The University of Newcastle

FACULTY OF MEDICINE
HANDBOOK
CALENDAR 1990
VOLUME 8
The University of Newcastle Calendar consists of the following volumes:

- **Volume 1** — Legislation
- **Volume 2** — University Bodies and Staff
- **Volume 3** — Faculty of Architecture Handbook
- **Volume 4** — Faculty of Arts Handbook
- **Volume 5** — Faculty of Economics and Commerce Handbook
- **Volume 6** — Faculty of Education Handbook
- **Volume 7** — Faculty of Engineering Handbook
- **Volume 8** — Faculty of Medicine Handbook
- **Volume 9** — Faculty of Science and Mathematics Handbook
- **Volume 11** — Faculty and Conservatorium of Music Handbook

Also available are the Undergraduate Guide and Postgraduate Prospectus.

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

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

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

**ISBN 0159 — 3471**

**Recommended Price:** Four dollars and fifty cents plus postage.
A major priority for the medical school is to respond both with research and, in our curriculum, to the broad needs of the community, this community here in particular but also communities in Australia and elsewhere in the world. To that end you will be working in the community getting to grips with methods of social science and epidemiology and have much experience in general practice, in country hospitals and in community settings generally. Many of the problems you will be studying will relate to health in the population as a whole and will address the rising priorities of preventive health education and social and emotional issues as they affect health. Our immediate community is Newcastle. It is a working industrial city with fine beaches and fine country up in the Hunter Valley. Some people find they keep their roots in their home town and tend to dash away at weekends. That is no way to get to grips with the community or to feel part of it. The more you identify with this community and get into it the more you will feel part of it and learn what is necessary to serve it. The same applies in any community in which you may ultimately settle and the same applies to the community of the University. 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 1000 people now have something to do with it. Many are providing substantial time and expertise. We in the Faculty 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 wider co-operation we have from colleagues, hospitals and community programs 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 stuck 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 1995, 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
FACULTY OF MEDICINE STAFF

Dean J D Hamilton, MB, BS(Lond), FRCP, FRCPCan
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SECTION ONE

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1 vacancy

Administrative Assistant Vacancy

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Senior Supervisor Student Clinical Attachments S Graf, RGN

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Artist J Single

Audio-Visual Officer P Lloyd

SECTION TWO

FACULTY INFORMATION

The Faculty

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

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

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

The responsibilities of Faculty Boards are set out in By-law 2.4.4 and other By-laws and Regulations of the University.
Board of Studies in Clinical Epidemiology and Biostatistics

The University has established a Board of Studies in Clinical Epidemiology and Biostatistics responsible for the Faculty Board, Faculty of Medicine for the academic administration of the postgraduate diploma. It is planned that the postgraduate diploma in Medical Biostatistics, Epidemiology and Public Health is in the following options: clinical epidemiology, health promotion, medical social science, occupational epidemiology, pharmacoeconomics and, psychiatric epidemiology. The membership of the Board of Studies is set out in Schedule 4 of the Regulations governing Board of Studies and is as follows:

• the Dean of the Faculty of Medicine;
• the Director of the Centre for Clinical Epidemiology and Biostatistics;
• the Professor of Biostatistics;
• one student member elected annually by the students enrolled in each degree and diploma for which the Board has responsibilities;
• up to six members of the full-time academic staff of the Faculty of Medicine involved in teaching subjects in the degrees or diplomas for which the Board has responsibilities, nominated by the Director of the Centre for Clinical Epidemiology and Biostatistics;
• three members of the full-time academic staff of the Department of Statistics or other full-time academic staff of the University involved in coursework or supervision in the degrees or diplomas for which the Board has responsibilities, nominated by the Director of the Centre for Clinical Epidemiology and Biostatistics;
• 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.

FACULTY INFORMATION

SECTION TWO

Degrees and Diplomas

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

Bachelor Degrees

Bachelor of Medicine

Bachelor of Medical Science

Postgraduate Diplomas

Postgraduate Diploma in Epidemiology

Postgraduate Diploma in Health Social Science

Postgraduate Diploma in Medical Statistics

Postgraduate Degrees

Master of Medical Science

Master of Medical Statistics

Doctor of Philosophy

Doctor of Medicine

Newcastle Mater Misericordiae Hospital (MMH) 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 programs in pediatrics, maternal health, oncology and occupational medicine. In 1991 pediatrics and reproductive medicine was moved to the John Hunter Hospital. The ophthalmology program will remain at the Mater Hospital which will be the centre of a regional network of services.

Bolmond Hospital. Located in the southern suburbs it provides general services as district hospital. The Faculty has no full-time academic staff there but our clinicians act as Visiting Medical Officers, and students are allocated to the hospital for clinical rotations.

WallSEND District Hospital. A district hospital which provides general services for the region. Its future role will include a geriatric assessment unit and a co-ordinating centre for a diversity of community health programmes. It is also the site of a small Family Medicine Training Unit.

John Hunter Hospital. This will open in 1991 and will have 490 beds. It is the referrral hospital for major medical and surgical specialties and is the regional centre for obstetrics and paediatrics. It will be located at Rankin Park, approximately 3km from the Shortland campus.

Other Hospitals in the Newcastle Area

Rankin Park Hospital - rehabilitation and geriatrics

Western Suburbs - obstetrics

Private Hospitals

Country Hospitals

These hospitals are used for country attachments. A Clinical Supervision oversees students at each hospital with the assistance of other members of staff who act as tutors.

Other Facilities

Libraries. The University medical library is located in the Athenian Library on the Shortland campus. Together with the Royal Newcastle Hospital and the Department of Health, the University contributes to the Gaudern Library located in DMBL. It is planned to extend the role of the Gaudern Library to that of a resource for the entire Hunter Area Health Service.

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

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

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 of Newcastle 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 clinical measurement, diagnostic and therapeutic procedures and with emphasis on research into the evaluation of clinical practice and the understanding and prevention of health problems of high priority to the population;

• to encourage the growth of biostatisticians locally, nationally and internationally in order to provide an underpinning for the development of clinical epidemiology and thus contributing to an improvement in the standards of medical research;

• to encourage and develop in the medical profession a population perspective in health, including consideration of economic as well as medical issues, and the use of official statistics in the provision of health services and health promotion;

• to seek funding for local, national and international students to enable them to undertake studies in clinical epidemiology and biostatistics both at postgraduate coursework and research degree levels; and

• to seek funding to support teaching and research staff to assist in these developments.

The activities of the Centre have been funded by a grant from the Rockefeller Foundation in the United States under the INCLLEN Programmatic and also by a grant from the Commonwealth Department of Health under the recommendations of the Kerr White Report. The Centre is located in the David Maddison Clinical Sciences Building and Wheeler House, both located adjacent to the Royal Newcastle Hospital. It provides facilities for students enrolled in the postgraduate diploma in epidemiology, the postgraduate diploma in health social science, the postgraduate diploma in clinical epidemiology and biostatistics, and the master of medical science in epidemiology and biostatistics.
Medical Statistics, the Degree of Master of Medical Statistics and the Degree of Master of Medical Science in the following options: Clinical Epidemiology, Health Promotion, Health Social Science, Occupational Epidemiology, and Pharmacoepidemiology.

Student Dress and Appearance

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

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

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

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

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

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

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

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

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

The Degree of Bachelor of Medicine

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

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

Regulations Governing Admission to the Bachelor of Medicine Course

General

1. These regulations are made in accordance with the powers vested in the Council under By-law 5.3.5.

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 candidate 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.
SECTION THREE

BACHELOR OF MEDICINE ADMISSION REGULATIONS

4.(1) Applications will not be accepted from persons who, 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 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 datc detennined application for enrolment including the Bachelor of Medicine course in this University as one of the

(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) at the closing date satisfy Regulation 3 of the Regulations Governing Admissions and Enrolment save that applicants who are candidates for the current Higher School Certificate examination may be considered;
(b) complete the Personal Qualities Assessment;
(c) receive approval to enrol;
(d) complete the prescribed enrolment 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 aggregate; 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 shall be invited to take part in the Personal Qualities Assessment if the Principal of the school or college attended by the applicant estimates that the applicant's results in the examination will place the applicant in the top 10% of all candidates at the closing date.

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

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

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

(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 attempted 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 remaining places 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 candidature in 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 university time to complete the requirements for admission to 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 candidature in the course for an additional period of one year.

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

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

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

(6) The standard required in sub-regulation (5) shall be 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;
(b) the Sub-Dean of the Faculty who shall chair the Committee;
(c) up to four members of academic staff of the Faculty elected by the Faculty Board; and
(d) up to four members of academic staff of the Faculty elected by the Faculty Board.

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 Aboriginal or Torres Strait Islander descent who identifies as an Australian Aborigine or Torres Strait Islander and is accepted as much by the community in which that person lives.

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

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

2. Definitions
In these Regulations and the Schedule thereto unless the context or subject matter otherwise indicates or requires:

"course" means the total requirements as prescribed in the Schedule to qualify a candidate for the award of the degree;
"Dean" means the Dean of the Faculty of Medicine;
"degree" means the degree of Bachelor of Medicine;
"Faculty Board" means the Faculty Board, Faculty of Medicine;
"subject" means any part of the course for which a result may be recorded.

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

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

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

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

(b) if the withdrawal occurred in a later year of study, will be permitted to re-enrol under such conditions and at such time as the Faculty Board may determine, which conditions may include success at reassessments before re-enrolment.

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

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

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

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

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

SCHEDULE

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

SECTION THREE
BACHELOR OF MEDICINE OBJECTIVES

Year 5
Medicine V
Elective II or Additional Subject
Elective III

Year 4
Medicine IV

Year 3
Medicine III and Elective I

Year 2
Medicine II

Year 1
Medicine I

Subject
Prerequisites
Corequisites

Year 5
Medicine V
Elective II or Additional Subject
Elective III

Year 4
Medicine IV

Year 3
Medicine III and Elective I

Year 2
Medicine II

Year 1
Medicine I

Note: Students may, if they wish, complete an additional elective subject (Elective III) upon completion of the third or fourth years of the course. Students who pass Elective III will not be required to complete or pass Elective III.

SECTION THREE
BACHELOR OF MEDICINE REGULATIONS

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

The Programme Objectives act as:

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

However, they do not specify the full range of curriculum development. 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 UPMOs identify the behaviour expected of students in the way they carry out the performance of their intellectual and clinical responsibilities (eg 1.1).

The Objectives

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

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

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

DOMAINT — PROFESSIONAL SKILLS

1. By the time of graduation students demonstrate ability to relate to, and function in an effective fashion with, patients and their families as well as fellow professionals by:

1.1 manifesting those personal characteristics essential for the practice of excellent medicine, including (i) an awareness of their own assets, limitations and responsiveness, (ii) responsibility, thoroughness, 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 particular activities for a medical practitioner;

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 or she 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 care at all levels;

1.5 showing, (i) an enlightened involvement with patients, free from undue interference with communication created by the excessive use of psychological defence mechanisms, thus avoiding the demonstration of aloof and unfailing detachment, undue aggression and other unhelpful behaviours, (ii) a recognition of those patients who display dependency or hostility to an extent which affects patient management and patient co-operation, and interacting appropriately with them, (iii) an awareness of how their own personality afflicts their interaction with their patients and how their own anxieties and prejudices may alter patient attitudes and behaviour, (iv) a capacity to accord with ethical principles which restrain practitioners from taking advantage of patients;

1.6 applying an awareness of the role of the physician in healthy welfare professional teams and working co-operatively with them;

1.7 showing the establishment of effective communication and co-operation with a wide variety of patients, healthy members of the community and other professionals;

1.8 applying an awareness of the potential conflicts imposed upon them by their obligations to themselves and their family, to their patients and the community they serve;

1.9 applying an understanding of the ethical basis of medical practice;

1.10 applying a logical and probabilistic approach to clinical problems, and displaying a tolerance for ambiguous situations by coping with uncertainty in the clinical context;

1.11 applying skills in interacting with patients to increase the probability of accurate diagnosis, patient satisfaction and compliance, and the patient's accurate recall of supplied information, and to decrease the anxiety associated with potentially threatening medical interventions;

1.12 obtaining a clinical history from a wide variety of patients, and eliciting clinical signs through the conduct of physical examination - these skills should be demonstrated with both adults and children;

1.13 writing an accurate clinical record on the basis of their own observations, recognising and defining a clinical problem, and communicating their findings to others clearly and concisely (orally and/or in writing);

1.14 carrying out the basic clinical and diagnostic tasks required to be performed by all medical graduates during the pre-registration postgraduate period.

DOMAINT 2 — CRITICAL REASONING

2. By the time of graduation students demonstrate ability to apply the processes of scientific reasoning by:

2.1 making reliable observations of cellular, pathological and/or psychological 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 hypotheto-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 biomedicai 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.

DOMAINT 3 — IDENTIFICATION, PREVENTION AND MANAGEMENT OF ILLNESS

3. By the time of graduation students will demonstrate ability to apply their understanding of illness and its prevention and management by:

3.1 applying an understanding of the mechanism and significance of health-related physical and behavioural events and adaptive responses to these events, both normal and abnormal, at both the cellular and community level and in the individual 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 plugging 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 the efficiency of health care delivery and the functioning of community health services;

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 illness, 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 patients with limbic presence, and the 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 spend much or more time on change in the behaviour of people as on the manipulation of the physical environment.

DOMAINT 4 — POPULATION MEDICINE

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

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

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

4.3 applying knowledge of the incidence and prevalence of community health problems;

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

4.5 evaluating health care needs of individuals, groups and communities, and evaluating the efficiency 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 the 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 spend much or more time on change in the behaviour of people as on the manipulation of the physical environment.
SECTION THREE: BACHELOR OF MEDICINE COURSE DESCRIPTION

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

DOMAIN 5 — SELF-DIRECTED LEARNING

5. By the time of graduation students will demonstrate ability to take responsibility for evaluating their own performance, implementing their own education and contributing to the education of others, by:

5.1 monitoring, granted appropriate consultation, their own progress in the acquisition of information and skills;
5.2 monitoring and evaluating, for the purpose of mutual education, the performance of their juniors and peers;
5.3 engaging in a critical evaluation of the objectives and implementation of the Faculty’s education programme;
5.4 being educationally prepared to undertake postgraduate training;
5.5 demonstrating that medical education in its full sense is a lifelong activity and investing time in the maintenance and further development of their own knowledge and skills, above and beyond the pursuit of higher professional qualifications.

