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 Guides

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 2 January 1991.

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THE DEAN’S FOREWORD

Welcome to the Faculty of Medicine at the University of Newcastle. Those of you entering in 1991 are doing so exactly thirteen years after the foundation class. They have been graduated for eight years and we are very pleased to learn of the high reputation of our graduates.

The history and overall aims of the Medical School are documented in a number of papers that are available through the Dean’s Office. The School was set up in 1975 with a specific mandate to explore new approaches to medical education and to focus our priorities on the needs of the community and specifically on this community in the Hunter Valley.

You will already be aware of the great care we take in selecting medical students. We have now completed a study which has demonstrated the special help of individual patients or communities. You will learn all the basic sciences that underpin clinical medicine but you will not do so in separate isolated courses. Rather, our curriculum is integrated using the 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 of numbers of colleagues, hospitals and community settings generally. Many of the problems you will be studying will relate to the immediate community is Newcastle. It is an 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.

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 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 1996, 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
CONTENTS

FACULTY OF MEDICINE

SECTION ONE
FACULTY STAFF

SECTION TWO
FACULTY INFORMATION
The Faculty
Degrees and Diplomas
Board of Studies in Clinical Epidemiology and Biostatistics
Facilities - Academic and Clinical
Buildings
Teaching Hospitals
Other Facilities
Centre for Clinical Epidemiology and Biostatistics
Student Dress and Appearance

SECTION THREE
THE DEGREE OF BACHELOR OF MEDICINE
Regulations Governing Admission to the Bachelor of Medicine Course
Regulations Governing the Degree of Bachelor of Medicine
Undergraduate Programs Objectives
Domain 1 Professional Skills
Domain 2 Critical Reasoning
Domain 3 Identification, Prevention and Management of Illness
Domain 4 Population Medicine
Domain 5 Self Directed Learning
Learning Methods
Course Descriptions
Year I
Year II
Year III
Year IV
Year V
Assessment
General Summative Assessment Guidelines
Medicine I
Medicine II
Medicine III
Medicine IV
Medicine V
Elective I
Elective II
Elective III
Text and Reference Books
Prizes

SECTION FOUR
THE DEGREE OF BACHELOR OF MEDICAL SCIENCE
Course Requirements
Assessment
Regulations Governing the Degree of Bachelor of Medical Science

SECTION FIVE
POSTGRADUATE DIPLOMA AND DEGREES REGULATIONS
Regulations Governing Postgraduate Diplomas
Diploma in Clinical Epidemiology
Diploma in Health Social Sciences
Diploma in Medical Statistics
Regulations Governing Masters Degrees
Master of Medical Science
Master of Medical Statistics

SECTION SIX
POSTGRADUATE DIPLOMAS/MASTER DEGREE PROGRAMS OF STUDY
Clinical Epidemiology
Occupational Epidemiology
Pharmacoepidemiology
Psychiatric Epidemiology
Health Promotion
Medical Social Science
Medical Statistics
Diploma Subject Descriptions

SECTION SEVEN
SUBJECT COMPUTER NUMBERS

SECTION EIGHT
GENERAL INFORMATION
PRINCIPAL DATES 1991 (including Medicine)
Advice and Information
Faculty/School Secretaries
Accommodation Officer
Careers and Student Employment Officer Counselling Service
Health Service
Student Loans
Students with Special Needs
Enrolment and Re-enrolment
Student Conduct and Responsibilities
EXAMINATIONS
Examination Periods
Sitting for Examinations
Rules for Formal Examinations
Examination Results
Special Consideration
TRANSCRIPTS OF ACADEMIC RECORD
UNSATISFACTORY PROGRESS — Regulations
CHARGES
Method of Payment
Higher Education Contribution Scheme (HECS)
Scholarship Holders and Sponsored Students
Loans
Refund of Charges
CAMPUS TRAFFIC AND PARKING
STUDENT SERVICES
Banking
Cashier
Chaplaincy Service
Community Programmes
Convocation
Co-Op Bookshop
Lost Property
Noticeboards
Post Office
Public Transport
Student Insurance Cover
University Computing Services
University Libraries
SECTION ONE

