The University of Newcastle

FACULTY OF MEDICINE
HANDBOOK
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, 1988.

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Recommended Price: Three dollars and fifty cents plus postage.
A major priority for the medical school is to respond both for 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 in touch with ideas 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. 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.

There is a major aspect of our orientation to the community and that is the degree to which we have the good fortune of involving large numbers of specialists, general practitioners and other health workers in our curriculum. Over 10000 people now have something to do with it. Many are providing substantial time and expertise. We in the University are in turn heavily involved in the provision of clinical care in the hospitals and in the administration and development of services in the region, in particular we have a lot to do with the Hunter Area Health Service and with the development of the New Teaching Hospital which will be opened during your time here, in 1991. We appreciate highly the wide co-operation we have from colleges, hospitals and community programmes here and in more distant communities. It is up to you to maintain that goodwill and above all to remember that the patients you see (none of whom are obliged to be seen) assist you in your studies by making themselves available. I hardly need say that you must respect them and be considerate of them in the way you dress, the way you talk to them and the way you guard with confidence the information that is shared with you.

As you settle into the curriculum, you may need some special help. Faculty members are busy but not too busy to help. Some of you will have difficulties with personal or financial matters. Don’t sit on a problem that you can’t solve, if you are still come and see me or the Faculty Secretary. It helps us to get to know you. The same thing applies for academic matters. Some of you, especially if you have been away from studying for a while, may take a little time to settle in. Don’t be disheartened. It is hard work and we expect you to be up to scratch but we want to do the best to help you. We think you have the potential to make a good doctor and we have every confidence in your ability to complete the course.

There are many careers in society in which you can help people. You have chosen Medicine and it is a fine career. It is hard work but it is a privilege to be part of it. In five years, in May 1994, I shall look forward to introducing you to the Chancellor on the occasion of your graduation. By then you will already be interns. Until then, do well and enjoy it. Welcome aboard.

JOHN HAMILTON, Dean
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Discipline of Community Medicine

Professor: R F Heller, MB, BS, MD(Lond), FRCP, FRACP, FFCCM

Associate Professors:
M J Hensley, MB, BS, PhD(Syd), FRACP (Clinical Epidemiology)
A L A Reid, MB, BS(Lond), FRACP (General Practice)

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

Lecturers:
J A Dickenson, MB, BS(Q’ld), FCCP(Canada) (General Practice)
D L O’Connell, BSA, PhD (Biosocialsciences)
A Sambukibwabo, BSc(C’bo), MSc, PhD(N’cleUK) (Biosocialsciences)

Clinical Lecturers:
G Harrison, MB, BS(Syd), FRACGP (General Practice)
H N Rose, MB, BS(Syd), MRACGP, DOhst RACOG (General Practice)

Fellows:
P Hopkins, MB, BS(NSW), FRACGP (General Practice)

Professional Officers:
D Lloyd, BA, DipEd
L Peters, BA(Flin)

Discipline of Clinical Pharmacology

Professor: A J Smith, MA, DM, BChir(Oxf), FRCP

Senior Lecturers:
L A Chad, MSc, PhD(Q’ly)
D A Henry, MB, CHl(Glas), FRCP

Clinical Lecturer: I M Whyte, MB, BS(Q’ly), FRACP

Professional Officer: P Bent, BSc

Research Officer: J F Gerkens, MSc(Monash), FRCP

Discipline of Environmental and Occupational Health

Professor: D G S Christie, MB, BS(Q'ly), MD(Lond), FRACP, FFCCM, FACOM

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

Fellow: G Dangar, MB, CHl, DPhl, DHl(Liv), MPDM, FACOM

Occupational Hygienist: P Devey

Discipline of Human Physiology

Professor: S W White, MB, BS(Syd), MD(NSW)

Senior Lecturers:
R L Neame, MA, MB, BChir(Camb), PhD(Lond)
A P Powis, BSc, BS(Lond)
D W Quail, MB, BS(Syd), MD, FFARACS

Senior Technical Officer: J R Buxton, BSc, PhD, DipEd

Research Officer: D Van Helden, BE, PhD(NSW)
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 to 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.
The University has established a Board of Studies in Clinical Epidemiology and Biostatistics (BESB) to oversee the degrees and diplomas for which the Board has responsibilities, including:

1. The Dean of the Faculty of Medicine;
2. The Director of the Centre for Clinical Epidemiology and Biostatistics;
3. The Professor of Biostatistics;
4. One student member elected annually by and from the students enrolled in each degree and diploma for which the Board has responsibilities;
5. Six members of the full-time academic staff of the Faculty of Medicine involved in teaching subjects in the degrees for which the Board has responsibilities;
6. Up to six 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;
7. 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.

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

Facilities: Academic and Clinical

Medical Science Building (MSB) - Located on the Shortland campus, the building houses the Disciplines of Anatomy, Behavioural Science in Relation to Medicine, General Practice, Human Physiology, Medical Biochemistry and has large animal research facilities. Support staff for the Undergraduate Education Programme, the Dean’s Office, and educational facilities.

David Maddison Clinical Sciences Building (DMB) - Located adjacent to the Royal Newcastle Hospital (RNH) is the base for the Disciplines of Clinical Pharmacology, Community Medicine, Medicine, Pathology, Surgical Science and also has extensive laboratory facilities. Educational facilities, the Medical Communication Unit and the Garden Medical Library.

Clinical Sciences Building - Newcastle Mater Misericordiae Hospital (also called NEWMED I). The Faculty occupies one floor. Other floors are committed to the oncology unit and service laboratories for the hospital. It is the academic base for the Disciplines of Occupational Medicine, Paediatrics, Psychiatry and Reproductive Medicine. The Chair in Surgical Oncology is also located in NEWMED I.

Wallsend District Hospital - Some space is earmarked in the hospital buildings for the Faculty. Additional space may be available for academic facilities in geriatrics and general practice.

Teaching Hospitals

Major Hospitals in Newcastle Area

Royal Newcastle Hospital (RNH) - Approximately 400 beds, mainly for general medicine, surgery, and major sub-specialities. In time this hospital will be reduced in size and will become the main base for both orthopaedic surgery and the site of the regional microbiology laboratory.

Newcastle Mater Misericordiae Hospital (MMH) - This is the largest general surgical and medical unit in Newcastle and is operated by the religious order, the Sisters of Mercy. It operates as a public hospital and is the centre for regional programmes in psychiatry, maternal health, oncology and occupational medicine.

Other Facilities

Libraries: The University medical library is located in the Library on the Shortland campus. The Royal Newcastle Hospital and the Department of Health, the University contributes to the Library located in DMB. It is planned to extend the role of the Gardner Library to that of a research centre for the Hunter Area Health Service.

Medical Communication Unit - graphic, video, film and audio-visual capability. Main facilities are in DMB with small units at

MNH and some planned for the New Teaching Hospital.

Centre for Clinical Epidemiology and Biostatistics

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 in the subject areas of clinical epidemiology and biostatistics;
- to encourage the growth of clinical epidemiology locally, nationally and internationally by assisting clinical doctors in their practices to develop skills in critical evaluation of experimental and observational data, 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 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 prevention;
- 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 in Australian universities.

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

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 Pharmacoeconomics.
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 (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. Each student should possess two coats.

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.

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, e.g., 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 5.00pm 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.
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 College 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 have 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 procedures; 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 the 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, judged on the basis of this University’s selection category, or
   (b) they have achieved results in courses leading to the award of or admission to 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 current Higher School Certificate examination will 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 below 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 the course regardless of their Personal Qualities Assessment result.

11.(1)(c) 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 attained 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-regulation (1) will be allocated to applicants judged by the Faculty Board to have the highest academic merit. The remainder will be allocated to applicants achieving the highest results in the Personal Qualities Assessment.

(3) 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.

14.(1) The Dean of the Faculty of Medicine or the Dean’s nominee may grant an applicant offered admission to the course a deferral 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 the University to complete the requirements for the admission of that degree.

(2) An applicant granted deferral under sub-regulation (1)(c) who at the end of the period of deferral 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 deferral of admission to candidate 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 of College of Advanced Education may be refused permission to enrol in the course in 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 that 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;

(2) the Sub-Dean of the Faculty who shall chair the Committee;

(3) the Deputy Chairman of Senate;

(4) up to four members of academic staff of the Faculty elected by the Faculty Board; and

(5) 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.

A member elected or appointed under sub-regulations (1)(d) and (1)(e) shall hold office for three years from 1 March in the year of election or appointment.

(3) Members elected under sub-regulation (1)(d) 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 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 for the meeting by and from those members present.

16. The Faculty Admissions Committee shall exercise such powers and responsibilities under 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 relax any provision of these Regulations to allow the admission of Australian Aborigines and 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 Aborigine" or "Torres Strait Islander" shall mean a person of Australian Aborigine or Torres Strait Islander descent who identifies as an Australian Aborigine or Torres Strait Islander and is accepted as such by the community to which that person lives.

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 application to the University in May each year.
Regulations Governing the Degree of Bachelor of Medicine

1. General
These regulations are made in accordance with the powers vested in the Council under Bye-law 5.2.1 and provide 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;
- "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 prescribed.

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. Prerequisites
Except with the approval of the Dean, a candidate may not enrol in a subject unless he or she has passed any subject prescribed as a prerequisite.

6. Withdrawal
(1) A candidate may withdraw from a subject or the course only by notifying the Secretary in 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;
   (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 re-apply for admission to candidacy if the withdrawal occurred during the first year of study;
   (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 in specified examinations 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 schedule of academic and clinical activities, and 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 award. The degree shall be conferred as an ordinary award. The Faculty Board may relax any provision of these Regulations.

10. Admission to Degree
Except where indicated otherwise in the Schedule, to qualify for 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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<tbody>
<tr>
<td>Medicine I</td>
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<td>Medicine II</td>
<td>Medicine I</td>
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<td>Medicine III</td>
<td>Medicine II</td>
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<td>Elective I</td>
<td>Medicine III</td>
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<td>Year 3</td>
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<td>Additional Subject</td>
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<td>Elective II</td>
<td>Elective I</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.

Undergraduate Programme Objectives

The Programme Objectives set out:
- a basis for curriculum development by the Faculty, and a yardstick for decisions about inclusion or exclusion of particular activities in the curriculum;
- an overall statement of goals for students, and a framework within which to set their own efforts;
- the overall 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. Responsibility 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 easily in objective form. In addition there are several aspirations which the Faculty holds which cannot be mandated. Thus the Faculty may wish students 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 a way they carry out the performance of their intellectual and clinical responsibilities (eg 1.1).