Learning Methods

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

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

Course Description Year I

Detailed documentation of activities in each term and within each Domain will be distributed. This account provides a general overview with brief comments on assessment. YEAR I consists of the subject MEDICINE I. The year is divided into three blocks, each of approximately ten 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 tutorial of Domain II.

Block 2:

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

Block 3:

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

DOMAIN II — CRITICAL REASONING

Topics are chosen for study that relate to the topics of Domain III with 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

Block 1 & 2:

A programme in continuity, in which, through the study of clinical problems, students learn the mechanisms of — homeostasis under stress and the mechanisms of abnormality and damage; genetic, nutritional, psychological, traumatic, infective, toxic, venereal and neoplastic. (These mechanisms are further explored in relation to each body system and to clinical mechanisms in subsequent terms.)

Block 3:

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

SECTION THREE: BACHELOR OF MEDICINE COURSE DESCRIPTION

DOMAIN IV — POPULATION MEDICINE

A year long programme providing contact with, and insight into, the needs and resources of individuals and society. This is arranged through role playing of 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 I assessment. Each student accepts a topic as their "own learning task," for individual study and research based on literature and consultation.

2. A "mini-elective". This elective is based upon a field of interest identified by the student during the year. A programme is arranged in consultation with a Faculty supervisor and a report is written.

Timetable Commitments

Typical weekly timetables for each block are shown below:

Block 1 — Homeostasis Under Stress

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<th>Monday</th>
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<tr>
<td>Medical Consultation</td>
<td>Tuesday</td>
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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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<th>Wednesday</th>
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<tbody>
<tr>
<td>Medical Consultation</td>
<td>Monday</td>
<td>Tuesday</td>
<td>Wednesday</td>
<td>Thursday</td>
</tr>
<tr>
<td>Fixed Resource Sessions</td>
<td>Working Problem Tutorial</td>
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<tr>
<td>Professional Skills</td>
<td>Resource Sessions</td>
<td>Working Problem Tutorial</td>
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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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<tbody>
<tr>
<td>Microscopy</td>
<td>Working Problem Tutorial</td>
<td>Wednesday</td>
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In addition, students in this Block have regular sessions with physicians and surgeons, and post-mortem tutorials. Detailed timetables are distributed to students at the beginning of each Block.

Year II

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

MEDICINE II

DOMAIN I — PROFESSIONAL SKILLS

Clinical skills are further practised and strengthened under supervision of clinical tutors in hospitals and private rooms. Students are also attached to a general practice, where the special basic skills relevant to general practice are developed. Clinical tutorials relate to the successive body systems under study in Domains II; the cardiovascular, respiratory, neurologic, psychiatric, endocrine and haematologic system.

DOMAIN II — CRITICAL REASONING

Students pursue a number of literature research projects linked to the activities of Domain II. 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

DOMAIN IV — POPULATION MEDICINE

The entire class studies a single topic of broad community significance. For 1989 this topic is mental health. The study will be divided into separate fields, each the responsibility of an individual tutorial group.

DOMAIN V — SELF-DIRECTED LEARNING

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

Additionally, a topic will be identified in the course of long case (clinical skills) assessment and this will form the basis of a 48 hour learning task based upon literature, research and consultation. At the end of the year a further mini-elective will be undertaken for two weeks based upon a topic of the student’s choice, in Year 1.
SECTION THREE

BACHELOR OF MEDICINE COURSE DESCRIPTION

Timetable Commitments

Typical weekly timetables for each term are shown below:

Block 4 — Organ Systems: Cardiovascular and Respiratory

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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>
<th>Tuesday</th>
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<tbody>
<tr>
<td>Neuroanatomy</td>
<td>Working Problem Tutorial</td>
<td>Psychiatry Medicine</td>
<td>Neuroanatomy</td>
<td>Case Discussion</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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In addition, students in this block have regular Haematology Professional Skills and Endocrinology Professional Skills sessions, Clinico-Pathology Cases, a Blood Bank visit, and a Transfusion Workshop.

Year III

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

MEDICINE III

DOMAIN I — PROFESSIONAL SKILLS

Clinical skills are further refined, linking with the various 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 subspecialties. These two terms are undertaken in Newcastle. For the first term all students are in Newcastle together. For the second term half the students study in Newcastle and the other half are allocated to the country hospitals. In the third term the country group returns to complete their second Newcastle term, and the other half go to the country.

Block 7: (First Newcastle block)

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

Block 8: (Second Newcastle block)

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

Block 9: (Country block)

The understanding of basic mechanisms and of the manifestations of disease is now applied in direct clinical clerkship 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 practice, 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 self directed learning task is pursued, either on a student’s topic of choice or as remediation for a previously identified deficiency from Year 2.

Timetable Commitments

Block 7 — Newcastle Block

Weeks 1-4 | Ear Nose and Throat and Ophthalmology in Parallel
Week 5 | Cardiovascular
Weeks 6 & 7 | Orthopaedics
Week 8 | Rheumatology
Week 9 | Dermatology

In addition, students in this block rotate through three Professional Skills attachments: Surgery, ENT Clinic, and Ophthalmology Rooms. There are also extra sessions for Orthopaedic Clinical Skills, Ear Nose and Throat Skills, Ophthalmoscope Tutorial, and Female Pelvic Examination.

Block 8 — Newcastle Block

Weeks 1 and 2 | Sexuality
Weeks 3 and 4 | Dermatology
Week 6 | Neurology and Psychiatry
Week 7 | Immunology
Week 8 | Diabetes

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, Maitland and Lithgow.

ELECTIVE I

In addition to independent learning tasks (Domain V) allocated by the Faculty as part of Medicine III, it is recognised that time should be allocated to allow students to undertake the study of a topic of their own choice in greater depth. Thus students are required to undertake an 8 week elective at the end of Year 3. This elective is student oriented both in content and process.

Preparation for the elective period starts long before the elective itself. Elective topics may be proposed either by Faculty staff or by 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 1000 words in length on their elective experience. The supervisor is also required to report on the student’s performance during the elective.

Year IV

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

MEDICINE IV

DOMAIN I — PROFESSIONAL SKILLS

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

DOMAIN II — CRITICAL REASONING

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

DOMAIN III — IDENTIFICATION, PREVENTION AND MANAGEMENT OF ILLNESS

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

Attachment 1: Paediatrics
Attachment 2: Reproductive Medicine
Attachment 3: Surgery 1 (Orthopaedics and Urology)
Attachment 4: Surgery 2 (General Surgery)
Attachment 5: Medicine 1 (Aging and Respiratory, or Gastroenterology and Haematology)
Attachment 6: Medicine 2 (Cardiology and Endocrinology or Nephrology or Rheumatology)

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

DOMAIN IV — POPULATION MEDICINE

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

DOMAIN V — SELF-DIRECTED LEARNING

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

Timetable Commitments

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

BACHELOR OF MEDICINE SUMMATIVE ASSESSMENT GUIDELINES

General Summative Assessment Guidelines

1. Assessment is by Domain. All Domains rank equally in regard to student progress.

2. Summative assessment is subject to the same general conditions of examinations and unsatisfactory progress as any other examination in the University. Students should refer to the University's By-laws and Regulations for specific details. (Volume I, 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) For short cases and long cases only, students who attend first assessment but are deemed Not Satisfactory will be permitted a second assessment in that instrument in the second assessment period. Students found Not Satisfactory at second assessment will be permitted one final assessment in that instrument in the final assessment period. Students may choose not to undertake second assessment and sit for final assessment only. In this case students MUST notify the Faculty in writing prior to the scheduled assessment period. An alternative second assessment will not be available.

4. Submission of Reports by a Stipulated Date(s) 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 for that certification and for the dependent instrument, unless there are extenuating circumstances. The appropriate and satisfactory certification must be submitted prior to the relevant final assessment period. Students will then be permitted to undertake final assessment in the dependent instrument.

      (ii) Students who do not submit the appropriate and satisfactory certification by the final assessment period will receive a final mark of Not Satisfactory in that certification and the dependent instrument.

   (b) If the report is itself a summative assessment instrument then:

      (i) Failure to submit the report by the stipulated date will result in a mark of Not Satisfactory at first assessment, unless there are extenuating circumstances. Students will be permitted 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 (for Year 1) or Level 2, David Maddison Building (for Years 2, 3, 4 and 5) by 5.00 pm on the date stipulated, except for:
- All 24 Hour Task, Years 2 and 4: to be submitted to the Clinical Supervisor or Administrative Officer 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 familiarise with them.

6. A specific timetable for each assessment will be published at least one week in advance of the assessments. Locations of assessment notice boards are: Level 6, Medical Sciences Building; Level 5, New Med II (Mater) and Level 2, David Maddison Clinical Sciences Building. Assessment notices will 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.

   (a) Inquiries concerning the administration of the assessments (e.g. timetables) should be directed to the Professional Officer (Assessment).

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

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<tr>
<th>Year V</th>
<th>TERMS</th>
<th>BACHELOR OF MEDICINE SUMMATIVE ASSESSMENT GUIDELINES</th>
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<tr>
<td>YEAR V consists of the subjects MEDICINE V and ELECTIVE VI.</td>
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<tr>
<td>II. This year is divided into one period of two weeks and five</td>
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<td>periods of 5 weeks, followed by an 8 week elective term.</td>
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<td>Rotations through major specialties continue, with additional</td>
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<td>practical experience.</td>
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MEDICINE V

DOMAIN I — PROFESSIONAL SKILLS

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

DOMAIN II — CRITICAL REASONING

A particular emphasis on the assessment of the effectiveness of diagnostic tests and regimens for the management of illness.

DOMAIN III — IDENTIFICATION, PREVENTION AND MANAGEMENT OF ILLNESS

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

<table>
<thead>
<tr>
<th>ATTACHMENT 1:</th>
<th>ATTACHMENT 2:</th>
<th>ATTACHMENT 3:</th>
<th>ATTACHMENT 4:</th>
<th>ATTACHMENT 5:</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEDICINE</td>
<td>PAEDIATRICS</td>
<td>SURGERY</td>
<td>REPRODUCTIVE</td>
<td>PSYCHOSOCIAL AND PSYCHIATRY</td>
</tr>
</tbody>
</table>

DOMAIN IV — POPULATION MEDICINE

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

DOMAIN V — SELF-DIRECTED LEARNING

There are no specific activities in this Domain.

Timetable

Students are expected to attend all appropriate clinical activities (e.g. ward rounds, operating theatre) on Monday, Tuesday, Wednesday and Friday. Students may also be rostered on any night of the week and on weekends. Students may be attached to country hospitals for clinical activities.

Every Thursday all students attend Fixed Resource Sessions, as follows:

<table>
<thead>
<tr>
<th>TERMS 1 AND 2</th>
<th>9.15 - 10.30</th>
<th>Topics covering Domain I (Critical Reasoning) and Domain IV (Population Medicine).</th>
</tr>
</thead>
</table>
Assessment Guidelines 1990

**Medicine I**

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

**DOMAIN I — PROFESSIONAL SKILLS**

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

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

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

**DOMAIN II — CRITICAL REASONING**

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

**DOMAIN III — IDENTIFICATION, PREVENTION AND MANAGEMENT OF ILLNESS**

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

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

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

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

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

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

**DOMAIN IV — POPULATION MEDICINE**

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

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

**DOMAIN V — SELF-DIRECTED LEARNING**

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

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

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

**DOMAIN I**

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

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

3. Written Assessment
Students deemed Not Satisfactory at second assessment in the Long Case during the first assessment period, may choose to attempt final assessment in the Long Case during the second assessment period, provided that the student informs the year co-ordinator of this decision in writing at least one week before the commencement of the second assessment period.

**DOMAIN II**

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

**DOMAIN III**

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

**DOMAIN IV**

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

2. Written Assessment
Students who submit a report that exceeds the stipulated length will be judged Not Satisfactory at the first assessment and will be required to resubmit the length of the report and re-submit the report for one final assessment by the final assessment date.

**DOMAIN V**

Students found Not Satisfactory in one or both of the reports will be required to resubmit the amended appropriate report(s) for one final assessment by the final assessment date.

**Students who are Not Satisfactory in the Long Case**

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

**3. Group Task**

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

**4. Long Case**

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

**DOMAIN II**

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

**DOMAIN III**

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

**DOMAIN IV**

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

2. Written Assessment
Students who submit a report that exceeds the stipulated length will be judged Not Satisfactory at the first assessment and will be required to resubmit the length of the report and re-submit the report for one final assessment by the final assessment date.

**DOMAIN V**

Students found Not Satisfactory in one or both of the reports will be required to resubmit the amended appropriate report(s) for one final assessment by the final assessment date.

**Students who are Not Satisfactory in the Long Case**

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

**3. Group Task**

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

**4. Long Case**

Students who are Not Satisfactory in the Long Case will be required to undertake a second Long Case. Students still considered Not Satisfactory will be required to undertake a final Long Case. Second and Final Long Cases will be in the same format as the first assessment.
3. Long Case
Each student will be required to take a history, and examine a patient, during a 30 minute period. The student will be observed and will be required to make a short case presentation summarizing the patient’s problem. The examiner should seek clarification of clinical points relevant to the particular patient, but should not explore chronic disease, or issues of management. Discussion should not exceed 10 minutes duration and should be followed by 5 minutes feedback.

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

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

DOMAIN III — IDENTIFICATION, PREVENTION & MANAGEMENT OF ILLNESS
Students will undertake up to 13 hours of written assessments. The following assessment instruments may be used:

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

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

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

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

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

SECTION THREE

BACHELOR OF MEDICINE SUMMATIVE ASSESSMENT GUIDELINES

V. Group Report
Each group will be required to submit a report of not more than the equivalent of 16 x 84 pages, typed and single spaced.

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

3. Individual Viva Assessment
Each student will be required to undertake a 10 minute viva.

DOMAIN V — SELF-DIRECTED LEARNING

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

2. Extended Own Learning Task
By the end of week 4 of Term 1 students will be required to have registered with the Chairman, Domain V, a topic or 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 by the specified date a written report (minimum 1,000 words) together with a confirmation from their supervisor (consultant) on the appropriate contract that they have undertaken the task satisfactorily (i.e. students must submit the marked report and contract by the specified date).

