriate clinical training will be arranged in hospitals and in specialists’ rooms.

Phase IV—Term 13—Problems of Ageing

Sixteen students at a time will study problems associated with ageing.

Term 14

An elective term.

Phase V—Integrated Practice

Students will rotate through a variety of clinical attachments, certain of which will be mandatory. This activity will occupy about 20 hours/week and will generate problems to be studied individually and discussed in groups. A “library” of problems suitable for individual study will be available which will expand the knowledge gained in the earlier years of the course. This will be structured to allow the student to perform continuing self-assessment of his knowledge and abilities.