The Objectives
These objectives are:
- 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 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 conclusion of graduation students demonstrate ability to do, and function in an effective fashion with, patients and their families as well as fellow professionals by:
   1. manifesting those personal characteristics essential for the practice of excellent medicine, including (i) awareness
of their own assets, limitations and responsibilities, (ii) responsibility, the toughsness, reliability and confidentiality, (iii) sensitivity to the needs of others and concern for other persons;

1.2 consistently displaying a deep regard for others, thereby showing that caring and comforting are held to be amongst the appropriate tasks of professionals;

1.3 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 suffers;

1.4 applying in an observable way both an understanding of the importance of the doctor/patient relationship, and its place in the provision of medical assistance at all levels;

1.5 showing, (i) an enlightened involvement and communicating their findings concisely (orally and/or in writing);

1.6 applying a logical and probabilistic approach to clinical management, by:

2.1 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;

2.2 applying a critical appreciation of the techniques, procedures, goals and results of bio-medical research, and applying the various scientific methods in current use (particularly the hypothetico-deductive method) to the reliability and validity of observations, and the testing of hypotheses;

2.3 applying scientific principles to the study of the behaviour of individuals, groups and institutions;

2.4 locating bio-medical information required for the understanding and management of medical problems, through the use of available educational resources;

2.5 assessing the veracity of conclusions based on reported data, including the interpretation of statistical treatment employed for the analysis of such data;

2.6 interpreting and criticising data from evaluation studies of medical services supplied to communities or populations.

2.3 broadly interpreting the role of the physician in health/ welfare professional teams and working co-operatively with them;

2.4 showing, (i) an enlightened involvement and communicating their findings concisely (orally and/or in writing);

2.5 interpreting and criticising data from evaluation studies of medical services supplied to communities or populations.

2.6 applying a logical and probabilistic approach to clinical management, by:

3.1 applying an understanding of the mechanisms 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 that of the community and wider environment;

3.2 applying an understanding of biological, psychological, social, developmental and environmental mechanisms to the diagnosis, management and prevention of illness;

3.3 applying a knowledge of the significance and limitations of the findings of standard laboratory and allied investigations;

3.4 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 for economic factors;

3.5 applying the understanding implicit in 3.2, 3.3 and 3.4 to the diagnosis of a defined range of clinical problems;

3.6 applying an understanding of the principles of therapeutics, including the possible complications and human costs of treatment;

3.7 taking responsibility, under supervision, for the management of a defined range of common, acute and chronic clinical conditions;

3.8 devising and implementing, under supervision, a management programme appropriate for patients with chronic, intractable illnesses, including terminal disease;

3.9 carrying out the basic psychomotor tasks required to be performed by all medical graduates during their pre-registration postgraduate period;

3.10 applying an understanding of the impact of illness upon families, and the importance of family factors in prevention, treatment and rehabilitation;

3.11 demonstrating a positive, consistent and informed behaviour towards promotion and maintenance of health, as well as the prevention of illness at both individual and population levels, and skill in educating patients, their families and other health professionals for this purpose;

3.12 applying an awareness that major changes in individual and community health are likely to depend on more or less on change in the behaviour of people as on the manipulation of the physical environment.

3.13 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;

3.14 applying a logical and probabilistic approach to clinical management, by:

4.1 applying an awareness of the importance of the practice of medicine in both community settings and in hospitalised patients;

4.2 contributing to the identification and solution of community health problems and to the evaluation of the results of such interventions;

4.3 applying knowledge of the incidence and prevalence of illness, injury, and other health problems to the community, and the family, and to the evaluation of the results of such interventions;

4.4 applying an understanding of the organisation of the Australian health care system, as exemplified by that existing in the Hunter Region, as primary, secondary and tertiary care levels, from conception to death, including the care of the chronically sick and, among, including treatment, prevention and the promotion and maintenance of health;

4.5 evaluating health care needs of individuals, groups and communities, and evaluating the efficacy of health care delivery and the functioning of community health services;

4.6 applying an understanding of the impact of illness upon families, and the importance of family factors in prevention, treatment and rehabilitation;

4.7 applying a positive, consistent and informed behaviour towards promotion and maintenance of health, as well as the prevention of illness at both individual and population levels;

4.8 applying an awareness that major changes in individual and community health are likely to depend on more or less on change in the behaviour of people as on the manipulation of the physical environment;

4.9 applying an awareness of the role of the physician in health/welfare professional teams, and working co-operatively with them.

5.1 demonstrating, granted appropriate consultation, their own and their colleagues' adherence to ethical principles which restrain practitioners from taking advantage of patients or their relatives for economic factors;

5.2 demonstrating, granted appropriate consultation, their own and their colleagues' adherence to ethical principles which restrain practitioners from taking advantage of patients or their relatives for economic factors;

5.3 demonstrating an understanding of the principles of psychomotor tasks required to be performed by all medical graduates during their pre-registration postgraduate period;

5.4 being educationally prepared to undertake postgraduate training;

5.5 demonstrating that medical education is its full status in a lifelong activity and programme, in the unification and further development of their own knowledge and skills, above and beyond the pursuit of higher professional qualifications.
SECTION THREE

BACHELOR OF MEDICINE COURSE DESCRIPTION

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 and brief comment on assessment.

YEAR 1 consists of the subject MEDICINE I. The year is divided into three blocks, each of approximately 10 weeks duration.

MEDICINE I

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 systems 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 tutors 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: generic, nutritional, psychological, traumatic, infective, toxic, vascular and neoplastic. The mechanisms are further explored in relation to each body system and to clinical mechanisms in separate 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 disorders resulting from selected stresses and disease mechanisms.

DOMA IN 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 disability 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 III assessment. Each student accepts a topic in 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

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<tbody>
<tr>
<td>Medical Consultation</td>
<td>Population Medicine</td>
<td>Microscopy</td>
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<tr>
<td>pm</td>
<td>Working Problem Sessions</td>
<td>---</td>
<td>Working Problem Tutorial</td>
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</tbody>
</table>

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

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<th>Monday</th>
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<tbody>
<tr>
<td>Medical Consultation</td>
<td>Population Medicine</td>
<td>Microscopy</td>
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<tr>
<td>pm</td>
<td>Working Problem Sessions</td>
<td>Working Problem Tutorial</td>
<td>Professional Skills Sessions</td>
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</table>

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

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<th>Monday</th>
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</table>

SECTION THREE

BACHELOR OF MEDICINE COURSE DESCRIPTION

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

In addition, 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, psychiatric, endocrine and haematologic systems.

DOMAIN II — CRITICAL REASONING

Students pursue a number of literature research projects linked to the activities of Domain III. These all have 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 commenced in Block 3 of Year 1 is now continued as follows: Block 4: cardiovascular and respiratory systems.

Block 5: neurology and psychiatry

Block 6: endocrine and haematology

DOMA IN IV — POPULATION MEDICINE

The entire class studies a single topic of broad community significance. For 1988 the topic is alcohol and its impact on welfare and 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 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 suggest 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 a 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 a 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>
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<tbody>
<tr>
<td>pm</td>
<td>Microscopy</td>
<td>Working Problem Tutorial</td>
<td>Population Medicine</td>
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<tr>
<td>pm</td>
<td>Working Problem Sessions</td>
<td>Working Problem Tutorial</td>
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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

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<th>Monday</th>
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<tbody>
<tr>
<td>pm</td>
<td>Neurology</td>
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<td>pm</td>
<td>Working Problem Tutorial</td>
<td>Professional Skills Sessions</td>
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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

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<th>Monday</th>
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<td>pm</td>
<td>Working Problem Tutorial</td>
<td>Population Medicine</td>
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<tr>
<td>pm</td>
<td>Working Problem Tutorial</td>
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In addition, students in this block have regular Haematology Professional Skills and Endocrinology Professional Skills sessions, Case Presentation/Discussion, Clinico-Pathology Cases, Blood Bank visits, 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, linked with the various subspecialty 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 attached 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 occult 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, dermatology, and dentistry are considered, and appropriate clinical experiences are provided in these areas.

Block 8: (Second Newcastle block)

Further problems in relation to neurosurgery, psychiatry, dermatology, and the endocrine systems 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 these hospitals, and particular emphasis is given on general medicine, general surgery, casualty and emergency care, and general practice. Further clinical experience in subspecialties 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 a remediation for a previously identified deficiency from Year 2.

**Timetable Commitments**

**Block 7 — Newcastle Block**

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<th>Week</th>
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<tr>
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<td>Fixed Resource Sessions</td>
<td>Population Medicine</td>
<td>CPC Review</td>
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<tr>
<td>3</td>
<td>Case Study</td>
<td>Case Study</td>
<td>Fixed Resource Sessions</td>
<td>Population Medicine</td>
<td>CPC Review</td>
</tr>
<tr>
<td>4</td>
<td>Case Study</td>
<td>Case Study</td>
<td>Fixed Resource Sessions</td>
<td>Population Medicine</td>
<td>CPC Review</td>
</tr>
</tbody>
</table>

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

**Block 9 — Country Block**

Country Hospital Attachments: Tamworth, Taree, Orange, Gosford and Maitland.

**ELECTIVE I**

In addition to independent learning tasks (Domain V) allocated by the Faculty as part of Medicine IV, 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 elective at the end of the 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 students. 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 5000 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 terms of six weeks, rotating through major clinical specialties. Each group of students undertakes these terms in a different order.**

**MEDECINE 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 child protection, prevention of crime, manipulation of diet and avoidance of alcoholism. These activities strongly link those of population medicine.

**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:

**Term 1: Paediatrics**

**Term 2: Reproductive Medicine**

**Term 3: Surgery 1 (Oncology and Urology)**

**Term 4: Surgery 2 (Orthopaedics, Anaesthesia, Intensive Care)**

**Term 5: Medicine 1 (Ageing, Respiriology, Gastroenterology)**

**Term 6: Medicine 2 (Cardiology, Endocrinology, Nephrology, Rheumatology)**

**DOMAIN IV — POPULATION MEDICINE**

Continuation of the programme of activities in Year 3 with emphasis now on diabetes, alcoholism, cardiovascular disease, ageing, dementia. These link with the rotations of Year 3.

**DOMAIN V — SELF-DIRECTED LEARNING**

There are no specific activities in this Domain.

**Timetable Commitments**

Students are expected to attend all appropriate clinical activities (eg ward rounds, operating theatre) at the end 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).
**SECTION THREE**

**BACHELOR OF MEDICINE SUMMATIVE ASSESSMENT GUIDELINES**

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

**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 III
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 III
2.15 - 3.30   Topics covering Domain III
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.

**General Summative Assessment Guidelines**

1. Assessment is by Domain. All Domains count 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; no further assessment will be permitted.

   (iii) Misreading of the timetable will not be accepted under any circumstances as an excuse for failure to attend an assessment.

   (iv) In short, long 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 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.

4. 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 I) then:

     (i) Failure to submit the appropriate document(s) by the stipulated date will result in a mark of Not Satisfactory at first assessment, and the student will then be permitted to undertake final assessment in the dependent instrument.