Criteria for Competence and Details of Final Assessments

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

DOMAIN I

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

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

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

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

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

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

STATEMENT OF COMPETENCE

Students considered Not Satisfactory in the Critical Reasoning assessments are required to undertake a final assessment of up to 3 hours by written instruments.

DOMAIN II

Students considered Not Satisfactory in the Domain II assessments are required to undertake a final assessment of up to 3 hours in the same format as first assessment.

DOMAIN III

Students considered Not Satisfactory in the Domain III assessments are required to undertake a final assessment of up to 3 hours in the same format as first assessment.

DOMAIN IV

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

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

#### BACHELOR OF MEDICINE SUMMATIVE ASSESSMENT GUIDELINES

3. Individual Viva Assessment

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

**DOMAIN V**

48 Hour Task

Students who do not submit their report by the stipulated date and time will be deemed Not Satisfactory at first assessment, unless there are extenuating circumstances. Students will be permitted one new task as final assessment in the same format as the first assessment, to be conducted in the second or final assessment period. Students wishing to undertake final assessment for the 48 hour task in the second assessment period must notify the year co-ordinator in writing at least one week prior to the commencement of the second assessment period.

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

2. Extended Own Learning Task

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

#### Medicine III

**Key Dates 1990**

<table>
<thead>
<tr>
<th>First Assessment</th>
<th>Due Date</th>
<th>Assessment Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certification Sheets</td>
<td>i) Block 4</td>
<td>14/5/90</td>
</tr>
<tr>
<td></td>
<td>i) Block 5</td>
<td>30/7/90</td>
</tr>
<tr>
<td></td>
<td>iii) Block 6</td>
<td>22/10/90</td>
</tr>
<tr>
<td></td>
<td>Long Case</td>
<td>5/11/90 - 16/11/90</td>
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<tr>
<td>Task Book (General Practice)</td>
<td></td>
<td>Dec/30/90</td>
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<tr>
<td>II Written Assessment</td>
<td></td>
<td>5/11/90 - 16/11/90</td>
</tr>
<tr>
<td>III Written Assessment</td>
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<td>5/11/90 - 17/11/90</td>
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<tr>
<td>IV Group Report</td>
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<td>26/10/90</td>
</tr>
<tr>
<td>Group Presentation</td>
<td></td>
<td>16/10/90</td>
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<tr>
<td>V Individual Viva</td>
<td>5/11/90 - 16/11/90</td>
<td></td>
</tr>
<tr>
<td>48 Hour Task</td>
<td>5/11/90 - 16/11/90</td>
<td></td>
</tr>
<tr>
<td>Extended Own Learning Task:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i) Topic Registration and Approval</td>
<td>23/3/90</td>
<td></td>
</tr>
<tr>
<td>ii) Report</td>
<td>23/7/90</td>
<td></td>
</tr>
<tr>
<td><strong>Second Assessment (Long Case only)</strong></td>
<td></td>
<td></td>
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<tr>
<td>Long Case Second Assessments will be held in the period 5/11/90 - 16/11/90 or 9/12/90 - 7/12/90 as appropriate.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Final Assessment</strong></td>
<td></td>
<td></td>
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<tr>
<td>All Final Assessments will be held in the period 7/1/91 - 12/1/91</td>
<td></td>
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</tbody>
</table>

**Assessment**

- **Medicine III**
  - **Assessment Co-ordinators:** Assoc. Prof. S.L. Carney, Level 3, David Maddison Clinical Sciences Building.
  - **Phone:** 266-162/266-161.

**DOMAIN I — PROFESSIONAL SKILLS**

1. Certification is required for:
   - Ophthalmology, ENT, 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.

2. **Country Term Logbook**

The logbook itself must be submitted for summative assessment of the content of the specified procedures and specified observations (i.e. (b) and (c) above).

3. **Discharge Summary and Referral Letter**

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

4. **Short Cases**

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

The short case assessments will be of 20 minutes duration and students will be asked to demonstrate a limited examination of a patient and present the findings to the assessor, who will ask questions about the rationale for the examination undertaken, the pathological or physiological events which are being observed, and the pathophysiology of the specific patient's condition.

Summative short case assessments will be held in two of the seven specified systems. Whether this will occur in Newcastle or the country will vary between terms and country centres.

5. **Long Case**

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

6. **Specific Counselling**

6.1 Certification

Each student will be required to submit by the due date a form signed by their tutor indicating completion of four specified video-taped procedures during their Newcastle Block I. This is a prerequisite to being permitted to undertake summative assessment in specific counselling.

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**SECTION THREE**

#### BACHELOR OF MEDICINE SUMMATIVE ASSESSMENT GUIDELINES

6.2 Assessment

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

**DOMAIN II — CRITICAL REASONING**

Each student will undertake a written assessment of up to 3 hours.

**DOMAIN III — IDENTIFICATION, PREVENTION AND MANAGEMENT OF ILLNESS**

1. Students will undertake up to 18 hours of written assessments. The following assessment instruments may be used:

   - i) Modified Essay Questions (MEQs) - a series of short, integrated and sequential questions relating to a particular patient problem.
   - ii) Short Answer Questions (SAQs) - a series of short independent questions each relating to important concepts.
   - iii) Short Essay Questions - independent short essays on given topics.
   - iv) Multiple Choice Questions (MCQs) - a series of short questions and answers from which the correct answer(s) are selected.
   - v) Objective Structured Clinical Assessments (OSCA's) - a series of separate problems, requiring observation and interpretation of some practical resource or the performance of some practical task using medically relevant equipment; the assessment for this instrument may, in some cases, be in the form of a viva.

2. **Trauma Report**

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

3. **Chronic Disability Presentation**

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

**DOMAIN IV — POPULATION MEDICINE**

Each student will undertake a Short Answer Question paper of 90 minutes duration.

**DOMAIN V — SELF-DIRECTED LEARNING**

Extended Own Learning Task

By the end of week 4 of Term 1 students will be required to have registered with the Chairman, Domain V, a topic or topics for independent study. The topic of the task will be decided in consultation with the Domain V Chairman, but may include remediation in specific areas of the curriculum. A suitably
SECTION THREE

BACHELOR OF MEDICINE SUMMATIVE ASSESSMENT GUIDELINES

Students must ultimately be Satisfactory in two summative short cases.

5. Long Case

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

6. Specific Counselling

6.1 Certification

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

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

2. Country Term Logbook

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

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

3. Discharge Summary and Referral Letter

Students who do not submit the Discharge Summary and/or Referral Letter by the due date should refer to the General Summative Assessment Guidelines, Paragraph 4, Section (b). The Discharge Summary and/or Referral Letter to be submitted by the final assessment date must detail a new patient.

Students who submit the Discharge Summary and/or Referral Letter by the due date but are deemed Not Satisfactory in either or both assessments will be required to submit a satisfactory Discharge Summary and/or Referral Letter based on a new patient before the final assessment period.

IV. Written Assessments

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

2. Trauma Report

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

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

3. Chronic Disability Presentation

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

"According to country term rotations."
DOMAIN I — PROFESSIONAL SKILLS
1. Certification
   1.1 Clinical Supervisors’ Reports (C.S.R.)
   Students are required to submit clinical supervisors’ reports on the forms provided for each clinical rotation, i.e., medicine, surgery, psychiatry, and reproductive medicine. These must be submitted to the discipline concerned by the times specified in the relevant documents.

1.2 Doctor/Patient Interactions
   Students will be required to carry out information transfer exercises or video tape for discussion in group tutorials. Tutors will be required to certify that this has been done using the appropriate form.

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

2. Long Cases
   Each student will undertake four long cases during the year. These cases will relate to the student’s clinical rotations (Medicine, Surgery, Paediatrics and Reproductive Medicine). The first long case of the year will be observed and will assess history taking, physical examination, case presentation and discussion, and case write-up. For the remaining three long cases, students who have been deemed satisfactory at the first long case will have an assessment which will centre around case presentation and discussion. Assessors reserve the right to observe students but this will not be the major component of the assessment.

DOMAIN II — CRITICAL REASONING
Each student will undertake written assessment of up to three (3) hours.

DOMAIN III — IDENTIFICATION, PREVENTION AND MANAGEMENT OF ILLNESS
Students will undertake up to ten (10) hours of written assessments in the basic and clinical sciences. The following assessment instruments may be used:
   i) Modified Essay Questions (MEQs)
   ii) Short Answer Questions (SAQs)
   iii) Short Essay Questions
   iv) Multiple Choice Questions (MCQs)
   v) Objective Structured Clinical Assessments (OSCA).

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

DOMAIN IV — POPULATION MEDICINE
Assessment will be by a twenty minute viva.

DOMAIN V — SELF-DIRECTED LEARNING
1. Baby in the Family Report
   Students are required to submit a “Baby in the Family” Report which should not exceed 3,000 words. Details are contained in the Paediatrics and Reproductive Medicine handbooks and will be elaborated at the start of the Paediatrics/Reproductive Medicine term.

2. Medical Independent Learning Exercise (MILE)
   This is designed to test how well the student can formulate relevant questions in relation to a patient problem, use available resources in a systematic and sensible manner 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 is the risk of her children acquiring the disease or one related to it?”. A task relating to the clinical attachment through which the student is rotating at the time will be distributed to each student. Students will be kept under supervision for 1 hour while they complete the first part of the task (refining their question and recording their initial query strategies). They will then have 48 hours to submit the report. The report should be no more than 2,500 words in length.

Criteria for Competence and Details of Final Assessments
Competence is determined by institution. That is, students must be Satisfactory in each component of each Domain.

DOMAN I
1. Certification
   Students who do not submit the certifications by the due dates should refer to the General Summative Assessment Guidelines, item 4, section a.

1.1 Clinical Supervisors’ Reports (C.S.R.)
   a) Medicine and Surgery
   There are 4 rotations in surgery and 4 in medicine. For each discipline:
   (a) A student who is Satisfactory in all rotations will proceed through the prescribed assessment process.
   (b) A student with one Poor Satisfactory result will be interviewed by the appropriate discipline representative, and may be required to sit for an additional observed long case.

GENERAL INFORMATION
[General information relating to the Schools of Administration & Technology, Education, Health and Visual Performing Arts (formerly attached to the Hunter Institute of Higher Education) may be found in Volume IV of the University Calendar.]

Principals Dates 1990
(See separate entry for Faculty of Medicine)

January
1 Monday Public Holiday — New Year’s Day
5 Friday Last day for return of Application for Re-Enrolment Forms — Continuing Students
8 Monday Deferred Examinations begin
19 Friday Deferred Examinations end
26 Friday Public Holiday — Australia Day
31 Wednesday New students attend in person to enrol and pay charges

February
1 Thursday TO New students attend in person to enrol and pay charges
2 Friday
13 Tuesday TO Re-enrolment Approval Sessions for re-enrolling students
16 Friday
26 Tuesday Late enrolment session for new students
31 Wednesday Late enrolment session for re-enrolling students
26 Monday First Semester begins

March
23 Friday Last day for variation of programme in relation to HECS liability for Semester II*

April
13 Friday Good Friday — Easter Recess commences

23 Monday Lecturer resume
Last day for withdrawal without academic penalty from first semester subjects (see page (iv) for Dean’s discretion)

25 Wednesday Public Holiday — Anzac Day

May
22 Tuesday Last day for withdrawal without academic penalty from second semester subjects (see page (iv) for Dean’s discretion)

June
21 Sunday Closing date for applications for re-enrolment in 1991 (Undergraduate courses other than Medicine and Aviation)

August
6 Monday Last day for withdrawal without academic penalty from full year subjects (see page (iv) for Dean’s discretion)
23 Thursday Last day for variation of programme in relation to HECS liability for Semester III*

September
17 Monday Last day for withdrawal without academic penalty from second semester subjects (see page (iv) for Dean’s discretion)
23 Saturday Mid Semester break begins

October
1 Monday Public Holiday — Labour Day
16 Wednesday Lectures commence

November
2 Friday Second Semester ends
5 Monday Attraction Examinations begin
23 Friday Examinations end

1991 February
25 Monday First Term begins

DATES FOR THE 1990 ACADEMIC YEAR FOR THE BACHELOR OF MEDICINE PROGRAMME

<table>
<thead>
<tr>
<th>Year 1</th>
<th>Semester 1</th>
<th>Fee</th>
<th>Semester 2</th>
<th>Fee</th>
</tr>
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<tr>
<td>1990</td>
<td>Monday 26 January</td>
<td>$900</td>
<td>Monday 29 January</td>
<td>$900</td>
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<td>1990</td>
<td>Monday 24 Sept</td>
<td>$900</td>
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<td>$900</td>
</tr>
</tbody>
</table>

*None of the above guarantees may be given that variation of programme forms submitted after this date will be processed by the relevant HECS census date (3 March Semester I; 31 August Semester II)

**Date to be finalised**
Semester One consists of the remaining 3 weeks of Block Five and all of Blocks Six (10 weeks).

Year Three

Block 7
February 12 - May 4
Clinical Attachment 1a
February 15 - March 16
Clinical Attachment 1b
February 19 - March 4
Clinical Attachment 2a
May 7 - June 22
Clinical Attachment 2b
May 11 - June 26
Clinical Attachment 3a
June 5 - August 28
Clinical Attachment 3b
August 29 - September 28
GP Period
November 12 - November 21
Clinical Attachment 4a
December 5 - December 7

Note: Year 3, 4 & 5 do not conform with the University of Newcastle's Semester dates.

Students with Special Needs

The University of Newcastle has a policy to provide equal opportunity to students with Special Needs. If you have a disability of any form and feel you need some additional assistance, please do not hesitate to contact one of the following:

Faculty Advisor
Architecture: Mr Malcolm Park - ext 529
Arts: Prof Dan Parker - ext 659
Economics & Commerce: Mrs Bruce Church (Sub Dean) - ext 697
Engineering: Dr David Wood - ext 831
Science: Dr Steve Garrard - ext 266170
Student Administration: Mrs Sandra Box - ext 303
Student Library: Mrs Alicia Hardy - ext 299
Student Representative: Ms Steve Watkins - ext 329

Advice and Information

Advice and information on matters concerning the Faculties of the University can be obtained from a number of people.

Faculty Secretaries
For general queries about University regulations, Faculty rules and policies, studies within the University and so on, students may contact:

Faculty Secretary Phone
Architecture Mrs Diana Riggay 685634
Arts Ms Chris Wood 685296
Economics Mrs Linda Harrigan 685905
Business Mrs Helen Collison 685417
Engineering Mr Peter Day 685630
Science Mrs Jill Norrie 685630
Science & Mathematics Mrs Brian Kelleher 685613
Science & Mathematics Mrs Helen Hochmich 685330

TRIAL ENROLMENT (for NEW STUDENTS) in the period 13-16 February 1990, or from the UCAC on 29 September each year. There is a $50 fee for late applications.

STUDENT ENROLMENT IN NEW STUDENTS

Persons offered enrolment are required to attend in person at the Great Hall early in February to enrol and pay charges. Detailed instructions are given in the Offer of Enrolment.

TRANSFER OF ENROLMENT (for NEW STUDENTS) in the period 13-16 February 1990, or from the UCAC on 29 September each year. There is a $50 fee for late applications.

STUDENT ENROLMENT IN NEW STUDENTS

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TRANSFER OF ENROLMENT (for NEW STUDENTS) in the period 13-16 February 1990, or from the UCAC on 29 September each year. There is a $50 fee for late applications.
ATTENDANCE STATUS
A candidate for any qualification other than a postgraduate qualification who is enrolled in three-quarters or more of a normal full time programme shall be deemed to be a full-time student whereas a candidate enrolled in either a part-time course or less than three-quarters of a full-time programme shall be deemed to be a part-time student.
A candidate for a postgraduate qualification shall enrol as either a full-time or a part-time student as determined by the Faculty Board.

CHANGE OF ADDRESS
Students are responsible for notifying the Student Administration Office in writing of any change in their address. A Change of Address form must be used and is available from the Student Administration Office. Failure to notify changes could lead to important correspondence or course information not reaching the student. The University cannot accept responsibility if official communications fail to reach a student who has not notified the Student Administration Office of a change of address.

It should be noted that examination results will be available for collection in the Drama Workshop in mid December. Results not collected will be mailed to students. Students who will be away during the long vacation from their regular address should make arrangements to have mail forwarded.

CHANGE OF PROGRAMME
Approval must be sought for any changes to the programme for which a student has enrolled. This includes adding or withdrawing subjects, or changing attendance status (for example from full-time to part-time).
All proposed changes should be entered on the Variation of Programme section on the reverse side of your Approved Programme form. Requests for changes and where appropriate documentary evidence in the form of medical or other appropriate certificates must be submitted.

WITHDRAWAL
Application to withdraw from a subject must be made on the Variation of Programme section on the reverse side of your Approved Programme form which is lodged at the Student Administration Office or mailed to the Secretary. Applications received by the appropriate date listed below will be approved for withdrawal without a failure being recorded against the subject or subject in question.

Withdrawal Dates
Full Year
First Semester Subjects Subjects
Monday Monday Monday
Second Semester Subjects Subjects
6 August 1990 23 April 1990 17 September 1990
Withdrawal after the above dates will normally result in a failure being recorded against the subject or subjects unless the Dean of the Faculty grants permission for the student to withdraw without a failure being recorded.
If a student believes that a failure should not be recorded because of the circumstances leading to his or her withdrawal, it is important that full details of these circumstances be provided to the application with the withdrawal.

CONFIRMATION OF ENROLMENT
Students are required to confirm all details on their Approved Programmes to the satisfaction of the Faculty Board. Failure to provide this information could create problems at examination time.

FAILURE TO PAY OVERDUE DEBTS
Any student who is indebted to the University by reason of non-payment of any fee or charge, non-payment of any fine imposed, or who has failed to pay any overdue debts shall not be permitted to:
- complete enrolment in the 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.

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

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 normally be granted for more than one year.

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

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 any other unavoidable cause, a student may be excused from taking any 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 exams examinations have been missed, this fact should be noted in the Examination room.

The granting of an exemption from attendance at classes does not carry with it any waiver of the General Services Charge.

GENERAL CONDUCT
In accepting membership of the University, students undertake to observe the by-laws and other requirements of the University.
Students are expected to conduct themselves at all times in a seemly manner. Smoking is not permitted during lectures, in examination rooms or in the University Library. Gambling is forbidden.
Members of the academic staff of the University, senior administrative officers, and other persons authorised for the purpose have authority to report 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 wall opposite the entrance to Lecture Theatre B is used for the display examination time-tables and other notices about examinations.

STUDENT MATTERS GENERALLY
The main notice board is the display point for notices concerning enrolment matters, scholarships, University rules and travel concessions, etc. This notice board is located on the path between the Union and the Library.

Examinations
Tests and assessments may be held in any subject from time to time. In the assessment of a student’s progress in university course, consideration will be given to laboratory work, tutorials and assignments and to any tests or other tests conducted throughout the year. The results of such assessments and class work may be incorporated with those of formal written examinations.

EXAMINATION PERIODS
Formal written examinations take place on prescribed dates within the following periods:
Mid Year: 11 to 29 June, 1990
End of Year: 5 to 23 November, 1990

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

Misreading of the timetables will not under any circumstances be accepted as an excuse for failure to attend an examination.

SETTING FOR EXAMINATIONS
Formal examinations, where prescribed, are compulsory. Students should consult the final timetable in advance to find out the class, time and place of their examination. Students should allow themselves plenty of time to get to the examination room so that they can take advantage of the 10 minutes reading time that is allowed before the examination commences.
The collection of examination papers will be placed in the hands of the Departmental or the University Library running the subject, and on a noticeboard outside the examination room.

Students can take into any examination any writing instruments, drawing instruments or eraser. Logarithmic tables may not be taken in: they will be available from the supervisor if needed. Calculators are only allowed as specified above.

The examination result will be affected by any non-observance of the examiners’ instructions. Students should note that no concessions will be granted:

(a) to a student who is prevented from sitting for a programme calculation.
(b) to a student who uses a calculator incorrectly.
(c) because of battery failure.

RULES FOR FINAL EXAMINATIONS
Regulation 15 of the Examination Regulations 1988 governs the conduct of the examination.

(a) candidates shall comply with all regulations given by a supervisor relating to the conduct of the examination;
(b) no candidate shall begin the examination until the examination paper has been prepared by the supervisor with the authority of the Departmental forms in the essay format set out on the Application. If a student is affected by illness during an examination and wishes to ask for special consideration, he or she must report the supervisors of the examining office immediately on the ground of personal illness it will be necessary for a medical certificate to be furnished in the form set out on the Application.

EXAMINATION RESULTS
End of year examination results will be available for collection from the Drama Studio in December. The dates for collection will be put on noticeboards outside the main examination rooms in November. Results not collected will be mailed to students. Examination results for Semester I subjects will be mailed out before the Friday following Semester II begins.

SPECIAL CONSIDERATION
All applications for special consideration should be made on the Application for Special Consideration Form. Relevant evidence should be attached to the application (see Regulation 12(3) of the Examination Regulations, Calendar Volume 1). Also refer to Faculty Policy.
Application forms for Special Consideration are available from the Student Administration Office and the University Health Service.

Before a student’s application for special consideration will be considered, he or she must ensure that all documents and evidence are in order.

If a candidate is affected by illness during an examination and wishes to ask for special consideration, he or she must report the supervisor in charge of the examination and make written application to the Secretary within three days of the examination (see Regulation 12(3) of the Examination Regulations, Calendar Volume 1). Also refer to Faculty Policy.

Applicants for special consideration should note that a Faculty Board is not obliged to grant a special examination. The evidence presented should state the reason why the applicant was unable to attend an examination or how preparation for an examination was disrupted.
If the evidence in the form of a medical certificate the Doctor should state the nature of the illness and the name of the doctor concerned with the applicant wishes to attend an examination on a particular day or could attend but that the performance of the applicant would be affected by the disability. If the period of disability extends beyond one day the period shall be stated.
(c) that the student be excluded from further enrolment: (i) in the course; or (ii) in the course and any other course offered in the Faculty; or (iii) in the Faculty; or (d) if the Faculty Board considers its powers to deal with the case inadequate, that case should be referred to the Admissions Committee with a recommendation for such action as the Faculty Board considers appropriate.

(2) Before a decision is made under regulation 3 (1) (b) or (d) of these Regulations the student shall be given an opportunity to make representations with respect to the matter either in person or in writing.

(3) A student may appeal against any decision made under regulation 3 (1) of these Regulations to the Admissions Committee which shall determine the matter.

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

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

In hearing an appeal the Admissions Committee may take into consideration any circumstances whatsoever including matters not previously noted and may seek such information as it thinks fit concerning the academic record of the appellant and the making of the determination by the Faculty Board. Neither the Dean nor the Sub Dean shall act as a member of the Admissions Committee on the hearing of any appeal.

The appellant and the Dean or the Dean's nominee shall have the right to be heard in person by the Admissions Committee.

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

6.1. (a) The Admissions Committee shall consider any case referred to it by a Faculty Board and may: (a) make any decision which the Faculty Board itself could have made pursuant to regulation 3 (1) (b) or (c) of these Regulations; or (b) exclude the student from enrolment in any other subject, courses, or Faculty as it thinks fit; or (c) exclude the student from the University.

(2) The Committee shall not make any decision pursuant to regulation 6.1 (b) or (c) of these Regulations unless it has first given to the student the opportunity to be heard in person by the Committee.

A student may appeal to the Vice-Chancellor against any decision made by the Admissions Committee under this Regulation.

8.(1) A student who has been excluded from further enrolment in a Faculty may enrol in a course in another Faculty only with the permission of the Faculty Board of that Faculty and on such conditions as the Faculty Board may determine after considering any advice from the Dean of the Faculty from which the student was excluded.

8.(2) A student who has been excluded from further enrolment in any course, Faculty or from the University under these Regulations and who applying to continue enrolment again provided that in no case shall such re-enrolment commence before the expiration of two academic years from the date of the exclusion. A decision on such an application may include:

(a) by the Faculty Board, where the student has been excluded from a single course or a single Faculty; or (b) by the Admissions Committee, in any other case.

9.(1) A student whose application to enrol pursuant to Regulation 8 (1) or 8 (2) of these Regulations is rejected by a Faculty Board may appeal to the Admissions Committee.

9.(2) A student whose application to enrol pursuant to Regulation 8 (2) of these Regulations is rejected by the Admissions Committee may appeal to the Vice-Chancellor.

Charges

The General Services Charge (details below) is payable by all students. Non-Degree and other students are required to pay all charges when they attend to enrol.

Re-enrolling students receive in October each year, as part of their re-enrolment kit, a statement of charges payable. Students are expected to pay charges in advance of re-enrolment and payment by mail is requested. The last date for payment of charges without incurring a late charge is the date of the Re-enrolment Approval session for the particular course (in the period 14-17 February 1989).

1. General Services Charge

(a) Students Proceeding to a Degree or Diploma $29
Plus Students joining Newcastle University $10 Per annum
(b) Non-Degree Students $35
Newcastle University Union Charge $35
Per annum

The exact amount must be paid in full by the prescribed date.

2. Late Charges

Where the Statement of Charges payable form is lodged with all charges payable after the due date:

(a) if received up to and including 7 days after the due date; $10
(b) if received between 8 and 14 days after the due date; $20
(c) if received 15 or more days after the due date; $30

3. Other Charges

(a) Examination under special supervision $15
per paper
(b) Review of examination results under review
(c) Statement of matriculation status for non-members of the University $8

(4) Replacement of Re-enrolment kit $10
(5) Re-enrolment after the prescribed re-enrolment approval sessions $20
(7) Replacement of Student Card $5

All charges, including debts outstanding to the University, must be paid before or upon enrolment — payment of total amount due will not be accepted by the cashier.

METHOD OF PAYMENT

Students are requested to pay charges due by mailing their cheque and the Statement of Charges Payable form to the University Cashier. The Cashier’s internal mail deposit box outside of the Cashier’s Office in the McMullin Building may also be used. Payment should be addressed to the Cashier, University of Newcastle, NSW 2300. Cheques and money orders should be made payable to the University of Newcastle. Only cash payment must be made at the Cashier’s Office 1st Floor McMullin Building between the hours of 10 am to 4 pm.

HIGHER EDUCATION CONTRIBUTION SCHEME (HECS)

The Higher Education Contribution Scheme (HECS) was introduced in 1989 by the Federal Government to supplement the funding of higher education in Australia. It requires contributions to be made by students towards the cost of their higher education undertaken from the start of 1989.

All students, apart from those exceptions, enrolled in institutions of higher education from 1989 are liable under the HECS.

Exemption from payment of the Higher Education Contribution (HECS) applies to:

- a fee-paying student in a "fees-approved postgraduate award";
- a student in a "basic nurse education course";
- a "full-fee-paying overseas student";
- a student who has paid the Overseas Student Charge;
- a "fully sponsored overseas student";
- a student in an "enabling course";
- a student in a "non-award" course;
- a student who has been awarded a "HECS postgraduate scholarship".

The amount each student contributes depends upon the subjects undertaken each semester and is payable when the subjects are passed or failed. The total liability depends on the proportion of a standard full time load in which the student is enrolled on the semester census dates, in the period Semester 1 and August 31 in Semester 2. If a student withdraws from a subject after one of the above dates, the liability for that subject will be declared for that semester.

In 1989 the HECS charge for a standard full time programme was $1,800 for the year or $900 for a semester. This amount will be indexed each year in accordance with the consumer price index.

HECS is administered as part of the enrolment process. Students must select one of three sections on the HECS Payment Options form.

On enrolment students must do one of the following:

(1) Elect to pay-up-front which would require payment of 80% of the contribution for the semester, with the balance to be paid by the Commonwealth. Students electing to pay-up-front for Semester 2 will be asked to do so at the commencement of Semester 2;

(2) Direct a HECS medicare claim through the taxation system which case they must also provide a tax file number or apply for a tax file number as part of their enrolment. Institutions are required to ensure that the information given by students on their tax file number application is the same as that on their enrolment form.