   (b) if the report is 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 one final assessment 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 by 5.00 pm on the date stipulated, except for:

  - 48 Hour Tasks, Years 2 and 4: to be submitted to the Clinical Supervisor or Administrative Office by the date 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.

5. 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.

6. A specific timetable for each assessment will be published at least one week in advance of the assessment. Locations of assessment notice boards are: Level 6, Medical Sciences Building; Level 5, New Med II (Mater) and Level 4, David Maddison Clinical Sciences Building. Assessment notices will not be posted on general notice boards. It is the student’s responsibility to ensure that they are aware of all assessment requirements, dates, locations and so on.

7. 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.

8. Enquiries concerning the nature of the assessments should be directed to the appropriate Year Assessment Co-ordinator.

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 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 that 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 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 to 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 of $8.00 for each review, which is refundable in the event of an error being discovered. Applications for review must be submitted on the appropriate form, together with the prescribed review charge, by the set date. As these dates will vary according to when the assessment was held, students should contact the Faculty Secretary immediately after receiving their results for information regarding the appropriate date. 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.

**Medicine I**

Assessment Co-ordinator: Dr J. E. Stuart;
Room 219, Wheeler House;
Phone: 266904/266905.

Domain 1 --- Professional Skills 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 handout).

**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).

**Group Task**

Each student group will deal with a “practice problem” in a given three hour period. The first 1½ 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.
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SECTION THREE

BACHELOR OF MEDICINE SUMMATIVE ASSESSMENT GUIDELINES

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

Written Assessments

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

- Modified Essay Questions (MEQs) — a series of short, integrated and sequential questions relating to a particular patient problem.
- Short Answer Questions (SAQs) — a series of short independent questions each relating to important concepts studied during the course of the year.
- Short Essay Questions — independent short essays on given topics.
- Multiple Choice Questions (MCQs) — a series of short questions and answers from which the correct answer(s) is/are selected.
- Objective Structured Clinical Assessments (OSCA) — a series of questions and answers from which the correct answer(s) is/are selected.
- 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 — Population Medicine

Reports

Each student will be required to submit two (2) reports during the year. Each report must be no longer than 5 A4 single spaced typed pages, including references and tables.

Written Assessment

Each student will undertake an individual written assessment of up to two and one half hour duration. They will be required to answer four (4) out of a choice of eight (8) essay format questions.

Written Assessment

Each student will be given a 24 hour interval after the group task to prepare a written report on a given problem. An individual student will undertake an individual written assessment of the group studied in detail during the year.

Reports

Each student will be required to submit two (2) reports during the year. Each report must be up to 12 hours of written assessments.

SECOND CRITERIA FOR COMPETENCE AND DETAILS OF PENAL ASSESSMENTS

Critical Reasoning Assessment will be undertaken up to 12 hours of written assessments.

Domain V — Self-Directed Learning

Students’ Own Learning Visas

A written report will be held, during which students may consult their own learning resources. Students should not exceed 10 minutes of question time.

DOMAIN IV — POPULATION MEDICINE

Group Report

Each group will be required to submit a report of not more than the equivalent of 16 x A4 pages, typed and single spaced.

Group Presentation

Each group will be required to make a 15 minute presentation, followed by 5 minutes of question time.

Individual Viva Assessment

Each student will be required to undertake a 10 minute viva.

Domain V — Self-Directed Learning

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, as the discretion of the assessor. Full details of the format of the 48 hour task report are contained in a separate document.
SECTION THREE

BACHELOR OF MEDICINE SUMMATIVE ASSESSMENT GUIDELINES

Extended Own Learning Task

By the end of week 4 of Term 1 students will be required to have registered with the Chairperson, Domain V, a topic or topics for independent study. The topic of the task will be decided in consultation with the Domain V Chairperson, 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 the specified date a written report (minimum 1,000 words) together with an acknowledgement from their supervisor/consultant that they have undertaken the task satisfactorily.

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 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, nor the related 48 Hour Task, unless there are extenuating circumstances. The appropriate and satisfactory certification(s) must be submitted prior to the Long Case second assessment period. Students will then be permitted to undertake second assessment Long Case.

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 second assessment period.

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.

General Practice

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

Domain H

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

Domain III

Students considered Not Satisfactory in the Domain III assessments will be required to undertake one final assessment of up to 15 hours, by written instruments.

Domain IV

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.

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.

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(s) by the stipulated date(s) and time(s) will be deemed to be Not Satisfactory at first assessment, unless there are extenuating circumstances. Students will be permitted one final assessment in the same form as the first assessment, to be conducted in the final assessment period.

Students who submit a Not Satisfactory report will be required to undertake one final assessment, in the same form as the first assessment. No further assessment will be permitted.

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 set 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.

Key Dates

First Assessment

Domain Instrument Due Date/Assessment Period
I Certification Sheets Block 4 8/5/89
Block 5 31/7/89
Block 6 23/10/89
Long Case 6/11/89 - 17/11/89
Task Book (General Practice) 31/7/89
II Written Assessment 6/11/89 - 17/11/89
III Written Assessment 6/11/89 - 17/11/89
IV Group Report 27/10/89
Group Presentation 17/10/89
Individual Viva 6/11/89 - 17/11/89

Due Date/Assessment Period

V 48 Hour Task 6/11/89 - 17/11/89
Extended Own Learning Task: Topic Registration and Approval Report 24/7/89
Second Assessment (Long Case only)

Long Case Second Assessments will be held in the period 11/12/89 - 15/1/89.

Final Assessment

All Final Assessments will be held in the period 8/1/89 - 12/1/89.

Domain II — Professional Skills

Certification is required for:
- Ophthalmology, E.N.T., Dermatology, Theatre Scrubbing.
- Specified procedures
- Specified observations
- Short cases

Each student must submit a complete and approved certification for these items as specified in the Year 3 Logbook of Professional Skills.

Country Term Logbook

The logbook itself must be submitted for summative assessment of content of items 1.2 and 1.3 (above).

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.

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 assessments will be 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.

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.

Specific Counselling

- Certification
  Each student will be required to submit a form signed by their tutor indicating completion of four specified videotapes during their Newcastle Block II term. This is a pre-requisite to being permitted to undertake summative first assessment in specific counselling.
  - 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 paper of up to 3 hours, consisting of a series of Short Answer Questions relating to a given research paper(s).

Domain III — Identification, Prevention and Management of Illness

Written Assessments

Students will undertake up to 18 hours of written assessments. The following assessment instruments may be used:
- Modified Essay Questions (MEQs) - a series of short, integrated and sequential questions relating to a particular patient problem
- Short Answer Questions (SAQs) - a series of short independent questions each relating to important concepts studied during the course of the year
- Short Essay Questions - independent short essays on given topics
- Multiple Choice Questions (MCQs) - a series of short questions and answers from which the correct answer(s) is/are selected.
- Objective Structured Clinical Examinations (OSCEs) - a series of separate patient problems, requiring interpretation and application of objective data.

Trauma Report

Students are required to submit a report of 1000 - 2000 words as described in the country term handbook.
**SECTION THREE**  
**BACHELOR OF MEDICINE SUMMATIVE ASSESSMENT GUIDELINES**

**General Practice Task**  
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, a community general practitioner 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 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 a written report (minimum 1,000 words) by the specified date together with an acknowledgment from their supervisor/consultant that they have undertaken the task satisfactorily.

**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**

Certification

Students who do not submit the required certification by the nominated date 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 Long Case second assessment period. Students will then be permitted to undertake second assessment Long Case.

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

**Course Term Logbook**

Students who do not submit the Logbook by the due date should refer to the General Summative Assessment Guidelines, Paragraph 4, section (b).

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.

**Discharge Summary and Referral Letter**

Students who do not submit the Discharge Summary and/or Referral Letter by the due date will be deemed Not Satisfactory in either or both assessments will be required to submit a satisfactory Discharge Summary and/or Referral Letter and then be permitted to undertake second assessment Long Case.

**Short Cases**

Students found Not Satisfactory in either or both the summative Short Cases will be required to undertake second, and, if necessary, third assessment. These assessments will be in the same format as the first assessment. Students must ultimately be Satisfactory in two summative short cases.

**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.

**Specific Counselling**

- 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 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.

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

**Domain II**

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

**Domain III**

**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, by written instruments.

**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).

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.

**General Practice Task**

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.

**Domain IV**

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

**Domain V**

Students who do not have an Extended Own Learning Task topic approved by the due date or do not submit the report by the set 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 due 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.

**Key Dates**

- **First Assessment**
  
  **Domain**
  
  **Instrument**
  
  **Due Date/Assessment Period**
  
  Certification: Specialties, 14/1/89 or 8/1/89
  
  Procedures, Observations and Short Case
  
  Country Term Logbook
  
  Discharge Summary and Referral Letter
  
  Short Cases
  
  Long Case
  
  Certification: Specific Counselling
  
  Specific Counselling
  
  Short Answer Questions
  
  Written Assessments
  
  Trauma Report
  
  General Practice Task

**MEDICINE IV**

- **Written Assessments**
  
  During the week commencing 22/5/89 or
  
  week commencing 24/7/89

- **Extended Own Learning Task**
  
  Topic Registration and Approval
  
  Written Report

**Second Assessment (Short Cases and Long Cases only)**

Short Cases second assessment will be held in the period 10/9/89 - 6/10/89.

Long Case second assessment will be held in the period 11/12/89 - 13/1/89.

**Final Assessment**

Final assessment for the Country Term Logbook, Referral Letter and Discharge Summary must be submitted by 8/1/90.

All other final assessments, except short cases and Extended Own Learning Task, will be held in the period 8/1/90 - 12/1/90.

Short Cases: Students who remain NS in short case(s) after second assessment will be required to give notice in writing stating whether they wish to sit for the final assessment during the second assessment period (11/12/89 - 15/1/89) or the final assessment period (8/1/90 - 12/1/90). This notice must be submitted by 1/12/89.

**Extended Own Learning Task**

Dates for this will be set by the Chair for Self-Directed Learning.

**Note:**

Unless there are extenuating circumstances, second assessment (short cases and long cases only) and final assessments will not be held at any times other than those stated above. Students on an overseas elective or holiday will not be permitted to alter their second and/or final assessment period.

**Medicine IV**

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

- **Domain I — Professional Skills**
  
  Certification
  
  Clinical Supervisors’ Reports (C.S.R.)
  
  Students are required to submit clinical supervisors’ reports on the forms provided for EACH clinical rotation, i.e. 4 medicine, 4 surgery, 1 paediatrics, and 1 reproductive medicine. These must be submitted to the disciplines by the times specified in relevant documents.