UNSATISFACTORY PROGRESS

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

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

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

The Faculty's progress requirements are set out elsewhere in this volume.
Students electing to defer their HEC and pay through the tax system are not required to make a payment towards their contribution until their taxable income reaches a minimum threshold level. For the 1989-90 income year the minimum threshold is $23,583. This amount will be increased in line with the consumer price index each year;

(c) Provide evidence of exemption from the HECs and be enrolled with details of their exempt status being recorded by the institution for subsequent reporting to the Department of Employment, Education and Training.

All enrolling students must complete a Payment Options form selecting one of the above three options. Re-enrolling students will automatically maintain their elected payment option. Students must complete a new Payment Options form if they change courses or wish to change their payment option.

SCHOLARSHIP HOLDERS AND SPONSORED STUDENTS

Students holding scholarships or receiving other forms of financial assistance must lodge with the Cashier their Statement of Charges Payable form together with a warrant or other written evidence that charges will be paid by the sponsor. Sponsors must provide a separate voucher warrant or letter for each student sponsored.

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 addressed 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 30 March 1990 100% refund.
Notification on or before 8 June 1990 50% refund (excluding Union Entrance charge)

After 8 June 1990 No refund.

A refund cheque will be mailed to a student or if applicable a sponsor. Any change of address must be advised.

A refund will not be made before 31 March 1990.

Campus Traffic and Parking

Persons wishing to bring motor vehicles (including motor cycles) on to the campus are required to complete a parking registration form for each vehicle. Completed forms must be lodged with the Attendant (Patrol) Office located off the foyer of the Great Hall. All persons must comply with the University’s Traffic and Parking Regulations including parking in approved parking areas, complying with road signs and not exceeding 35 k.p.h. on the campus.

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

(a) warn the person against committing any further breach; or
(b) impose a fine; or
(c) refer the matter to the Vice-Chancellor.

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

- A student failing to notify the registered number of a vehicle brought on to the campus
  - Parking in a restricted area for parking
  - Parking in special designated parking areas without a parking permit for that area
  - Failing to stop when signalled to do so by an Attendant (Patrol)
  - Refusing to give information to an Attendant (Patrol)
  - Failing to obey the directions of an Attendant (Patrol)

\[\text{Fines (in dollars)}\]

- $10
- $15
- $30
- $50
- $10
- $10
- $10
- $30
- $30
- $30

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

SECTION THREE

BACHELOR OF MEDICINE SUMMATIVE ASSESSMENT GUIDELINES

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

(d) A student with 4 or more Not Satisfactory results will be deemed to be Not Satisfactory in Domain I, First Assessment. 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 Not Satisfactory.

"Paediatrics and Reproductive Medicine

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

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

1.2 Doctor/Patient Interaction

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

2. Long Cases

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

The minimum level of competence for the viva components of the long cases is a Satisfactory performance in 3 or more of the long cases. The criteria for Satisfactory in each individual viva is a 5 performance in all components both of case presentation and case discussion. If a student is Not Satisfactory in 2 of the 4 long case vivas, he/she may be required to undertake up to two further assessments. Students who have been Not Satisfactory early in the year and show evidence of good improvement usually will not be required to be reassessed. If a student is Not Satisfactory at 3 of the 4 long cases he/she will have one final assessment. If a student is Not Satisfactory at all 4 long cases, no further assessments will be permitted.

A case write-up will be required as part of the first long case of the year. The format should be similar to a standard hospital admission and include history, physical examination, diagnosis, differential diagnosis and plans of investigation and management. A Not Satisfactory result on this first case write-up will lead to reassessment by case write-up in a long case at the end of the next term. Final assessments will occur in the last long case of the year. If a student is Not Satisfactory on all three case write-ups no further assessment will be permitted.

DOMAIN II

Students considered Not Satisfactory in the Domain II assessments will be required to undertake one final assessment of up to 3 hours, by written instruments.

DOMAIN III

Students considered Not Satisfactory in the Domain III assessments will be required to undertake final assessment of up to 10 hours in the same format as first assessment.

DOMAIN IV

Students found Not Satisfactory in Domain IV will be required to undertake final assessment of up to 3 hours in the same format as the first assessment.

DOMAIN V

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

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

Students who submit their MLE report on time and are found to be Not Satisfactory will be required to undertake one MLE task as final assessment. This will be arranged during the year and after remediation has occurred.

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

Students will be permitted one new task as final assessment in the same format as the first assessment, at a date to be arranged during the year.

HONOURS

All instruments will potentially contribute to Honours.
## SECTION THREE

### BACHELOR OF MEDICINE SUMMATIVE ASSESSMENT GUIDELINES

**Medicine IV Key Dates 1990**

<table>
<thead>
<tr>
<th>First Assessment</th>
<th>Due Date</th>
<th>Assessment Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domain</td>
<td>Instrument</td>
<td>Date/Period</td>
</tr>
<tr>
<td>I</td>
<td>Certification</td>
<td>By 5.00 p.m. of the Monday following the end of each rotation.</td>
</tr>
<tr>
<td>II</td>
<td>(i) CSR</td>
<td>30/4/90 - 4/5/90, 30/7/90 - 3/8/90, 5/11/90 - 9/12/90</td>
</tr>
<tr>
<td>III</td>
<td>Written Assessments</td>
<td>3/12/90 - 7/1/91</td>
</tr>
<tr>
<td>IV</td>
<td>Viva</td>
<td>10/9/90 - 14/9/90</td>
</tr>
<tr>
<td>V</td>
<td>Baby in the Family Report</td>
<td>Due 10 days prior to the end of the combined Pediatrics/Reproductive Medicine term</td>
</tr>
</tbody>
</table>

**Second Assessment (Long Case only)**

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

### Final Assessment

| I | Doctor/Patient Interactions | By 7/1/91 |
| II | Written Assessments | 7/1/91 - 12/1/91 |
| III | Written Assessments | 7/1/91 - 12/1/91 |
| IV | Viva | 7/1/91 - 12/1/91 |
| V | Baby in the Family Report | During the year, as set by the Year 4 Co-ordinator |

#### Certification

**1. Long Case**

Each student will interview and examine a patient (without observation by any assessor), and then present that case to, and discuss it with, the assessors. Up to one hour is allowed for the interview/examination, and, after a further 15 minutes, up to 30 minutes will be allowed for the viva.

**2. Long Case**

Each student will interview and examine a patient (without observation by any assessor), and then present that case to, and discuss it with, the assessors. Up to one hour is allowed for the interview/examination, and, after a further 15 minutes, up to 30 minutes will be allowed for the viva.

#### Psychosocial Viva

A thirty minute viva assessment will be held in the final week of the student’s Psychosocial term. Students are required to interview a psychiatric patient and present that case in some detail to the assessor(s). The case presentation and discussion of relevant Psychiatric issues forms the basis of the viva.

#### Doctor/Patient Interactions

Each student will interview either a real or simulated patient, presenting one of the problems previously studied in this segment of the course in Years 4 and 5, eg patient education and compliance. This student/patient interview will be recorded on video-tape. The duration of the interview will be up to 20 minutes.

### Domain II — Critical Reasoning

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

### Domain III — Identification, Prevention and Management of Illness

Each student will undertake up to twelve (12) hours of written assessments. The following instruments may be used:

- **i) Modified Essay Questions (MEQs)**
- **ii) Short Answer Questions (SAQs)**
- **iii) Objective Structured Clinical Assessments (OSCA)**
- **iv) Short Essays**

## SECTION THREE

### BACHELOR OF MEDICINE SUMMATIVE ASSESSMENT GUIDELINES

**Medicine V**

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

#### Domain I — Professional Skills

**1. Certification**

- **(i) Clinical Supervisors’ Reports (CSR)**
  - Students are required to submit clinical supervisors’ reports on the forms provided for EACH clinical rotation. These forms must be submitted to the discipline concerned by the times specified in the relevant documents.

- **(ii) Doctor/Patient Interactions**
  - Students are required to carry out the prescribed videotape exercises and should attend tutorials when not absent on attachment in the country. Tutors will certify to this effect using the appropriate forms to be found with the Clinical Supervisors Report forms.

**2. Long Case**

Each student will interview and examine a patient (without observation by any assessor), and then present that case to, and discuss it with, the assessors. Up to one hour is allowed for the interview/examination, and, after a further 15 minutes, up to 30 minutes will be allowed for the viva.

**3. Psychosocial Viva**

A thirty minute viva assessment will be held in the final week of the student’s Psychosocial term. Students are required to interview a psychiatric patient and present that case in some detail to the assessor(s). The case presentation and discussion of relevant Psychiatric issues forms the basis of the viva.

#### Doctor/Patient Interactions

Each student will interview either a real or simulated patient, presenting one of the problems previously studied in this segment of the course in Years 4 and 5, eg patient education and compliance. This student/patient interview will be recorded on video-tape. The duration of the interview will be up to 20 minutes.

**Domain II — Critical Reasoning**

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

**Domain III — Identification, Prevention and Management of Illness**

Each student will undertake up to twelve (12) hours of written assessments. The following instruments may be used:

- **i) Modified Essay Questions (MEQs)**
- **ii) Short Answer Questions (SAQs)**
- **iii) Objective Structured Clinical Assessments (OSCA)**
- **iv) Short Essays**

**Domain IV — Population Medicine**

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

**Domain V — Self-Directed Learning**

This Domain is not summatively assessed in Year 5, 1989. Students should refer to the separate guidelines for Elective II.

### Criteria for Competence and Details of Second and Third Assessments

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

#### Domain I

**1. Certification**

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

#### Domain II

**1. Doctor/Patient Interactions**

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

Students who submit not satisfactory certifications will not be permitted to sit for first assessment in Information Transfer and will be required to complete further video-tapes and discuss their content to the satisfaction of the Domain Chair (or nominee) prior to being permitted to sit for final assessment in Information Transfer.

### Honours

All instruments will potentially contribute to Honours. Medicine V Key Dates 1990

<table>
<thead>
<tr>
<th>First Assessment</th>
<th>Due Date/ Assessment Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domain</td>
<td>Instrument</td>
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<tr>
<td>I</td>
<td>Certification</td>
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<tr>
<td>II</td>
<td>(i) CSR</td>
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<tr>
<td>(ii) Doctor/Patient Interactions</td>
<td>Long Case</td>
</tr>
<tr>
<td>(iii) Written Assessments</td>
<td>Psychosocial Viva</td>
</tr>
<tr>
<td>IV</td>
<td>Doctor/Patient Interactions</td>
</tr>
<tr>
<td>V</td>
<td>Critical Reasoning</td>
</tr>
<tr>
<td>VI</td>
<td>Written Assessments</td>
</tr>
<tr>
<td>IV</td>
<td>Population Medicine</td>
</tr>
</tbody>
</table>
Elective II
Electives Co-ordinator: Associate Professor A.J. Husband,
David Maddison Clinical Sciences Building, Room 301.
Phone: 266156

Each student must submit a contract for an elective covering an
eight week period, undertake the elective and submit both a report
on the elective and the supervisor’s report. The student’s and
supervisor’s reports are to cover the first six weeks of the elective;
however, students must complete the full eight weeks of the
elective period.

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

Students who duly submit a contract and/or report which is Not
Satisfactory will be asked to re-submit by a 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
First Assessment
(i) Contract due 9/12/90
(ii) Elective Period to cover 28 weeks
(iii) Student’s Report due 11/1/91
(iv) Supervisor’s Report due 11/1/91

Final Assessment
(i) Contract due 23/12/90
(ii) Reports due 18/1/91

Elective III
Electives Co-ordinator: Associate Professor A.J. Husband,
David Maddison Clinical Sciences Building, Room 301.
Phone: 266156

Students may, if they wish, complete an additional elective
subject (Elective III) upon completion of the third or fourth years
of the course. Students who pass Elective III will not be required
to complete or pass Elective II.

Each student who undertakes this subject must submit a contract
for an elective covering a twenty-eight week period, undertake
the elective and submit both a report on the elective and the
supervisor’s report.

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

Students who duly submit a contract and/or report which is Not
Satisfactory will be asked to re-submit by a 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
First Assessment
(i) Contract due 27/8/90
(ii) Elective Period 24/9/90 - 16/11/90
(iii) Student’s Report due 9/11/90
(iv) Supervisor’s Report due 9/11/90

Final Assessment
(i) Contract due 10/9/90
(ii) Reports due 16/11/90

Elective I
Electives Co-ordinator: Associate Professor A.J. Husband,
David Maddison Clinical Sciences Building, Room 301.
Phone: 266156

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

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

Students who duly submit a contract and/or report which is Not
Satisfactory will be asked to re-submit by a 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
First Assessment
(i) Contract due 24/9/90
(ii) Elective Period 22/10/90 - 14/12/90
(iii) Student’s Report due 11/1/91
(iv) Supervisor’s Report due 11/1/91

Final Assessment
(i) Contract due 8/10/90
(ii) Reports due 18/1/90
Year 1 Book Collection

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

**Anatomy**

**Behavioural Science**

**Clinical Pharmacology**

**Community Medicine**

**Health, Law and Ethics**
- Downie, R.S. and Calman, K.C.: *Health respect: ethics in health care* (Faber and Faber 1987)