- **Information Transfer**
  
  Students will be required to carry out information transfer

"According to country term rotations"
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 that information for direct benefit to the patient. An example of a task used 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 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 (refining their questions and recording their initial enquiry strategies). 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

Certification

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

- 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 who has no satisfactory written component(s) of the MILE will be interviewed by the appropriate discipline representative, and may be required to sit for an additional observed long case.

(c) A student with 3 or 2 Not Satisfactory results will be reviewed by the discipline representative(s), in consultation with the year co-ordinator, and will be required to sit an 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 NS in Domain I, First Assessment. She/he will 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 disciplines found to be NS.

- 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 NS.

- Information Transfer

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

Domain IV

If the Baby in the Family report is submitted on time and found Not Satisfactory, final assessment will be by recombination of the amended report.

If the MILE report is submitted on time and found to be Not Satisfactory then one further MILE task may be attempted as final assessment. This will be arranged on an individual basis during the year and after remediation has occurred.

Students who do not submit a report by the due date and time should refer to the General Summative Assessment Guidelines, item 4, section (b).

Honours

All instruments may contribute to Honours.

Key Dates

First Assessment

Domain Instrument Due Date/Assessment Period

I Certification C.S.R. By 5:00 p.m. of the Monday following the end of each rotation.

Long Case

Assessed on 4 occasions during the following 3 periods:

III Written Assessments 6/12/89 - 8/12/89

IV Written Assessments 4/12/89 - 11/12/89

V Baby in the Family Report 11/9/89 - 15/9/89

Domain II

Written Assessments 4/12/89 - 8/12/89

IV Written Assessments 4/12/89 - 11/12/89

V Baby in the Family Report 11/9/89 - 15/9/89

Domain III

M.L.E.

Written Assessments 4/12/89 - 8/12/89

V Baby in the Family Report 11/9/89 - 15/9/89

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 assessment this will be conducted in the week commencing 11/12/89.

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 that information for direct benefit to the patient. An example of a task used 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 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 (refining their questions and recording their initial enquiry strategies). 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

Certification

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

- 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 who has no satisfactory written component(s) of the MILE will be interviewed by the appropriate discipline representative, and may be required to sit for an additional observed long case.

(c) A student with 3 or 2 Not Satisfactory results will be reviewed by the discipline representative(s), in consultation with the year co-ordinator, and will be required to sit an 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 NS in Domain I, First Assessment. She/he will 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 disciplines found to be NS.

- 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 NS.

- Information Transfer

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

Domain IV

If the Baby in the Family report is submitted on time and found Not Satisfactory, final assessment will be by recombination of the amended report.

If the MILE report is submitted on time and found to be Not Satisfactory then one further MILE task may be attempted as final assessment. This will be arranged on an individual basis during the year and after remediation has occurred.

Students who do not submit a report by the due date and time should refer to the General Summative Assessment Guidelines, item 4, section (b).

Honours

All instruments may contribute to Honours.

Key Dates

First Assessment

Domain Instrument Due Date/Assessment Period

I Certification C.S.R. By 5:00 p.m. of the Monday following the end of each rotation.

Long Case

Assessed on 4 occasions during the following 3 periods:

III Written Assessments 6/12/89 - 8/12/89

IV Written Assessments 4/12/89 - 11/12/89

V Baby in the Family Report 11/9/89 - 15/9/89

Domain II

Written Assessments 4/12/89 - 8/12/89

IV Written Assessments 4/12/89 - 11/12/89

V Baby in the Family Report 11/9/89 - 15/9/89

Domain III

M.L.E.

Written Assessments 4/12/89 - 8/12/89

V Baby in the Family Report 11/9/89 - 15/9/89

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 assessment this will be conducted in the week commencing 11/12/89.
Information Transfer

Each student will interview either a real or simulated patient, relevant presenting one of the problems previously studied in this segment of the course in observation by any assessor, and then present that case to, and interview/examination, and, after a further 30 minutes will be allowed for the viva.

Long Case

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

Psychosocial Viva

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

Information Transfer

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

PSYCHOSOCIAL VIVA

To be arranged with the Year 5 Psychiatry Co-ordinator during the year.

Information Transfer Second Assessment: 18/9/89 - 22/9/89
Final Assessment: 20/11/89 - 24/11/89

Second and Final Assessments

Domain | Instrument | Due Date/Assessment Period
--- | --- | ---
I | Certification for Information Transfer | By 25/8/89
II | All Long Cases | Second Assessment: 18/9/89 - 22/9/89
 | Final Assessment: 20/11/89 - 24/11/89
III | Critical Reasoning | Second Assessment: 18/9/89 - 22/9/89
 | Final Assessment: 20/11/89 - 24/11/89
IV | Viva/Writings | Second Assessment: 18/9/89 - 22/9/89
 | Final Assessment: 20/11/89 - 24/11/89
V | Viva/Writings | Second Assessment: 18/9/89 - 22/9/89
 | Final Assessment: 20/11/89 - 24/11/89
SECTION THREE

Students who do not submit an elective contract and/or report by the stipulated dates will be considered to have failed the elective requirements, unless there is good reason for the omission. An overseas elective or vacation is not considered to be "good reason". 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 duly submit a contract and/or report which is Not Satisfactory will be asked to re-submit by set date. Unless there are exceptional circumstances, students who fail to meet this date, or who submit a second Not Satisfactory contract or report, will be considered to have failed the elective requirements.

Key Dates

Contract due 18/9/89
Elective Period 16/10/89 - 8/12/89
Students' Report due 5/1/90
Supervisor's Report due 5/1/90

Elective II

Electives Co-ordinator: Associate Professor A.J. Freeland, David Maddison Clinical Sciences Building, Room 301. Phone: 266159

Each student must submit a contract for an elective covering an eight week period, undertake the elective and submit a report both 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.

Students who do not submit an elective contract and/or report by the stipulated dates will be considered to have failed the elective requirements, unless there is good reason for the omission. An overseas elective or vacation is not considered to be "good reason". It is the student's responsibility to ensure reports reach the Faculty office by the due date even if the elective is undertaken at remote locations.

Students who duly submit a contract and/or report which is Not Satisfactory will be asked to re-submit by set date. Unless there are exceptional circumstances, students who fail to meet this date, or who submit a second Not Satisfactory contract or report, will be considered to have failed the elective requirements.

Key Dates

Contract due 28/8/89
Elective Period 25/9/89 - 17/11/89
Students' Report due 10/1/89
Supervisor's Report due 10/1/89

BACHELOR OF MEDICINE TEXTS AND REFERENCE BOOKS

TEXTS AND REFERENCE BOOKS

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

Year I Book Collection

Anatomy

Anthony, C.P. and Thibodeau, G.A.
Structure and function of the body 7th ed (Times Mirror/ Mosby College 1984)

Moore, S.L.
Clinically oriented anatomy (Williams and Wilkins 1980)

Hux, A.W. and Cormack, D.H.
Histology 8th ed (Lippincott 1979)

Wheeler, P.R. et al

Behavioural Science

Eiser, J.R. (ed)
Social psychology and behavioural medicine (Wiley 1982)

Clinical Pharmacology

Laurence, D.R. and Bennett, P.N.
Clinical pharmacology 5th ed (Churchill Livingstone 1980)

Craig, C.R. and Stitzel, R.E. (eds)
Modern pharmacology 2nd ed (Little Brown 1986)

Community Medicine

Morton, R.F. and Hebel, J.R.
A study guide to epidemiology and biostatistics 2nd ed (University Park Press 1984)

Peach, H. and Heller, R.F.
Epidemiology of common diseases (Heinemann 1984)

Last, J.M. (ed)
A dictionary of epidemiology (Oxford University Press 1983)

Health, Law and Ethics

Abrams, N. and Buckner, M.D.
Medical ethics: a clinical textbook and reference for the health care professions (MIT Press 1983)

Beanchamp, T.L. and Childress, J.T.
Principles of biomedical ethics 2nd ed (Oxford University Press 1983)

Human Physiology

Vander, A.J. et al

Guyton, A.C.
Textbook of medical physiology 6th ed (Saunders 1981)

SECTION THREE

Miller, M.J.
Pathophysiology: principles of disease (Saunders 1983)

Medicinal Bacteriology

Oster, J.H. and Apps, D.K.
Biochemistry 4th ed (Bailliere Tindall 1984) (A simple text which covers many but not all of the topics needed in 1st and 2nd years.)

McGillivray, R.W.

Ucko, D.
Living chemistry, (Academic Press 1977) (Useful for those with no science background)

Wahbyvist, M.L. (ed)
Food and nutrition in Australia Rev ed (Cassell 1983)

Emery, A.E.H.
Elements of medical genetics 6th ed (Churchill Livingstone 1983)

Medicine

Andreati, T.E. et al (ed)
Cecil essentials of medicine (Saunders 1986)

Elias, E. and Hawkins, C.
Lecture notes on gastroenterology 2nd ed (Churchill Livingstone 1985)

Gunter, C.A. (ed)
Internal medicine (Churchill Livingstone 1983)

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

Asscher, A.W. and Moffat, D.B. (ed)
Nephro-Urology (Heinemann Medical 1983)

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

Professional Skills

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

Waller, H.K. et al (ed)
Clinical methods: the history, physical and laboratory examinations 2nd ed (Butterworths 1980)

Pathology

Anatomical Pathology and Histopathology

Robbins, S.L. et al
Basic pathology 3rd ed (Saunders 1981)

Govan, A.D.T. et al
Pathology Illustrated (Churchill Livingstone 1981)

BACHELOR OF MEDICINE TEXTS AND REFERENCE BOOKS

Inflammation

Rott, I.M.
Essential immunology 5th ed (Blackwell Scientific 1984)

Microbiology/Infectious Diseases

Sleigh, J.D. and Timbury, M.C. (ed)
Notes on medical bacteriology (Churchill Livingstone 1981)

Reese, R.E. and Douglas, R.G.
A practical approach to infectious disease (Little Brown 1983)

Timbury, M.C.
Notes on medical virology 7th ed (Churchill Livingstone 1983)

Psychiatry

Goldman, J.H. (ed)
Review of general psychiatry (Lange 1984)

Maddison, D. et al
Psychiatric nursing 5th ed (Churchill Livingstone 1983)

Spieblerger, C.
Understanding stress and anxiety (Harper and Row 1979)

Surgical Science

Myers, K.A. et al
Principles of pathology in surgery (Blackwell Scientific 1980)

Folk, H.C. et al
Basic Surgery 2nd ed (Appleton-Century-Crofts 1982)

General

Genauer, R. and Nora, A.

It is recommended that students do not buy books until they have had an opportunity to assess these books.

Textbooks and reference books covering individual disciplines are set out below.