**Human Physiology**

**Medical Biochemistry**
- Ottaway, 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.)

**Pathology**

**Immunology**

**Microbiology/Infectious Diseases**

**Psychiatry**
<table>
<thead>
<tr>
<th>SECTION THREE: BACHELOR OF MEDICINE TEXTS AND REFERENCE BOOKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reference Texts</td>
</tr>
<tr>
<td>Gray, H.</td>
</tr>
<tr>
<td>Gray's Anatomy 37th ed (P.L. Williams and R. Warwick (Churchill Livingstone, 1989)</td>
</tr>
<tr>
<td>McMinn, R.M.H. and Hitchens, R.T.</td>
</tr>
<tr>
<td>OR</td>
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<tr>
<td>Rohen, I.W. and Yokochi, C.</td>
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<tr>
<td>Colour atlas of anatomy 2nd ed (Gaba-Shoin 1988)</td>
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<tr>
<td>Fawcett, D.W.</td>
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<tr>
<td>A textbook of histology 11th ed (Saunders 1986) (Previously Blass and Fawcett)</td>
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<tr>
<td>Hamilton, W.J. et al</td>
</tr>
<tr>
<td>Sussman-Dopiossis, H. et al</td>
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<tr>
<td>Carpenter, M.B. and Sutin, J.</td>
</tr>
<tr>
<td>Human neuroanatomy 8th ed (Williams &amp; Wilkins 1983)</td>
</tr>
<tr>
<td>Dearmond, S.J. et al</td>
</tr>
<tr>
<td>Ellis, D.</td>
</tr>
<tr>
<td>Clinical anatomy: A revision and applied anatomy for clinical students 7th ed (Blackwell 1983)</td>
</tr>
<tr>
<td>CLINICAL PHARMACOLOGY</td>
</tr>
<tr>
<td>Standard Texts</td>
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<tr>
<td>Avery, G.S.</td>
</tr>
<tr>
<td>Craig, C.R. and Stitzel, R.E.</td>
</tr>
<tr>
<td>Modern Pharmacology 2nd ed (Little Brown 1986)</td>
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<tr>
<td>OR</td>
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<tr>
<td>Katzung, B.C. et al</td>
</tr>
<tr>
<td>Basic and clinical pharmacology 2nd ed (Lange 1984)</td>
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<td>Reference Texts</td>
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<tr>
<td>Gilman, A.G. et al</td>
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<tr>
<td>Goodman and Gilman's The pharmacological basis of therapeutics 7th ed (Macmillan 1984)</td>
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<tr>
<td>Bramwell, E. et al</td>
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<tr>
<td>Beumont, P.J.V. and Hampshire, R. (eds)</td>
</tr>
<tr>
<td>Australian textbook of pharmacy (Blackwell Scientific 1989)</td>
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<tr>
<td>Preventive Medicine</td>
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<tr>
<td>Standard Texts</td>
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<tr>
<td>Bloom, M.</td>
</tr>
<tr>
<td>Primary prevention: the possible science London (Prentice-Hall 1983)</td>
</tr>
<tr>
<td>Reference Texts</td>
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<tr>
<td>Garen, W.F.</td>
</tr>
<tr>
<td>Review of medical physiology 13th ed (Lange 1987) (good for endocrinology)</td>
</tr>
<tr>
<td>Alexander, R.N.</td>
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<tr>
<td>Case studies in medical physiology (Little Brown 1977)</td>
</tr>
<tr>
<td>Schmidt, R.F. and Thews, G. (ed)</td>
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<tr>
<td>Human Physiology 2nd ed (Springer 1989)</td>
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<tr>
<td>SECTION THREE: HEALTH, LAW AND ETHICS</td>
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<tr>
<td>Standard Texts</td>
</tr>
<tr>
<td>Abrams, N. and Buckner, M.D.</td>
</tr>
<tr>
<td>Medical ethics: a clinical textbook and reference for the health care professions (MIT Press 1983)</td>
</tr>
<tr>
<td>Beachamp, T.L. and Childress, J.T.</td>
</tr>
<tr>
<td>Dix, A. et al</td>
</tr>
<tr>
<td>Law for the medical profession (Butterworths 1988)</td>
</tr>
<tr>
<td>Downie, R.S. and Calman, K.G.</td>
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<tr>
<td>Healthy Respect: ethics in health care (Faber &amp; Faber 1987)</td>
</tr>
<tr>
<td>Reference Texts</td>
</tr>
<tr>
<td>Engelhardt, H.I.</td>
</tr>
<tr>
<td>Foundations of bioethics (Oxford University Press 1988)</td>
</tr>
<tr>
<td>Harris, J.</td>
</tr>
<tr>
<td>The value of life: an introduction to medical ethics (Routledge and Kegan Paul 1985)</td>
</tr>
<tr>
<td>Hawkins, C.</td>
</tr>
<tr>
<td>Mishap or malpractice? (Blackwell Scientific 1985)</td>
</tr>
<tr>
<td>McConnell, T.C.</td>
</tr>
<tr>
<td>Moral issues in health care: an introduction to medical ethics (Wadsworth 1982)</td>
</tr>
<tr>
<td>Pellegrino, E.D. and Thomasma, D.</td>
</tr>
<tr>
<td>For the patient's good: the restoration of beneficence in health care (Oxford University Press 1988)</td>
</tr>
<tr>
<td>HUMAN PHYSIOLOGY</td>
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<tr>
<td>Introductory Texts</td>
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<tr>
<td>Vander, A.J. et al</td>
</tr>
<tr>
<td>Despopoulos, A. and Silvermagl, S.</td>
</tr>
<tr>
<td>Colour atlas of physiology 3rd ed (Thieme 1986)</td>
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<tr>
<td>Standard Texts</td>
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<tr>
<td>Guyton, A.C.</td>
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<tr>
<td>Textbook of medical physiology 7th ed (Saunders 1986)</td>
</tr>
<tr>
<td>Ilene, R.M. and Levy, M.N. (ed)</td>
</tr>
<tr>
<td>Physiology 2nd ed (Mosby 1988)</td>
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<td>Ganong, W.F.</td>
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<td>Schmidt, R.F. and Thews, G. (ed)</td>
</tr>
<tr>
<td>Human Physiology 2nd ed (Springer 1989)</td>
</tr>
</tbody>
</table>
Autonomic Nervous System

Thews, G. and Vaupel, P. (ed)
Autonomic functions in human physiology. (Springer 1985)

Cardiovascular

Cohn, P.F.
Clinical cardiovascular physiology (Saunders 1985)

Heart disease 3rd ed (Saunders 1988)

Gastrointestinal

Johnson, L.R. et al (ed)
Physiology of the gastrointestinal tract 2nd ed (Raven Press 1987) (2 volumes)

Medical Biochemistry

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

Renal

Smith, K.
Fluids and electrolytes: a conceptual approach (Churchill Livingstone 1980)

Respiration

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

West, J.B.
Pulmonary pathophysiology: the essentials 3rd ed (Williams and Wilkins 1987)

Ruppl, G.

The Handbooks of physiology (Williams and Wilkins) (for the AmericanPhysiological Society) (These are a detailed source of information about the different Systems. They are held in the Reference section of the Audmutey Library (Biochemistry), and are strongly recommended for advanced reading.)

Medical Biochemistry

No single text has been judged entirely suitable by staff or students. Instead of the standard texts students might like to choose a text from among those marked with an asterisk.

Introductory Text

Ucko, D.
Living chemistry (Academic Press 1977)

Standard Texts

Murray, R.K. et al (ed)
Harper’s Biochemistry 21st ed (Lange 1988)

Zilva, J.H. and Pannill, P.R.
Clinical chemistry in diagnosis and treatment 4th ed (Year Book Medical 1985)

Atkins, G.L.
An outline of energy metabolism in man (Heinemann 1981) (Good Summary schematic diagrams for seminar presentations)

*Lehninger, A.L.
Principles of biochemistry (Worth 1982)

Oizawy, J.H. and Appy, 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.

*Stryer, L.
Biochemistry 3rd ed (Freeman 1988)

*Whang, N.V.
Biochemistry 2nd ed (Lippincott 1978)

*McClyery, R.W.

Montgomery, R. et al
Biochemistry: A case oriented approach 4th ed (Mosby 1983)

Alberts, B. et al
Molecular biology of the cell 2nd ed (Garland 1989)

Newsholme, E.A. and Leech, A.R.
Biochemistry for the medical sciences (Wiley 1983)

Wahlqvist, M.L. (ed)
Food and Nutrition in Australia 3rd ed (Nelson 1988)

Eancy, A.F.H.
Elements of medical genetics 7th ed (Churchill Livingstone 1987)

Medicine

Standard Text

Andreoli, T.E. et al (ed)
Cecil Essentials of medicine 2nd ed (Saunders 1989)

Reference Texts

Harrison, T.R.
Harrison’s principles of internal medicine 11th ed Ed. R.G. Petersdorf and others (McGraw-Hill, 1997)

Cecil, R.L. (ed)

Weatherall, D.J. et al (ed)
Oxford textbook of medicine 2nd ed (Oxford University Press 1987)

Medicine: specialties

Reference Texts

Ruppl, P.
Principles of gastroenterology (Blackwell Scientific 1985)

OR

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

Smith, K.
Fluids and electrolytes: a conceptual approach 1st ed. E. Brain (Churchill Livingstone, 1980) (A very basic text introduction to an area many students find difficult)

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

Cardiac and Respiratory

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

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

Musculo-skeletal

Dickson, R.A. and Wright, V. (ed)
Musculoskeletal disease (Heinemann 1984)

A good overview although a little brief.

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

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

Neurology

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

Human Sexuality

Katchadourian, H. et al
Human sexuality Brief edition (Holt, Rinehart and Winston 1979)

Schofield, C.B.S.
Sexually transmitted diseases 3rd ed (Churchill Livingstone 1979)

Watters, W.L. and Jones-Watters, P.
Human sexuality: a biological perspective (Van Nostrand Reinhold 1980)

Dermatology

Hall-Smith, P. and Cairns, R.J. (ed)

Ophthalmology

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

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

Ear, Nose and Throat

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

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

Acute Emergencies

Marshall, J. (ed)

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

Oncology and Ageing

Arie, T. (ed)
Health care of the elderly: except in old age, medicine, psychiatry and services (Crown Holt 1984)

International Union Against Cancer (ed)

OR

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

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

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

Medicine: Professional Skills

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

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

Swath, M. and Mason, N. (ed)
Hutchinson’s clinical methods 18th ed (Bailliere Tindall 1984)

Bachelor of Medicine Texts and Reference Books

De Launey, W.E. and Land, W.A.
Principles and practice of dermatology 2nd ed (Butterworths 1983)
BACHelor OF MEDICINE TEXTS AND REFERENCE BOOKS

ENSEmbLE OF MEDICINE TEXTS AND REFERENCE BOOKS

Escombré, R. and Pointer, J. 
*Manual of basic neuropathology* 2nd ed (Saunders 1978)

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

Muir, R. 

Walter, J.B. and IsraeL, N.S. 
*General pathology* 6th ed (Churchill Livingstone 1987)

Tainsig, MJ. 
*Processes in pathology and microbiology* 2nd ed (Blackwell 1984)

HAematology

Standard Text

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

Reference Text

Ishih, J. and Brain, E.A. 
*Haemostasis and thrombosis: a conceptual approach* 2nd ed (Churchill Livingstone 1983) 

Immunology

Standard Text

Roitt, I.M. 

Reference Texts

Silits, D.P. et al 
*Basic and clinical immunology* 6th ed (Lange 1987) 

McConnell, I. et al 
*The immune system: a course on the molecular and cellular basis of immunity* 2nd ed (Blackwell Scientific 1981) 

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

Microbiology/Infectious Diseases

Introductory Texts

Steigh, J.D. and Timbury, M.C. (ed) 
*Notes on medical bacteriology* 2nd ed (Churchill Livingstone 1980) 

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

Standard Texts

Bloy, R.F. and Hoorst, R.G. 
*Basic medical microbiology* 3rd ed (Little Browned 1986)

Hendig, D.J. (ed) 
*Medical microbiology: a review with questions and explanations* (Little Browned 1986) 

SEcTION THREE

Reese, R.E. and Douglas, R.G. 
*A practical approach to infectious disease* 2nd ed (Little Browned 1986) 

Stratton, D.C. 
*Microbiology in clinical practice* 2nd ed (Wright 1989) 

Reference Texts

Davis, D.J. 
*Microbiology* 3rd ed (Harper and Row 1980) 

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

Jawetz, E. et al 
*Review of medical microbiology* 17th ed (Lange 1987) 

Yonan, G.P. et al (ed) 
*The Biologic and clinical basis of infectious diseases* 3rd ed (Saunders 1986) 

BACHeLOR OF MEDICINE TEXTS AND REFERENCE BOOKS

PAEDIATRICS

Standard Texts

Robinson, M.J. (ed) 
*Practical paediatrics* (Churchill Livingstone 1986) 

Hall, D. and Johnson, D.I. 
*Essential paediatrics* 2nd ed (Churchill Livingstone 1987) 

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

Reference Texts

Forfar, J.O. and Ameil, G.C. (ed) 

Rudolph, A.M. and Hoffman, J.J.L. (ed) 

Behrman, R.E. and Vaughan, W.C. (ed) 
*Nelson Textbook of pediatrics* 15th ed (Saunders 1987) 

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

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

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

Phelan, P.D. et al 

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

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

PATHOLOGY

Anatomical Pathology and Histopathology

Standard Texts

Govan, A.T. et al 
*Pathology illustrated* 2nd ed (Churchill Livingstone 1986)

BACHeLOR OF MEDICINE TEXTS AND REFERENCE BOOKS

REPRODUCTIVE MEDICINE

Standard Texts

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

Chamberlain, G. et al 
*Illustrated textbook of obstetrics* (Gower Medical 1989) 

Gillow, J.B. 
*Obstetrics and gynaecology* 4th ed 2 vols (Faber & Faber 1986) 

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

Reference Texts

Anstis, C.R. and Shott, R.V. 

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

Chamberlain, G. (ed) 
*Contemporary obstetrics and gynaecology* (Butterworths 1988) (A collection of articles from the British Journal of Hospital Medicine, published regularly) 

Chamberlain, G. and Lansley, J. 

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

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

Emery, A.H.I. 
*Elements of medical genetics* 7th ed (Churchill Livingstone 1988) 

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

Harper, P.S. 
*Practical genetic counselling* 3rd ed (Wright 1988) 

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

Howkins, J. 
*Shaw’s Textbook of operative gynaecology* 5th ed (Churchill Livingstone 1983) 

Johnson, M.L. and Inverarity, B.J. 
*Essential reproduction* 3rd ed (Blackwell Scientific Publications 1988) 

Kuhn, H. and Singer, P. 
*Should the baby live? The problem of handicapped infants* (Oxford University Press 1985) 

Pepperell, R. 
*The infertile couple* 2nd ed (Churchill Livingstone 1987)
Singer, P. and Wells, D.  
The reproductive revolution: New ways of making babies (Oxford University Press 1984)

Speroff, L. et al  
Clinical gynecologic endocrinology and infertility 4th ed (Williams & Wilkins 1988)

Walters, W.A.W. and Ross, M.W.  
Transsexualism and sex reassignment (Oxford University Press 1986)

Williams, J.W.  

Wynne, R.M.  
Obstetrics and gynecology: clinical core (Fanin et al 1981)

SECTION THREE

SURGICAL SCIENCE

Introductory Texts

Broad, W. and Wade, N.  
Betrayers of the truth: fraud and deceit in Science (Oxford University Press 1985)

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

Standard Texts

Ellis, H. and Calne, R.Y.  
Lecture notes on general surgery 7th ed (Blackwell Scientific 1987)

Byers, B.  
The principles of surgery in surgery (Churchill Livingstone 1986)

Gray, F.J.  
Principles of surgery (Churchill Livingstone 1981)

Ferndin, J. and Marshall, V.  
Lecture notes on surgical practice (Churchill Livingstone 1984)

Reference Texts

Cope, Z.  
Cope’s Early diagnosis of the acute abdomen 17th edn (Rev W. Silen) (Oxford University Press 1987)

Nardi, G.L. and Zuidema, G.D.  

Bailey, H. and Love, R.J.M.  
Bailey and Love’s Short practice of surgery 20th ed (Lewis 1988)

Polk, H.C. et al  
Basic surgery 3rd ed (Appleton-Century-Crofts 1987)

Orthopaedics

McRae, R.  
Clinical orthopaedic examination 3rd ed (Churchill Livingstone 1990)

Polk, H.C. et al  
Percision orthopaedics (Butterworths 1986)

BACHELOR OF MEDICINE TEXTS AND REFERENCE BOOKS

Undergraduate Prizes

There are six undergraduate prizes. Details follow:

<table>
<thead>
<tr>
<th>Prize</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australian Medical Association Prize</td>
<td>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.

The Linda and John James Gentle Mother and Son Prize in Paediatrics  
Approx 350

The Steele Douglas Prize in Pathology  
Approx 200

Margaret Audhrntry Prize for Women Medical Students  
Approx 150

Andrew Lawson Memorial Prize in Oncology  
Approx 500

Qualifications

A student who has been awarded the prize shall not be eligible to be considered for its award a second time.

A student who has been awarded the prize shall not be eligible to be considered for its award a second time.

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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 ability to do research, as they see their future career in medical science; and others because they wish to concentrate on just one problem or aspect of a discipline for a research project they wish to pursue and obtain approval for it. The Bachelor of Medical Science degree is designed to provide students with training in scientific method and in the verbal and written communication of scientific results.

SECTION FOUR

Science

Students wishing to enrol for a degree in any of the disciplines represented in the Bachelor of Medical Science course. As part of the enrolment procedure, students are required to nominate the research project they wish to pursue and obtain approval for it from the proposed supervisor. Before work on the project can commence, the approval of the Faculty Research Committee, which has been authorised to act on behalf of the Faculty Board with respect to BMedSci degree matters, is required.

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.

3. Admission to Candidature

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

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

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

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

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

5. Withdrawal

(1) A candidate may withdraw from the programme only by notifying the Faculty Board and the withdrawal shall take effect from the date of receipt of such notification.

(2) Withdrawal shall be:

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

6. Re-Enrolment

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

7. Grading of Degree

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

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

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

1. General

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

4. Enrolment

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

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 Co-ordinator, Dr L.A. Chubb.
POSTGRADUATE DIPLOMA AND DEGREE REGULATIONS

Regulations Governing Postgraduate Diplomas

1. General
These Regulations prescribe the requirements for the Postgraduate Diploma in Epidemiology, the Postgraduate Diploma in Health Social Sciences and the Postgraduate Diploma in Medical Statistics of the University of Newcastle and are made in accordance with the powers vested in the Council under By-Law 5.2.1.

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

3. Admission to Candidature
(1) An application for admission to 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 require an applicant to complete such prerequisite and/or corequisite studies as it may prescribe.

4. Programme of Studies
(1) To qualify for the award of the Diploma a candidate shall in not less than one year not more than three years of full-time study or in not less than two years nor more than five years of part-time study complete and pass a programme of studies comprising subjects totalling 48 credit points as specified by the Board.

(2) A candidate’s programme shall not include subjects the content of which are in the opinion of the Board, substantially equivalent to subjects already completed towards another degree or diploma. In such case the Board may prescribe alternative subjects.

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

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

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

(2) To pass a subject a candidate shall complete it and pass such examinations and assessments as the Board shall require.

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

(2) Candidates may not enrol in a subject unless they have passed any subject prescribed as its pre-requisite and have already passed or concurrently enrol 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, as an ungraded diploma.

11. Transfer of Candidature from Related Master Degree Programmes
(1) A student enrolled as a candidate for the Master of Medical Statistics degree or the Master of Medical Science degree in a recognised option, who is permitted to withdraw from the degree course under Regulation 7 of the Regulations Governing Master Degrees or whose candidature is terminated under Regulation 8 of those Regulations may be permitted by the Board to enrol as a candidate for the related diploma as specified in the schedule.

(2) A student who wishes to enrol as a candidate for the Diploma under the provisions of sub-regulation (1) shall apply for permission to do so in writing addressed to the Secretary to the University.

(3) A student permitted to enrol as a candidate for the Diploma under the provisions of sub-regulation (1) may count any subjects passed whilst enrolled as a candidate for the Master degree towards meeting the programme requirements for the Diploma as specified in Regulation 4 of these Regulations. Similarly, the period of time spent by the student enrolled as a candidate for the Master degree may be counted towards meeting the time requirements for the Diploma as specified in that Regulation.

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

SCHEDULE 1 — POSTGRADUATE DIPLOMA IN EPIDEMIOLOGY

1. Specialisms Offered
(1) The programme of studies for the Diploma shall be pursued in one of the following specialisms:
(a) Clinical Epidemiology,
(b) Occupational Epidemiology,
(c) Pharmacoepidemiology, or
(d) Psychiatric Epidemiology.

(2) Applicants for admission to candidature will be required to nominate the specialism in which they wish to pursue their programme of studies.

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

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

SCHEDULE 2 — POSTGRADUATE DIPLOMA IN HEALTH SOCIAL SCIENCES

1. Specialisms Offered
(1) The programme of studies for the Diploma shall be pursued in one of the following specialisms:
(a) Health Promotion, or
(b) Medical Social Science.

(2) An applicant for admission to candidature will be required
REGULATIONS GOVERNING MASTERS DEGREES

These regulations are made under By-law 5.2.1.

Part I — General

1. These Regulations prescribe the conditions and requirements relating to the degrees of Master of Architecture, Master of Arts, Master of Commerce, Master of Computer Science, Master of Computing, Master of Education, Master of Educational Studies, Master of Engineering, Master of Engineering Science, Master of Letters, Master of Mathematics, Master of Psychology (Clinical), Master of Psychology (Educational), Master of Science, Master of Medical Sciences, Master of Scientific Studies, Master of Special Education and Master of Surveying.

2. These Regulations shall not apply to degrees conferred on the recommendation of the Course Co-ordinator for the course in which a person is enrolled or is proposing to enrol;

3. These Regulations shall not apply to degrees conferred in one grade only;

4. A degree of Master shall be conferred in one grade only.

5. An application for admission to candidature for a degree of Master shall be made by the candidate on the prescribed form and lodged with the Secretary to the University by the prescribed date.

(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;

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

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

(2) The Faculty Board may require candidates to submit a report or proposals in support of their candidature.

(3) The Faculty Board may require candidates to submit a report or proposals in support of their candidature.

(4) A degree of Master shall be conferred in one grade only.

6. A degree of Master shall be conferred in one grade only.

7. The Faculty Board may require candidates to submit a report or proposals in support of their candidature.

8. The Faculty Board may require candidates to submit a report or proposals in support of their candidature.

9. The Faculty Board may require candidates to submit a report or proposals in support of their candidature.

10. The Examination 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;

(b) in a case where a thesis has been submitted, to permit the candidate to resit the examination in such 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;

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

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

Part II — Examinations and Results

The Examination 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.

1. 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;

(b) in a case where a thesis has been submitted, to permit the candidate to resit the examination in such 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;

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

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

Part III — Provisions Relating to Theses

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.

2. The thesis shall contain at its main content any work or material which has previously been submitted by the candidate for a degree in another tertiary institution unless the Faculty Board otherwise permits.

3. The candidate shall give to the Faculty Board the University three months’ written notice of intention to submit a thesis and such notice shall be accompanied by any prescribed fee.

4. 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;

(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.

5. The Faculty Board shall determine the course of action for the candidate if the candidate is found to have failed to satisfy all the requirements for the award of a degree.
15. The University shall be entitled to retain the submitted copies of the thesis, accompanying documents and published work. The University shall be free to allow the thesis to be consulted or borrowed and, subject to the provisions of the Copyright Act, 1968 (Cth), may issue it in whole or any part in photostat or microfilm or other copying medium.

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

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

SCHEDULE 12 — MASTER OF MEDICAL SCIENCE

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

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

“Board” means the Board of Studies in Clinical Epidemiology and Biostatistics;

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

“Degree” means the degree of Master of Medical Science.

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

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

or

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

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

(a) Clinical Epidemiology option

(b) Health Promotion option

(c) Medical Social Science option

(d) Occupational Epidemiology option

(e) Pharmacoepidemiology 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 with Honours Class I or Class II of the University of Newcastle or to a degree, approved for this purpose by the Faculty Board, of another university; or

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

(2) 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 48 credit points as specified for the related diploma in the Regulations Governing Postgraduate Diplomas in the Faculty of Medicine; and

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

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

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

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

(3) 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(3).

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, given 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 Board shall consider:

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

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

SCHEDULE 19 — MASTER OF MEDICAL STATISTICS

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

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

“Board” means the Board of Studies in Clinical Epidemiology and Biostatistics;

“Course Co-ordinator” means the Course Co-ordinator appointed by the Board 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 or 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) 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.

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

(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 48 credit points as specified for the related Diploma in the Regulations Governing Postgraduate Diplomas in the Faculty of Medicine; and

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

(2) Regulations 4(2), 5, 6, 7 and 8 of the Regulations Governing the Postgraduate Diploma in Medical Statistics shall apply to the programme of studies referred to in sub-section 1(4).
DOCTORAL DEGREE REGULATIONS

SECTION FIVE

Doctoral Degree Regulations

General

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

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

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

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

Doctoral Degree Committee

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

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

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

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

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

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

3. The Doctoral Degree Committee is responsible for:

(a) Admission to Candidature

(i) considering the evidence of qualification for admission submitted by applicants;

(ii) considering the adequacy of facilities for supervision and research within the department or division concerned;

(b) Supervision of Candidates

(i) appointing a supervisor or supervisors on the recommendation of the Head of the Department or Division in which the candidate is to carry out research;

(ii) ensuring adequate supervision of candidates;

(iii) considering progress reports submitted annually by candidates and supervisors to ensure that progress is satisfactory;

(c) Examination of Candidates

(i) recommending to the Senate the examiners to be appointed by the Senate;

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

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

(d) Reporting to Faculty Board

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

(ii) noting any comments made by the Faculty Board and, where it considers it appropriate, seeking the advice of the Faculty Board on any policies adopted or envisaged.

4. Where the examiners' reports received by the Doctoral Degree Committee contain recommendations which are not unanimous the Committee may before making any recommendation under Regulation 3(6)(iii) of these Regulations take one or more of the following actions, namely:

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

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

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

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

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

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

(c) The following members shall be eligible for appointment:

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

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

6. The Senate Review Committee shall be responsible for:

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

(b) considering the recommendation of the Doctoral Degree Committee in the light of the report submitted with the recommendation and

(i) recommending that the Senate recommend to the Council that the degree be conferred; or

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

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

SCHEDULE II — REQUIREMENTS FOR THE DEGREE OF DOCTOR OF PHILOSOPHY

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

(a) have satisfied all of the requirements for admission to the degree of Master 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 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 Review Committee.

2. Before approving an application to candidature the Doctoral Degree Committee

(a) shall 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 in no case shall the period be less than two years.

(b) 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.

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

5. The candidate and the supervisor shall submit to the Doctoral Degree Committee annual reports on the candidate's progress. If after considering these reports, the Committee is of the opinion that the candidate is not making satisfactory progress towards the degree then the Committee may terminate the 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;

(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 on the candidate's behalf that the candidate has contributed substantially to the research;

(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 University 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 contents;

(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
certifying that the thesis is of sufficient academic merit
to warrant examination provided that if the supervisor
is unwilling to give such a certificate the candidate may
nevertheless request that the thesis be accepted for
examination.

10. The University shall be entitled to retain the submitted copies
of the thesis, accompanying documents and published work. The
University shall be free to allow the thesis to be consulted or
borrowed. Subject to the provisions of the Copyright Act (1968)
the University may issue the thesis in whole or any part in
photostat or
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 or understanding of any subject with which the
Faculty of Medicine is directly concerned.
2. An applicant for admission to candidature for the degree shall
(a) at least five years prior to application
(i) have been admitted to the degree of Bachelor of
Medicine of the University of Newcastle; or
(ii) have been admitted to the degree of Bachelor of
Medicine or other degree or other qualification of
another university deemed by the Doctoral Degree
Committee to be equivalent to the degree of Bachelor of
Medicine of the University of Newcastle and since such
admission, unless the Doctoral Degree Committee
determines otherwise, have carried out advanced study
in the University of Newcastle for a period of not less
than three years; and
(b) during the period since being admitted to such degree or
other qualification, have been substantially engaged in
medical research and study or in scientific work which, in
the opinion of the Doctoral Degree Committee, is relevant
to the practice of medicine.
3.(a) A written application for admission to candidature setting
out full details of the applicant’s academic qualifications
shall be lodged with the Secretary to the University and
shall include
(i) a short discourse describing the nature of the
research which it is proposed would form the basis of
the work submitted for examination; and
(ii) written statements from three people as to the
academic standing of the applicant.
(b) The application shall be considered by the Doctoral Degree
Committee which in determining the acceptability of the
candidature may seek such other advice as it deems fit.
4. Eligibility for the degree shall be assessed on 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
sources from which the information in the work was
derived, the extent to which the candidate has made use
of the work of others, and the portion of the work
claimed as original.
(b) The work submitted shall include an abstract of
approximately 300 words summarising its contents.
(c) If the work submitted records work carried out
conjointly, the candidate shall state the extent to which
the candidate was responsible for the initiation, conduct
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 theme.
(f) A thesis submitted shall be typed and bound in a
manner prescribed by the University.