Discipline Texts and References

ANATOMY

Introductory Text

Anthony, C.P. and Thibodeau, G.A.
Structure and function of the body 7th ed (Times Mirror/ Mosby College 1984)

Standard Texts

Graves

Moore, K.J.
Clinically oriented anatomy 2nd ed (Williams & Wilkins 1985)
<table>
<thead>
<tr>
<th>Reference Texts</th>
<th>BACHELOR OF MEDICINE TEXTS AND REFERENCE BOOKS</th>
<th>Reference Texts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard Texts</td>
<td>Weatherall, D.J. et al (ed)</td>
<td>&quot;Lecture notes on gastroenterology&quot; (Blackwell Scientific 1985)</td>
</tr>
<tr>
<td>Biochemistry 4th cd (Bailliere Tindall 1985) (A simple text which covers many but not all of the topics needed in 1st and 2nd years,)</td>
<td>Langman, M.J.S.</td>
<td>Carbon and Respiratory</td>
</tr>
<tr>
<td>Zilva, J.F. and Pannell, P.R.</td>
<td>Concise textbook of gastroenterology 2nd cd (Churchill Livingstone 1983)</td>
<td>West, J.B.</td>
</tr>
<tr>
<td>Clinical chemotherapy in diagnosis and treatment 4th cd (Year Book Medical 1985)</td>
<td>Smith, K.</td>
<td>Respiratory physiology: the essentials 3rd ed (Williams &amp; Wilkins 1985)</td>
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<tr>
<td>Reference Texts</td>
<td>Fluids and electrolytes: a conceptual approach Ed. E. Brain</td>
<td>Davies, H. and Nelson,W.P.</td>
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<tr>
<td>Principles of biochemistry (Worth 1982)</td>
<td>Mucosal skeletal: disease (Heinemann 1984) (A good overview although a little brief.)</td>
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<td>McGilvery, R.W.</td>
<td>Moskowitz, R.W.</td>
<td>McCarty, D.C.</td>
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<tr>
<td>&quot;Steyer, L.</td>
<td>Rheumatoid arthritis and allied conditions 10th cd (Lea and Febiger 1985)</td>
<td>Neurology</td>
</tr>
<tr>
<td>Biochemistry 2nd cd (Freeman 1981)</td>
<td>Fishman, A.H.</td>
<td>Schmidt, R.F.</td>
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<tr>
<td>Ucko, D.</td>
<td>MEDICINE</td>
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<tr>
<td>Alberts, B. et al</td>
<td>Reference Texts</td>
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<tr>
<td>Newsholme, E.A and Leech, A.R.</td>
<td>The New medicine: an integrated system of study, 7 volumes (MTP Press 1983)</td>
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<tr>
<td>An outline of energy metabolism in man (Heinemann 1981) (Good Summary schematic diagrams for seminar presentations)</td>
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<tr>
<td>Wahlpist, M.L. (ed)</td>
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<tr>
<td>Food and Nutrition in Australia Rev ed (Cassell 1985)</td>
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<tr>
<td>Emery, A.E.H.</td>
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<tr>
<td>Elements of medical genetics 7th cd (Churchill Livingstone 1987)</td>
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<td>MEDICINE</td>
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<td>Standard Texts</td>
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<tr>
<td>Androci, T.E. et al</td>
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<tr>
<td>Cecil Essentials of medicine (Saunders 1986)</td>
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<td>Reference Texts</td>
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<tr>
<td>Harrison, T.R.</td>
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<tr>
<td>&quot;Practical paediatrics (Churchill Livingstone 1986)</td>
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<tr>
<td>&quot;Hull, D. and Johnston, D.I.</td>
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<td>Essential paediatrics 2nd cd (Churchill Livingstone 1987)</td>
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<tr>
<td>&quot;Royal Alexandra Hospital for Children, Camperdown, N.S.W. Handbook (The Hospital 1981)</td>
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<td>Reference Texts</td>
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<tr>
<td>Forfar, J.O. and Arnell, G.C. (ed)</td>
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<tr>
<td>&quot;Rudolph, A.M. and Hoffman, J.L. (ed)</td>
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<tr>
<td>Behman, R.E. and Vanghan, V.C. (ed)</td>
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<tr>
<td>&quot;Nelson textbook of pediatrics 12th cd (Saunders 1983)</td>
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<td>&quot;Illingworth, R.S.</td>
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<tr>
<td>&quot;The development of the infant and young child: normal and abnormal 9th cd (Churchill Livingstone 1987)</td>
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<tr>
<td>&quot;Illingworth, R.S.</td>
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<tr>
<td>&quot;The normal child: some problems of the early years and their treatment 9th cd (Churchill Livingstone 1987)</td>
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<tr>
<td>&quot;Jones, P.G. (ed)</td>
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<tr>
<td>&quot;Clinical paediatric surgery: diagnosis and management by the staff of the Royal Children’s Hospital, Melbourne 3rd ed (Blackwell Scientific 1986)</td>
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<td>&quot;Pethe, P.D. et al</td>
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<tr>
<td>&quot;Respiratory illness in children 2nd cd (Blackwell Scientific 1982)</td>
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<td>&quot;Milons, A.D.</td>
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<tr>
<td>&quot;Asthma in childhood (Churchill Livingstone 1984)</td>
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<tr>
<td>Buchannan, N.</td>
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<tr>
<td>&quot;Childhood asthma. What is it and what you can do (Dublebdy 1986)</td>
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</tr>
</tbody>
</table>
PATHOLOGY

Anatomical Pathology and Histopathology

Standard Texts


Reference Texts

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


Walter, J.B. and Ionen, N.S. General pathology 5th ed (Churchill Livingstone 1979)

Tansig, M.J. Processes in pathology and microbiology 2nd ed (Blackwell 1985)

Haematology

Standard Text

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

Reference Text


Immunology

Standard Text

Reit, L.M. Essential immunology 6th ed (Blackwell Scientific 1987)

Reference Texts


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

Microbiology/Infectious Diseases

Introductory Texts

Sleigh, J.D. and Timbury, M.C. (ed) Notes on medical bacteriology 2nd ed (Churchill Livingstone 1956)

Timbury, M.C. Notes on medical virology 4th ed (Churchill Livingstone 1985)

Standard Texts

Standard Texts


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


Shansoon, D.C. Microbiology in clinical practice (Wright 1982)

Reference Texts


Brand, A.L. Medical microbiology and infectious diseases (Saunders 1981)


Baron, S. Medical microbiology: principles and concepts 2nd ed (Addison-Wesley 1980)


PSYCHIATRY

Introductory Texts


Spieberger, C. Understanding stress and anxiety (Nelson 1979)

Standard Texts


Sainsbury, M.J. Key to psychiatry: a textbook for students 3rd ed (ANZ 1986)

Connell, M. Essentials of child psychiatry (Blackwell Scientific 1985)

Reference Texts


Pfannen, R.M. and Pfannen, M.A. Emergency psychiatry for the house officer (Williams and Wilkins 1981)

REPRODUCTIVE MEDICINE

Standard Texts

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

OR

Llewellyn-Jones, D. Fundamentals of obstetrics and gynaecology 3rd ed (Saunders 1983)

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

Reference Texts


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

Chamberlain, G. Contemporary obstetrics (Butterworths 1984)


Clayton, S.G. et al Gynecology by ten teachers 14th ed (Edward Arnold 1985)

Clayton, S.G. et al Obstetrics by ten teachers 14th ed (Edward Arnold 1985)


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

Harper, P.S. Practical genetic counselling 2nd ed (John Wright and Sons 1983)

Harris, J. The value of life (Routledge and Kegan Paul 1983)


SURGICAL SCIENCE

Introductory Texts


Shen, S. The house of God (Hodder and Stoughton 1979)

Standard Texts

Ellis, H. and Calne, R.Y. Lecture notes on general surgery 6th ed (Blackwell Scientific 1983)


Freidin, J. and Marshall, V. Illustrated guide to surgical practice (Churchill Livingstone 1985)


**SECTION THREE**

**Undergraduate Prizes**

There are five undergraduate prizes. Details follow:

<table>
<thead>
<tr>
<th>Prize</th>
<th>Value</th>
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<tbody>
<tr>
<td>Australasian Medical Association Prize</td>
<td>$300 OR Books or Medical Equipment to that value</td>
</tr>
<tr>
<td>CIBA-GEIGY Prize</td>
<td>CIBA Collection of Medical Illustrations by Dr. Frank H. Netter</td>
</tr>
</tbody>
</table>

**Grants-In-Aid for Electives**

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

<table>
<thead>
<tr>
<th>Prize</th>
<th>Value</th>
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<tbody>
<tr>
<td>The Lindas and John James Garde Mother and Son Prize in Paediatrics</td>
<td>Approx. 350</td>
</tr>
<tr>
<td>The Sirrah Douglas Prize in Pathology</td>
<td>Approx. 200</td>
</tr>
<tr>
<td>Margaret Auchmuty Prize for Women Medical Students</td>
<td>Approx. 150</td>
</tr>
</tbody>
</table>

**Qualifications**

- Awarded to the 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 it a second time. The prize shall be presented upon completion of the elective and the submission of a satisfactory elective report.
- Awarded to the student who completes the best protocol for an elective project in Pathology 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 it a second time. The prize shall be presented upon completion of the elective and the submission of a satisfactory elective report.
- Awarded to the student who completes the best protocol for an elective project in Aboriginal health for 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 it a second time. The prize shall be presented upon completion of the elective and the submission of a satisfactory elective report.

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**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 chosen field of 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 authorized 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 only 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 supervisors. The supervisors assess coursework counts 30% towards the students 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. Chahl.
BACHELOR OF MEDICAL SCIENCE REGULATIONS

SECTION FOUR

Regulations Governing the Degree of Bachelor of Medical Science

1. General

These regulations are made in accordance with the powers vested in the Council under 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 and report on 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. Admissions 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 must have passed the subject Medicine 101 in the course leading to the degree of Bachelor of Medicine of the University of Navarre.

(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.

(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 classified as an honours degree only.

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

(3) The Faculty Board shall determine the grade of honours 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 the satisfaction of the Faculty Board the programme together with such extra work and examinations as the Faculty Board may require.

9. Refusing 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 Navarre and are made in accordance with the powers vested in the Council under 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 or 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 in the case as 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 candidature 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 for the diploma an applicant shall have satisfied the requirements for admission set out in the Schedule.

(3) Notwithstanding the provisions of sub-regulation (2), the Board may grant a candidate recognition of work completed in this University or elsewhere on such conditions as the Board may prescribe.

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 ten units as specified by the Board.

(2) A candidate's programme shall not include subjects the content of which are the same as the subject matter substantially equivalent to subjects already completed towards another degree or diploma. In such a 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 work 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.

(2) Candidates may not enrol in a subject unless they have passed any subject prescribed as its prerequisite and have already passed or concurrently enrolled in or are already enrolled in any subject prescribed as its corequisite.

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, 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 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 these 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-section (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, or

(c) Pharmacopeidemiology.

(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 candidature an applicant shall:

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

(b) have satisfied the requirements for admission to the degree of Bachelor of Arts or Bachelor of Science with a major sequence of study in Psychology or Sociology in the University of Newcastle or another University recognised for this purpose by the Board; or

(c) have satisfied the requirements for admission to the degree of Bachelor of Applied Science in a field related to health in a tertiary institution recognised for this purpose by the Board; or

(d) 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 Science degree with either Health Promotion option or Medical Social Science 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 all the requirements for admission to a degree in the University of Newcastle; or

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

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

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

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.
4. To qualify for admission to a degree of Master's candidate shall enrol and satisfy the requirements of these Regulations including:

5. The programme shall be carried out

(a) under the guidance of a supervisor or supervisors either appointed by the Faculty Board or as otherwise prescribed in the Schedule; or

(b) as the Faculty Board may otherwise determine.

6. Upon request by a candidate the Faculty Board may grant leave of absence from the course. Such leave shall not be taken into account in calculating the period for the programme prescribed in the Schedule.

7.1 A candidate may withdraw from a subject or course only by informing the Secretary to the University in writing and such withdrawal shall take effect from the date of receipt of such notification.

7. A candidate who withdraws from any subject after the relevant date shall be deemed to have failed in that subject unless granted permission by the Dean to withdraw without penalty.

The relevant date shall be

(a) in the case of a subject offered only in the first semester, the Monday of the 9th week of first semester;

(b) in the case of a subject offered only in the second semester, the Monday of the 9th week of second semester;

(c) in the case of any other subject, the Monday of the 3rd week of second semester.

8.1 If the Faculty Board is of the opinion that the candidate is not making satisfactory progress towards the degree then it may terminate the candidature or place such conditions on its continuation as it deems fit.

8. For the purpose of assessing a candidate's progress, the Faculty Board may require candidates to submit a report or reports on their progress.

9. A candidate against whom a decision of the Faculty Board has been made under Regulation 8(1) of these Regulations may request that the Faculty Board cause the case to be reviewed. Such request shall be made to the Dean of the Faculty within seven days from the date of posting to the candidate the advice of the Faculty Board's decision or such further period as the Dean may accept.

10. A candidate may appeal to the Vice-Chancellor against any decision made following the review under Regulation 8(3) of these Regulations.

9. In exceptional circumstances arising in a particular case, the Senate, on the recommendation of the Faculty Board, may relax any provision of these Regulations.

Part II — Examinations and Results

10. The Examinations Regulations approved from time to time by the Council shall apply to all examinations with respect to a degree of Master with the exception of the examination of a thesis which shall be conducted in accordance with the provisions of Regulations 12 to 16 inclusive of these Regulations.

11. The Faculty Board shall consider the results in subjects, the reports of examiners and any other recommendations prescribed in the Schedule and shall decide:

(a) to recommend to the Council that the candidate be admitted to the degree; or

(b) in a case where a thesis has been submitted, to permit the candidate to resubmit another thesis within twelve months of the date on which the candidate is advised of the result of the first examination or within such longer period of time as the Faculty Board may prescribe; or

(c) to require the candidate to undertake such further oral, written or practical examinations as the Faculty Board may prescribe; or

(d) not to recommend that the candidate be admitted to the degree, in which case the candidature shall be terminated.

Part III — Provisions Relating to Theses

12.1 The subject of a thesis shall be approved by the Faculty Board on the recommendation of the Head of the Department in which the candidate is carrying out the research for the thesis.

12. The thesis shall not contain as its main content any work or material which has previously been submitted by the candidate for a degree in any tertiary institution unless the Faculty Board otherwise permits.

13. The candidate shall give to the Secretary to the University three months' written notice of intention to submit a thesis and such notice shall be accompanied by any prescribed fee.

14.1 The candidate shall comply with the following provisions concerning the presentation of a thesis

(a) the thesis shall contain an abstract of approximately 200 words describing its content;

(b) the thesis shall be typed and bound in a manner prescribed by the University;

(c) three copies of the thesis shall be submitted together with:

(i) a certificate signed by the candidate that the main content of the thesis has not been submitted by the candidate for a degree of any other tertiary institution; and

(ii) a certificate signed by the supervisor indicating whether the candidate has completed the programme and whether the thesis is of sufficient academic merit to warrant examination; and

(iii) if the candidate so desires, any documents or published work of the candidate whether bearing on the subject of the thesis or not.

15. The Faculty Board shall determine the course of action to be taken should the certificate of the supervisor indicate that in the opinion of the supervisor the thesis is not of sufficient academic merit to warrant examination.

16.1 (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;

(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 candidature for the degree in a specified option shall nominate the option.

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

(a) have satisfied all the requirements for admission to the degree of Bachelor of Medicine 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 in 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. Applications for admission to candidature for the degree in a specified option shall be considered by the Board which shall make a decision thereon.

3. Before an application for admission to candidature 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 and pass a programme of studies comprising subjects totalling ten units 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. 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(a).

5. 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, in the case of a candidate for the degree in a recognised option on the recommendation of the Board, not more than five years.

6. Examiners for the thesis referred to in section 4(1)(b) shall be appointed by the Faculty Board on the recommendation of the Board.

7. In the case of a candidate for the degree in a specified option, before a decision is made under Regulation 11 of these Regulations, the Faculty Board shall consider:

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

(b) a report from the Course Co-ordinator on the candidate’s
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 on the recommendation of the Board may reduce this period to not less than one academic year; and
(b) except with the permission of the Faculty Board given 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 for the Diploma in Medical Statistics appointed by the Board;
"Degree" means the degree of Master of Medical Statistics.

2.(1) To be eligible for admission to candidature an applicant shall:
(a) have satisfied all the requirements for admission to a Bachelor degree in the University of Newcastle, or to a degree at another university or tertiary institution approved for this purpose by the Faculty Board, with Honours Class I or Class II; or
(b) in exceptional cases, produce evidence of possessing such other qualifications as may be approved by the Faculty Board.

2.(2) Notwithstanding sub-section (1), the Faculty Board on the recommendation of the Board may require an applicant to complete such prerequisite and/or corequisite studies as it may prescribe.

2.(3) Applications for admission to candidature shall be considered by the Board which shall make a decision thereon.

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

3. (1) To qualify for admission to the degree, a candidate shall:
(a) complete and pass a programme of studies comprising subjects totalling ten units selected from the subjects specified in the Regulations Governing the Postgraduate Diploma in Medical Statistics; 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 the Postgraduate Diploma in Medical Statistics shall apply to the programme of studies referred to in sub-section 1(a).

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,
of the Deputy Chairman of the Senate.

2. The number of members constituting a quorum of the Committee shall be two.

3. The members appointed by the Senate shall hold office for three years from the date of appointment and shall be eligible for reappointment.

4. The Senate Review Committee shall be responsible for:
   (a) advising Doctoral Degree Committees of procedures to be followed to resolve any doubt concerning the recommendation to make 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
      (i) recommending that the Senate recommend to the Council that the degree be conferred; or
      (ii) requesting the Doctoral Degree Committee to take further specified action; or
   (c) reconsidering the Senate recommendation 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 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; or
   (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, 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
   (c) 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") prescribed by the Doctoral Degree Committee for not less than three nor more than five consecutive years or such different periods as the Doctoral Degree Committee may approve, provided that no case shall be permitted to exceed the limit of five years.

4. (a) 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.
   (b) 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 recommended 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 the Committee may terminate the candidature or place such conditions on the continuation of the candidature as it deems fit.

6. Not later than one year after admission to candidature the candidate shall submit the subject of a thesis for approval by the Doctoral Degree Committee. After the subject has been approved 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 account of the 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 Secretary to the Senate 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;
   (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 recommending that the thesis is of sufficient academic merit to warrant examination provided that 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 not 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 and understanding of the subject of the thesis and shall be assessed on a thesis submitted accompanied by any prescribed fee.

2. An applicant for admission to candidature for the degree shall
   (a) have satisfied all of the requirements for admission to the degree of Bachelor of Medicine of the University of Newcastle or a degree from another university approved for this purpose by the Doctoral Degree Committee; or
   (b) have been admitted to the degree of Bachelor of Medicine or other degree or other qualification of any similar standing; or
   (c) have been admitted to the degree of Bachelor of Medicine of the University of Newcastle and since such admission, unless the Doctoral Degree Committee otherwise permits, have carried out advanced study in the University of Newcastle for a period of not less than three years; and
   (d) 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 is in determining the acceptability of the candidate may seek such other advice as it deems fit.

4. Eligibility for the degree shall be assessed on a 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 source from which the work is 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 and direction of such conjoint work.
   (d) The work must 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 thesis.
   (f) The thesis submitted shall be typed and bound in a manner prescribed by the University.

7. (2) The work submitted 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 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 in part in photostat or microfilm or other copying medium.

8. On the recommendation of the Doctoral Degree Committee the Senate shall appoint three examiners of whom at least two shall not be members of the staff of the University.

9. The candidate may be required to answer further oral or written questions concerning the submitted work.

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
Pharmacoeconomics
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>Unit Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biostatistics I</td>
<td>2</td>
</tr>
<tr>
<td>Epidemiology I</td>
<td>2</td>
</tr>
<tr>
<td>Research Protocol Design</td>
<td>2</td>
</tr>
<tr>
<td>Clinical Economics I</td>
<td>1</td>
</tr>
<tr>
<td>Epidemiology II</td>
<td>1</td>
</tr>
<tr>
<td>Health Social Science I</td>
<td>1</td>
</tr>
<tr>
<td>and either Biostatistics II</td>
<td>1</td>
</tr>
<tr>
<td>or Clinical Economics II</td>
<td>1</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>Unit Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biostatistics I</td>
<td>2</td>
</tr>
<tr>
<td>Epidemiology I</td>
<td>2</td>
</tr>
<tr>
<td>Research Protocol Design</td>
<td>2</td>
</tr>
<tr>
<td>Biostatistics II</td>
<td>1</td>
</tr>
<tr>
<td>Clinical Economics I</td>
<td>1</td>
</tr>
<tr>
<td>Epidemiology III</td>
<td>1</td>
</tr>
<tr>
<td>Health Social Science I</td>
<td>1</td>
</tr>
</tbody>
</table>

*Availability is subject to the approval of the University Council.
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 and lien medical and health promotion personnel are poorly trained to meet drug problems. 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, and economic aspects of drug use. Masters with these skills will also see an advantage in putting their trainees through such a programme.

This programme is designed to prepare candidates to work in health promotion and those wishing to begin a career in health promotion and those wishing to begin a career in health promotion. They will be able to conceptualize and utilize statistical principles underlying health promotion research and policy analysis.

Medical Social Science

This programme is designed to prepare candidates to work in health promotion and those wishing to begin a career in health promotion. They will be able to conceptualize and utilize statistical principles underlying health promotion research and policy analysis.