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.
7. The University shall be entitled to retain the submitted copies
of the thesis, accompanying documents and published work. The
University shall be free to allow the thesis to be consulted or
borrowed. Subject to the provisions of the Copyright Act, 1968,
The ten units taken as part of the programme in Clinical Epidemiology of Epidemiology will enrol in either the Postgraduate Diploma in Epidemiology (Pharmaceutical Epidemiology specialism) or the Master of Medical Science Degree (Pharmaceutical Epidemiology option).

The approved programme of study in Clinical Epidemiology is:

<table>
<thead>
<tr>
<th>Subject</th>
<th>Credit Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>MED601 Epidemiology I</td>
<td>12</td>
</tr>
<tr>
<td>MED611 Biostatistics I</td>
<td>12</td>
</tr>
<tr>
<td>MED661 Research Protocol Design</td>
<td>6</td>
</tr>
<tr>
<td>MED621 Health Social Science I</td>
<td>6</td>
</tr>
<tr>
<td>and either</td>
<td></td>
</tr>
<tr>
<td>MED602 Epidemiology II</td>
<td>6</td>
</tr>
<tr>
<td>or MED622 Health Economics II</td>
<td>6</td>
</tr>
</tbody>
</table>

**Occupational Epidemiology**

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

The approved programme of study in Occupational Epidemiology is:

<table>
<thead>
<tr>
<th>Subject</th>
<th>Credit Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>MED601 Epidemiology I</td>
<td>12</td>
</tr>
<tr>
<td>MED611 Biostatistics I</td>
<td>12</td>
</tr>
<tr>
<td>MED661 Research Protocol Design</td>
<td>6</td>
</tr>
<tr>
<td>MED612 Health Social Science I</td>
<td>6</td>
</tr>
<tr>
<td>and either</td>
<td></td>
</tr>
<tr>
<td>MED602 Epidemiology II</td>
<td>6</td>
</tr>
<tr>
<td>or MED622 Health Economics II</td>
<td>6</td>
</tr>
</tbody>
</table>

**Psychiatric Epidemiology**

This programme is designed to prepare candidates for careers in:

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

b) Research in social psychiatry and community mental health.

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

Students wishing to pursue a programme of study in Psychiatric epidemiology under this proposal would enrol in either the Postgraduate diploma of Epidemiology (Psychiatric Epidemiology specialism) or the Master of Medical Science Degree (Psychiatric Epidemiology option).

The approved programme of study in Psychiatric Epidemiology is:

<table>
<thead>
<tr>
<th>Subject</th>
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</tr>
</thead>
<tbody>
<tr>
<td>MED601 Epidemiology I</td>
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<tr>
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</tr>
<tr>
<td>MED661 Research Protocol Design</td>
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<tr>
<td>MED602 Epidemiology II</td>
<td>6</td>
</tr>
<tr>
<td>MED621 Health Social Science I</td>
<td>6</td>
</tr>
<tr>
<td>and either</td>
<td></td>
</tr>
<tr>
<td>MED602 Epidemiology II</td>
<td>6</td>
</tr>
<tr>
<td>or MED622 Health Economics II</td>
<td>6</td>
</tr>
</tbody>
</table>
### Medical Social Science

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

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

The approved programme is:

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

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.

The approved programme of study in Medical Statistics is:

<table>
<thead>
<tr>
<th>Subject</th>
<th>Credit Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>MED601</td>
<td>Epidemiology I</td>
</tr>
<tr>
<td>MED612</td>
<td>Biostatistics II</td>
</tr>
<tr>
<td>MED662</td>
<td>Research Project</td>
</tr>
<tr>
<td>MED663</td>
<td>Research Project</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Subject</th>
<th>Credit Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>STAT201</td>
<td>Mathematical Statistics</td>
</tr>
<tr>
<td>STAT201</td>
<td>Regression Analysis</td>
</tr>
<tr>
<td>STAT203</td>
<td>Queues and Simulation</td>
</tr>
<tr>
<td>STAT204</td>
<td>Non-parametric Statistics</td>
</tr>
<tr>
<td>STAT301</td>
<td>Statistical Inference</td>
</tr>
<tr>
<td>STAT302</td>
<td>Study Design</td>
</tr>
<tr>
<td>STAT303</td>
<td>Generalised Linear Models</td>
</tr>
<tr>
<td>STAT304</td>
<td>Time Series Analysis</td>
</tr>
<tr>
<td>STAT401</td>
<td>Probability Theory</td>
</tr>
<tr>
<td>STAT402</td>
<td>Analysis of Categorical Data</td>
</tr>
<tr>
<td>STAT403</td>
<td>Demography and Survival Analysis</td>
</tr>
<tr>
<td>STAT404</td>
<td>Robust Regression and Smoothing</td>
</tr>
<tr>
<td>STAT405</td>
<td>Statistical Consulting</td>
</tr>
<tr>
<td>STAT406</td>
<td>Methods for Quality Improvement</td>
</tr>
</tbody>
</table>

### Diploma Subject Descriptions

#### MED611 BIOSTATISTICS I 12cp

An introduction to biostatistics and statistical computing relevant to the analysis of epidemiological data. Topics to be covered are:

- Presentation of data
- Summarising data
- Probability
- Biostatistical methods
- Normal Distribution
- Sampling Distributions
- Confidence Intervals
- Hypothesis testing and Sample Size
- Regression and Correlation
- Non-Parametric methods
- Analysis of Categorical data and the Chi-Square distribution
- 2 x 2 tables and Mantel-Haenszel
- ANOVA and multiple comparisons
- Logistic Regression
- Survival Analysis
- Summary - choosing appropriate statistical techniques
- Introduction to the PC and Word Processing
- MINITAB on the PC
- EPILOG
- Dose and data management

**Time requirement** Approx. 75 hours

**Assessment** Written assessment.

**Text**

Blalock, M. 

*An Introduction to Social Statistics* (Oxford University Press New York, 1987)

#### MED641 DRUG EVALUATION 6cp

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 pharmaco-dynamics 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.

#### MED601 EPIDEMIOLOGY I 12cp

An introduction to methods used in Clinical Epidemiology.

**Content**

- 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

**Assessment** Critical Appraisal Exercise, written and/or oral assessment.

#### MED612 BIOSTATISTICS II 6cp

Statistical computing and biostatistical techniques relevant to epidemiological data. The course will consist of specified topics taken from the Biostatistics I involving statistical computing and the more advanced statistical methods.

**Time requirement** Approx. 30 hours

**Assessment** Written assessment.

#### MED642 CLINICAL PHARMACOLOGY 6cp

This subject is concerned with ways in which the human body handles and responds to drugs and in disease. The following topics will be taught: essentials of drug action; pharmacokinetics and pharmacodynamics and their relevance in the determination of therapeutic responses and adverse drug reactions; the development and use of suitable computer software; the techniques necessary for the study of comparative bioavailability.

**Time requirement** Approx. 30 hours

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

#### MED602 EPIDEMIOLOGY II 6cp

Clinical Epidemiology. An introduction to assessing health and intervention outcomes at both the individual and population levels.

**Content**

- 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

**Assessment** Critical Appraisal Exercise, written and/or oral assessment.
MED603 EPIDEMIOLOGY III 6cp

An introduction to occupational epidemiology. Areas covered include:

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

Time requirement Approx. 30 hours
Assessment Site visit report, 2 hour written examination

Text
Christie, D.

MED631 HEALTH ECONOMICS I 6cp

An introduction to Clinical Economics.

Content
- Economic costs and discounting
- Cost and cost analysis
- Cost-minimization analysis
- Cost effectiveness analysis
- Cost utility analysis
- Cost benefit analysis
- Sensitivity analysis, inflation and critical appraisal

Clinical decision analysis

Time requirement Approx. 30 hours
Assessment Assignments

MED632 HEALTH ECONOMICS II 6cp

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

Time requirement Approx. 30 hours
Assessment

MED631 HEALTH SOCIAL SCIENCE I 6cp

An introduction to Health Social Science and Behaviour Change.

Content
- Social, cultural and psychological determinants of disease
- Social, cultural and psychological determinants of health behaviour
- 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

References
- Fuchs, V.
## SECTION SIX

### DIPLOMA SUBJECT DESCRIPTIONS

<table>
<thead>
<tr>
<th>Subject</th>
<th>Code</th>
<th>Title</th>
<th>Credit Points</th>
<th>Offered Semester(s)</th>
<th>Prerequisites</th>
<th>Content</th>
<th>Texts</th>
</tr>
</thead>
<tbody>
<tr>
<td>STAT101</td>
<td>INTRODUCTORY STATISTICS</td>
<td>6cp</td>
<td>I</td>
<td></td>
<td></td>
<td>Simple linear and multiple regression. Linear Models. Variable selection. Diagnostics. Regression approach to analysis of variance. Non-linear regression. This course covers the practical and theoretical aspects of multiple regression analysis, including assumptions underlying normal linear models, point estimates, confidence intervals and prediction, variable reduction methods, examination of the adequacy of models, analysis of variance and covariance, interaction terms and use of statistical computer packages.</td>
<td>Scales of measurement. Descriptive and exploratory data analysis. Statistical inference: sampling distributions, confidence intervals and hypothesis tests for means and proportions. Correlation and regression. Time series analysis. Chi-square tests for frequency tables. The\nstatistical\ncomputing\nprogramme\nMINITAB will be used extensively.</td>
</tr>
</tbody>
</table>

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<tr>
<th>Subject</th>
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<th>Offered Semester(s)</th>
<th>Prerequisites</th>
<th>Content</th>
<th>Texts</th>
</tr>
</thead>
<tbody>
<tr>
<td>STAT203</td>
<td>QUEUES &amp; SIMULATION</td>
<td>3cp</td>
<td>I</td>
<td></td>
<td></td>
<td>Queues. Random number generation. Simulation, including the use of SIMSCRIPT.</td>
<td>Nil</td>
</tr>
</tbody>
</table>

### Statistics

<table>
<thead>
<tr>
<th>Subject</th>
<th>Code</th>
<th>Title</th>
<th>Credit Points</th>
<th>Offered Semester(s)</th>
<th>Prerequisites</th>
<th>Content</th>
<th>Texts</th>
</tr>
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<th>Prerequisites</th>
<th>Content</th>
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<th>Credit Points</th>
<th>Offered Semester(s)</th>
<th>Prerequisites</th>
<th>Content</th>
<th>Texts</th>
</tr>
</thead>
</table>

### Introduction to Mathematics Statistics and its Applications 2nd edn (Prentice-Hall 1986)
SECTION SIX

DIPLOMA SUBJECT DESCRIPTIONS

STAT303 GENERALISED LINEAR MODELS 6cp
Offered Semester II
Prerequisite Statistical Inference (STAT301)
Hours 3 hours per week

Content
The course covers the theory of generalised linear models and illustrates the ways in which methods for analysing continuous, binary, and categorical data fit into this framework. Topics include the exponential family of distributions, maximum likelihood estimation, sampling distributions for goodness-of-fit statistics, linear models for continuous data (regression and analysis of variance), logistic regression, and log-linear models. Students will implement these methods using various computer packages, including GLIM.

Text
Dobson, AJ
An Introduction to Generalized Linear Modelling (Chapman & Hall 1989)

References
McCullagh, P and Nelder, JA
Generalized Linear Models (Chapman & Hall 1983)
Ania, M et al

STAT304 TIME SERIES ANALYSIS 6cp
Offered Semester II
Prerequisite Statistical Inference (STAT301)
Hours 3 hours per week

Content
This course is about the theory and practice of Time Series Analysis - the analysis of data collected at regular intervals in time (or space). Topics covered include: stationary processes, ARMA models, models for periodic phenomena and analysis using MINITAB and other Time Series packages.

Texts
Nil

References
Cryer, JD
Time Series Analysis (Duxbury Press 1986)
Feller, WA
Introduction to Statistical Time Series (Wiley 1976)
Box, GE P and Jenkins, GM
Time Series Analysis: Forecasting and Control (Holden Day 1976)

STATISTICS HONOURS

This is the 4th year honours course in statistics.
Prerequisite For 1990 Statistics III and another Part III subject
Hours Courses and project work

Section Six

DIPLOMA SUBJECT DESCRIPTIONS

STAT405 STATISTICAL CONSULTING 6cp
The aim of this course is to develop both the statistical and non-statistical skills required for a successful consultant. The course includes a study of the consulting literature, a review of commonly-used statistical procedures, problem formulation and solving, analysis of data sets, report writing and oral presentation, role playing and consulting with actual clients.

Texts and References To be advised.

STAT406 METHODS FOR QUALITY IMPROVEMENT

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

Texts and References To be advised.

STAT404 ROBUST REGRESSION AND SMOOTHING

The main theme is the use of the computer to fit models to data when the assumption of traditional models may not be satisfied or when it is not known in advance what form of model is appropriate. Topics to be covered include: concepts of robustness, M- and high breakdown estimation in linear regression, scatterplot smoothing (e.g. ACE, LOESS and splines), kernel regression and methods for choosing the amount of smoothing, and radical approaches (e.g. CART and projection pursuit).

References
Unbank, RL
Spline Smoothing and Nonparametric Regression (M Dekker, New York 1988)
Hampel, FR, Rousseeuw, EM et al
Rousseeuw, PJ and Leroy, AM
Robust Regression and Outlier Detection (Wiley New York 1987)

STAT402 ANALYSIS OF CATEGORICAL DATA 6cp
The course will discuss the analysis of categorical data. It will begin with a thorough coverage of 2x2 tables before moving on to larger (rxc) contingency tables. Topics to be covered include probability models for categorical data, measures of association, measures of agreement, the Mantel-Haenszel method for combining tables, applications of logistic regression and log-linear models.

References
Bishop, YMM, Feinberg, S and Holland P
SECTION SEVEN

MEDICINE SUBJECT COMPUTER NUMBERS

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

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

BACHELOR OF MEDICAL SCIENCE
MED 411  Thesis

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

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

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