The approved programme of study:

### Subject | Unit Value
--- | ---
Clinical Pharmacology | 1
Epidemiology I | 2
Biostatistics I | 2
Epidemiology IV | 1
Drug Evaluation/Regulation | 1
Social and Economic Pharmacology | 1
Research Protocol Design | 2

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:

### Subject | Unit Value
--- | ---
Clinical Pharmacology | 1
Epidemiology I | 2
Biostatistics I | 2
Epidemiology IV | 1
Drug Evaluation/Regulation | 1
Social and Economic Pharmacology | 1
Research Protocol Design | 2

It is expected that students who complete the Diploma will be able to function as health educators or health promotional officers in a wide range of Commonwealth and State Agencies. They will acquire the basic principles and apply them to the modification of health risk behaviours. It is expected that both those currently working in health promotion and those wishing to begin a career in the area will be attracted to the course.

Students emerging with a Master Degree will have similar skills to those who obtain a Diploma. However, Masters graduates will also have the ability to function as scientists/practitioners in the field. Such individuals would have opportunity for employment in the fields of health promotion, health evaluation research and policy analysis.

Medical Statistics

This programme is designed to prepare candidates to work in health promotion and those wishing to begin a career in health promotion. They will be able to conceptualize and utilize statistical principles underlying health promotion research and policy analysis.

The approved programme of study:

### Subject | Unit Value
--- | ---
Biostatistics I | 2
Biostatistics II | 2
Random Processes and Simulation | 2
Survey Sampling Methods | 1
Demography and Survival Analysis | 1
Design and Analysis of Experiments | 1
Generalised Linear Models | 1
Analysis of Categorical Data | 1
Statistical Consulting | 1
Statistical Inference | 1
Time Series Analysis | 1
Management Science A | 1
Management Science B | 1

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 | Unit Value
--- | ---
Biostatistics I | 2
Biostatistics II | 2
Research Protocol Design | 1
Health Social Science II | 1
Sociocultural Studies I | 2
Sociocultural Studies II | 1
Sociocultural Studies III | 1

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 related 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.

Students are required to select ten units from the subjects listed below in accordance with the following rules:

(a) at least two units selected from Group A (Epidemiology);
(b) at least two units selected from Group B (Biostatistics);
(c) at least one unit selected from Group C (Computing); and
(d) at least one unit selected from Group D (Project).

**Group A - Epidemiology**

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**Group B - Biostatistics**

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<td>Design and Analysis of Experiments</td>
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<td>Generalised Linear Models</td>
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<td>Statistical Inference</td>
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<td>Time Series Analysis</td>
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**Group C - Computing**

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<td>Comparative Programming Languages</td>
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**Group D - Project**

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</table>
### SECTION SIX

#### DIPLOMA SUBJECT DESCRIPTIONS

**Huntsberger, D.V. and Billingsley, P.**


**850024 CLINICAL ECONOMICS I**

1 unit

An introduction to Clinical Economics. Covers 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.

**Method of Assessment**

Time requirement approx 30 hours

**Assessment**

Written and/or oral assessment.

**85003 DRUG EVALUATION/REGULATION 1 unit**

This subject is concerned with all those processes which are necessary for a balanced evaluation of new drugs. This is mainly a consideration of data collected prior to marketing of new drugs and includes assessment of efficacy, evaluation of animal pharmacology and toxicology data; evaluation of human pharmacological and pharmacokinetic data; methods for processing drug applications; quality control; biological standards; good manufacturing practices; determination of need, stock control policies; subsidisation policies and adverse reaction monitoring.

**Time requirement** approx 30 hours

**Assessment**

Written and/or oral assessment.

**850029 CLINICAL ECONOMICS II**

1 unit

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.

**Method of Assessment**

Time requirement approx 30 hours

**Method of Assessment**

Written and/or oral assessment.

**850025 EPIDEMIOLOGY I**

2 units

An introduction to methods used in Clinical Epidemiology. Covers health indicators, sources of data and rates, epidemic investigation, cause, measures of risk and sources of bias, introduction to study design, research strategies and hypothesis generation.

**Critical appraisal of journal articles**

Cross sectional studies and surveys, case-control studies, cohort studies, clinical trials, synthesis of research data - reviews and meta-analysis, ethical issues and introduction to protocol development.

**Time requirement** approx 60 hours

**Method of Assessment**

Critical Appraisal Exercise. Written and/or oral assessment.

**850026 EPIDEMIOLOGY II**

1 unit

Clinical Epidemiology

An introduction to assessing health and intervention outcomes at both the individual and population levels. Covers natural history and prognosis, clinical disagreement, diagnostic tests, screening, critical appraisal of therapy, health care research, community effectiveness, quality of care, compliance, evaluation of health care facilities, determining priorities.

**Time requirement** approx 30 hours

**Method of Assessment**

Written and/or oral assessment.

**850027 EPIDEMIOLOGY III**

1 unit

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, test.

**Christie, D.**

*A Guide to Occupational Epidemiology* (CCH Press, 1985)

**850032 EPIDEMIOLOGY IV**

1 unit

Pharmacoeconomics

This subject deals with the application of epidemiological techniques to the assessment of drug effectiveness and adverse effects in defined communities. It is concerned with the impact of therapeutic drugs as they are actually used rather than in the unrepresentative conditions of pre-marketing clinical trials. The following topics will be taught: measurement of drug utilization in the community; consequences of misuse of drugs; marketing and promotional techniques and with particular focus on developing countries; formal epidemiological techniques - cohort analytical studies; record linkage studies; case control studies.

**Time requirement** approx 30 hours

**Method of Assessment**

Critical Appraisal Exercise. Written and/or oral assessment.

**850034 HEALTH PROMOTION II**

1 unit

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
- Politics and ethics of health promotion

**Time requirement** approx 30 hours

**Assessment**

Written and/or oral assessment.

**850035 HEALTH PROMOTION III**

1 unit

This subject 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 60 hours with health agencies involved in health promotional activities. Students will visit two agencies for 30 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** approx 30 hours

**Assessment**

Written and/or oral assessment.
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

**Time requirements** Approx 30 hours

**Method of Assessment** Small group research project, Essays on selected topics.

**850037 HEALTH SOCIAL SCIENCE II** 1 unit

Covers
1. The following topics from Health Social Science I.
   - Social, cultural and psychological determinants of disease
   - Social, cultural and psychological determinants of health behaviour
   - Use of qualitative field methods in questionnaire design
   - Questionnaire construction
2. 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

**Time requirement** Approx 30 hours

**Method of Assessment** Small group research project

**850037 RESEARCH PROTOCOL DESIGN** 2 units

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

**Method of Assessment** Protocol, Presentation of protocol.

**850038 SOCIAL AND ECONOMIC PHARMACOLOGY** 1 unit

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 utilisation within communities.

**Time requirement** Approx 30 hours

**Assessment** Written and/or oral assessment

**850039 SOCIOCULTURAL STUDIES I** 1 unit

Qualitative Methods.
Topics covered include

**DIPLOMA SUBJECT DESCRIPTIONS**

Introduction and Concepts
(a) Introduction: An introduction to the aims of the course, and the relationship between epidemiology and medical social science
(b) Issues in Operationalizing Concepts. Social Epidemiology: class, sex and gender, age, ethnicity and culture

**Studying Patient-Provider Relations and Communications**
(a) Ethnography and a phenomenological approach to research: semantic analysis; lay and scientific perspectives of illness
(b) Patient-provider communication and sickness explanatory models
(c) Somatization, distress and illness

The Ethnography of Health and Illness
(a) A meaning-centred approach to researching nutrition and illness: implications for policy development, and implementation of nutrition programmes
(b) Researching maternal-child health and infant feeding practices
(c) The political-economy of food and nutrition: policy development and intervention strategies

**Studying Social Structures and Relationships: Ethnography and Political-economy**
(a) Approaches to the study of inequalities in health care
(b) Studying community health and primary health care and the Third World
(c) Ethnography and ethnomedicine, medical systems and pluralism
(d) Ethnography and indigenous healers - their relationships with 'clients', families and community

**Time requirement** Approx 30 hours

**Assessment** Written and/or oral assessment

**850040 SOCIOCULTURAL STUDIES II** 1 unit

Health Surveys and Programme Evaluation.

Topics covered include:

- Models of illness behaviour and treatment decision making
- Cognitive studies of illness representations
- Measuring social support
- Evaluation research: Overview
- Health needs assessment data
- Programme monitoring
- Programme impact assessment; experimental and quasi-experimental design
- The behavioural iterative loop
- Defining the target behaviour and assessing its aetiology
- Changing health behaviour

**Time requirement** Approx 30 hours

**Assessment** Written and/or oral assessment

**850041 SOCIOCULTURAL STUDIES III** 1 unit

Ethics and Health Policy Analysis.

Topics covered include

- Distributive justice and rationing
- Public and private health care values
- Political-economic ideology and health ethics
- Risk analysis - health promotion and health protection
- Advantages and disadvantages of 'health risk' studies
- Health planning
- Health policy
- Health services research
- Dissemination of research

**Time requirement** Approx 30 hours

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

**Note:**

For descriptions of subjects listed as Statistics and Computing subjects in the list of subjects for the Postgraduate Diploma in Medical Statistics/Master of Medical Statistics Degree, refer to the relevant Faculty Handbook.
### MEDICINE SUBJECT COMPUTER NUMBERS

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

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#### 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

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GENERAL INFORMATION

Principal Dates 1989

(This appendix entry is for Faculty of Medicine)

January

2 Monday Public Holiday — New Year’s Day
6 Friday Last day for returns of Application for Re-Enrolment Forms — Continuing Students
9 Monday Deferred Examinations begin
10 Friday Deferred Examinations end
26Thursday Public Holiday — Australia Day
31 Thursday Applications for admission to Edwards Hall late after this date

February

10 Friday Last day for withdrawal without academic penalty from first semester subjects (See page III for Dean’s discretion)

March

4 Monday Last day for withdrawal without academic penalty from first year subjects (See page III for Dean’s discretion)
11 Monday Lectures resume
16 Friday Second Semester begins
24 Monday Applications for enrolment 1990 (Undergraduate courses other than Medicine and Aviation)
27 Tuesday Semester breaks

April

3 Monday Lectures resume
30 Monday Last day for withdrawal without academic penalty from first semester subjects (See page III for Dean’s discretion)
25 Tuesday Public Holiday — Anzac Day

June

2 Friday First Semester ends
3 Monday Examinations begin
22 Monday Public Holiday — Queen’s Birthday
23 Friday Examinations end
30 Friday Closing date for applications for selection to the Bachelor of Medicine and the Diploma in Aviation Science courses in 1990

July

3 Monday Second Semester begins
26 Monday Last day for withdrawal without academic penalty from full year subjects (See page III for Dean’s discretion)
29 Saturday Second Semester breaks

September

2 Monday Last day for withdrawal without academic penalty from second semester subjects (See page III for Dean’s discretion)
23 Monday 50th Semester begins
29 Friday Closing date for applications for enrolment 1990 (Undergraduate courses other than Medicine and Aviation)

October

3 Monday Public Holiday — Labour Day
6 Monday Lectures resume
27 Friday Second semester ends

November

4 Monday Annual Examinations begin
24 Friday Annual Examinations end

1989 January

6 Monday Deferred Examinations begin
19 Friday Deferred Examinations end

1990 February

24 Monday First Term begins

TERM DATES FOR THE BACHELOR OF MEDICINE PROGRAMME 1989

Year I

Term 1

Feb 20 — Mar 5
11 weeks: 10 week term
1 week AVC vacation
17/3

Vacation

May 8 — May 19
2 weeks
1 week: 9 week term
1 week: AVC vacation 1-7
1 week: vacation 1-4/8

Term 2

May 22 — Aug 4
20 weeks
1 week: 18 week term
1 week: AVC vacation 22/28
1 week: vacation 23/29

Vacation

Aug 7 — Aug 11
1 week
1 week

Term 3

Aug 14 — Dec 27
17 weeks
1 week: 16 week term
1 week: AVC vacation 23/30
1 week: vacation 24/30

Awards

Oct 30 — Nov 3
1 week

Assessment

Nov 6 — Nov 17
2 weeks

Mid-Examination

Nov 20 — Dec 3
2 weeks

Year II: Data not finalised.
Applications received by the appropriate date listed below will be approved for withdrawal if a failure being recorded against the subject or subjects in question. 

Withdrawal Dates

<table>
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<th>Fall Year</th>
<th>First Semester</th>
<th>Second Semester</th>
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<tr>
<td>Monday</td>
<td>24 April 1989</td>
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<tr>
<td>Monday</td>
<td>4 September 1989</td>
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Withdrawal after the above dates will usually lead to a failure being recorded against the subject or subjects unless the Dean of the Faculty has granted permission for the student to withdraw without a failure being recorded.

If a student believes that a failure should not have been recorded because of the circumstances leading to his or her withdrawal, it is important that full details of these circumstances be provided with the application to withdraw.

Confirmation of Enrolment

Students should ensure that all details on their Approved Programme are correct. Failure to check this information could cause problems at examination time.

Failure to Pay Outstanding Fees

Any student who is indebted to the University in excess of new payment of any loans charge, non-payment of any fine imposed, or who has failed to pay any overdue debts shall not be permitted to:
- complete examinations in a following year;
- receive a transcript of academic record;
- graduate or be awarded a Diploma, until such debts are paid.

Students are requested to pay any debts incurred without delay.


to withdraw.

LEAVE OF ABSENCE

A student who does not wish to re-enroll for any period up to three years should write to the Secretary and add, for leave of absence.

Leaves of absence are normally granted only to those students who are in good standing. Applications should be submitted before the end of the first week of first term in the 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 Med. degree, the following applies:
- 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.
- such leave will not necessarily be granted for more than one year.

Applications for leave of absence under graduate courses must be made through the UCAU pass (p. 5).

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 some other unavoidable cause, a student may be excused for non-attendance at classes.

All applications for exemption from attendance at classes must be made in writing to the head of the Department offering the subject. Where tests or examinations have been arranged, this test should be noted in the application.

The granting of an exemption from attendance at classes does not excuse a student from the General Services Charge.

GENERAL CONDUCT

In accepting membership of the University, students undertake to observe the University’s regulations, the General Services regulations, and the regulations of the various schools of the University.

Students are expected to conduct themselves at all times in a properly manner. Students in not permitted to bring guests, or in examinations, or in the University Library, Gaming, or canteens.

Members of the academic staff of the University, or in administrative offices, and other persons authorized to the purpose have authority to report any disorderly or improper conduct occurring in the University.

NOTICES

Official University notices are displayed on the notice boards and students are expected to be acquainted with the contents of these announcements which concern them.

A notice board on the main entrance opposite the Lecture Theatre B is used for the specific purpose of displaying examination time tables and other notices related examinations.

STUDENT MATTERS - GENERALLY

The notice board in the display point for notices concerning enrolment matters, scholarship, University rules, and conduct, etc.

This notice board is located on the paths between the Union and the Library.

Examinations

Terms and arrangements may be held at any subject from time to time in the examinations system. The rules governing written examinations will be given in greater detail in the University rules.

Written examinations will be held in the Great Hall area and the University Library.

The material will be any means of communication or writing to any individual candidate or other person for the purpose of the examinations.

The rules governing the conduct of examinations will be incorporated with those of formal written examinations.

EXAMINATION PERIODS

Final written examinations take place on prescribed dates within the following period:
- Mid Year: 5 to 23 June, 1989
- End of Year: 6 to 24 November, 1989
- Mid Year: 5 to 23 June, 1989
- End of Year: 6 to 24 November, 1989

Timetables showing the time and place at which individual examinations will be held will be posted on the examination notice board in Lecture Theatre B (opposite the Great Hall).

If any unlisted examination is not conducted, the University reserves the right to alter the examination arrangements.

The material will be any means of communication or writing to any individual candidate or other person for the purpose of the examinations.

The rules governing the conduct of examinations will be incorporated with those of formal written examinations.

SITTING FOR EXAMINATIONS

Written examinations, when prescribed, are compulsory. Students should consult the final timetable in advance to find out the date, time and place of their examinations and should aim to arrive plenty of time in advance so that they can take advantage of the 10 minutes extra writing time allotted in examinations.

Written examinations are usually held in the Great Hall and the Auditorium Union Campus. The exact examination time for written examinations will be placed on the notice board of the Department offering the subject, and on a notice board outside the examination rooms.

All students can take into any examination any writing instruments, drawing instruments or other. Logistical matters may be taken in to ensure a smooth running of the examination.

If a student is prevented from attending an examination, he or she should note down on the register the reasons for the absence.

(a) a failure is not permitted to bring guests, or in examinations, in the University Library, Gaming, or canteens.

(b) a student is not permitted to bring guests, or in examinations, in the University Library, Gaming, or canteens.

(c) a student is not permitted to bring guests, or in examinations, in the University Library, Gaming, or canteens.

(d) a student is not permitted to bring guests, or in examinations, in the University Library, Gaming, or canteens.

(e) a student is not permitted to bring guests, or in examinations, in the University Library, Gaming, or canteens.

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(y) a student is not permitted to bring guests, or in examinations, in the University Library, Gaming, or canteens.

(z) a student is not permitted to bring guests, or in examinations, in the University Library, Gaming, or canteens.

{A programmable calculator will be permitted provided program cards and devices are not taken into the examination room.

Applications for Special Consideration are available from the Student Administration Officer and the University Health Service. Before a student’s application for special consideration will be considered, the following points should be brought to the attention of the person concerned:

(a) a student in whose case is being recorded because of a failure being recorded.

(b) a student who has a medical certificate or

(c) a student who has an educational certificate or

(d) a student who has an educational certificate or

(e) a student who has an educational certificate or

(f) a student who has an educational certificate or

(g) a student who has an educational certificate or

(h) a student who has an educational certificate or

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(j) a student who has an educational certificate or

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(q) a student who has an educational certificate or

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(y) a student who has an educational certificate or

(z) a student who has an educational certificate or

}
The General Services Charge (details below) is payable by all students. New undergraduate students are required to pay up to 2 charges when they start their course.

3.5.4 Re-enrolment

The General Services Charge

<table>
<thead>
<tr>
<th>Service/Charge</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Services Charge</td>
<td>$335</td>
</tr>
<tr>
<td>Student Card</td>
<td>$5</td>
</tr>
</tbody>
</table>

4. Re-enrolment

Students will be required to pay all outstanding fees before re-enrolment is permitted. If you have any queries about your re-enrolment, please contact the Student Finance Office or the University Admissions Office.

5. Student金融服务

Student Finance Office

The Student Services Centre is responsible for managing all student transactions, including fees, payments, and refunds. Students must ensure that all fees are paid in full by the prescribed dates to avoid any penalties.

vi University of Newcastle

Higher Education Contribution Scheme (HECS)

Legislation for the Higher Education Contribution Scheme (HECS) is to be compiled by Parliament and it is therefore possible that changes will be made in the proposed scheme before it is introduced. The information provided below is intended to assist students who will be enrolling at the University in 1998.

Remember: changes may occur before you enrol.

The Scheme will replace the Higher Education Administration Charge, which has been applied since 1985. The intention of the proposed HECS is to provide higher education students with a clearer understanding of the cost of their education. This will provide all students and possibly exemptions to higher education in 1998 will be tabulated under HECS.

Exemption from payment of the HECS applies when:

- you are studying in a "less expensive postgraduate course"
- you are a "full-time overseas student"
- you are a "visiting student"

You will be informed of your exemption status before you enrol.

Students will be required to pay all outstanding fees before re-enrolment is permitted. If you have any queries about your re-enrolment, please contact the Student Finance Office or the University Admissions Office.
LOANS
Students who do not have sufficient funds to pay charges should seek a loan from their bank, building society, credit union or other financial institution. Applications for a loan from the Student Loan Fund should be made to Mr. J. Birch, Student Administration Office. Arrangements should be made well in advance to avoid the risk of a late charge.

REFUND OF CHARGES
A refund of the General Services Charge paid on enrolment or part thereof will be made when the student notifies the Student and Faculty Administration Office of a complete withdrawal from studies by the following dates:

- Notification on or before 24th February 1989: 100% refund
- Notification on or before 10th March 1989: 50% refund
- After 23rd June 1989: No refund

A refund will not be made before 31 March 1989.

HIGHER DEGREE CANDIDATES
Higher degree candidates are required to pay the General Services charge on enrolment, if applicable. Where the candidate is enrolled from First or Second Semester, the General Services charge covers the period from the first day of the term to the Friday immediately preceding the first day of First Term in the following academic year.

Parking in special designated parking areas without a parking permit for that area is an offence — including speeding and dangerous driving.

Fines for various categories of breach:

- Student failing to notify the registered number of the vehicle brought on to the campus: $10
- Parking in areas not set aside for parking: $10
- Driving offences: $15
- Failing to obey the directions of an Attendant: $30
- Failing to present a valid permit: $30
- Refusing to give information to an Attendant: $30
- Refusing to obey the directions of an Attendant: $30

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

- A student failing to notify the registered number of the vehicle brought on to the campus: $10
- Parking in areas not set aside for parking: $10
- Driving offences: $15
- Failing to obey the directions of an Attendant: $30
- Refusing to present a valid permit: $30
- Refusing to give information to an Attendant: $30
- Refusing to obey the directions of an Attendant: $30

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