FACULTY OF MEDICINE STAFF

PRINCIPAL OFFICERS

Vice-Chancellor and Principal  Professor K.J. Morgan, BSc, MA, DPhil(Oxf)
Deputy Vice-Chancellor (Academic)  Professor M.P. Carter, BA(Not), PhD(Edin)
Deputy Vice-Chancellor (Administration)  L.F. Hennessey, BA(Syd)
Deputy Vice-Chancellor (Planning)  D.R. Huxley, BA, LitB(NE), MA, PhD
Pro Vice-Chancellor and Dean of Students  Professor K.R. Duton, MA(Syd), DU(Paris), Officier des Palmes académiques, FACE
Pro Vice-Chancellor (Development)  L.R. Eastcott, MSc(Syd), PhD(Alberta), BA, DipEd
Deputy President of Academic Senate  Professor R.I. MacDonald, BSc, PhD(NSW), FAIP
Dean for Research  Professor G.M. Kellerman, AO, MB, BS, MSc(Syd), FAACB, FRACP, FRCPath

FACULTY OF MEDICINE STAFF

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

DISCIPLINE OF ANATOMY

Professor Vacant
Associate Professor N Bogduk, BSc(Med), MBBS(Syd), PhD(NSW), DipAnat(ASANZ), HonMMTAA, HonFACRM
Senior Lecturer J W Heath, BSc, PhD(Melb)
Lecturer G J Little, BSc, PhD(QM)
Senior Technical Officer J. Rogers, BSc(Harris College Virginia)

DISCIPLINE OF BEHAVIOURAL SCIENCE IN RELATION TO MEDICINE

Professor R Sanson-Fisher, MPsych, PhD(WAust), ABPsS, MAPsS

Senior Lecturers
K R Mitchell, MSc, PhD(NSW)
S Redman, BA, PhD(Wel)

Clinical Senior Lecturer T C Waring, BA, MSc, MAPsS

Lecturer R A Walsh, BA, DipEd(Macq)
SECTION ONE

FACULTY OF MEDICINE STAFF

Clinical Lecturers
M R Ewing, BA, BSc(Syd), LL.M(Lond)
W Wilks, RN(NZ), RPN

Professional Officer J Wiggers, BA

DISCIPLINE OF CLINICAL PHARMACOLOGY
Professor A J Smith, MA, DM, BChin(Orf), FRCP
Associate Professor L A Chahl, MB, BS(Ausal), FRACP
Senior Lecturer D A Henry, MB, BS(Glas), FRCP
Clinical Lecturer J M Whyte, MB, BS(Q'ld), FRACP

Senior Lecturer H N Rose, MB, BS(NSW), FRACP

DISCIPLINE OF COMMUNITY MEDICINE
Professor R T Hall, MB, BS, MD(Lond), FRCP, FRACGP, FFPH
Associate Professor M J Henley, MB, BS, PhD(Syd), FRACP (Clinical Epidemiology)
A L A Reid, MB, BS, MD(Lond), FRACP (General Practice)
Senior Lecturers
J A Dickson, MB, BS(Q'ld), PhD, CCP(Ccm) (General Practice)
H N Higgsboeham, BA(US International), MA, PhD(Hawaii) (Health Social Science)
D L O'Connell, BM, BS(Ausal), MSc, PhD (Biostatistics)

Clinical Lecturers
J E Stuart, MB, BS(Ausal), DCH(Lond), DipRCP, FRACP (joint appointment Community Medicine — Pediatrics)
P A Went, BA, PhD(York) (Health Economics)

Lecturer
A Sensenbrenner, BSc(C'tbe), MSc, PhD(’cle1UK) (Biostatistics)

Clinical Lecturer H N Rose, MB, BS(Syd), MRACP, DObst RACOG (General Practice)

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

Professional Officer L Penno, BA(Perin)

DISCIPLINE OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH
Professor D G S Christie, MB, BS(Q'ld), MD(Lond), FRACP, FPCM, FACOM
Senior Lecturer A M Brown, MB, BS(Melb), MPH(Monash), FACOM

Fellow D Devar, MB, BCh(Ed), MRCP(UK), FAOM, FACOM

Occupational Hygienist P Dewey, BSc, DipOHSM(NCAE), MAIOH

DISCIPLINE OF HUMAN PHYSIOLOGY
Professor S W White, MB, BS(Syd), MD(NSW), FRACS
Associate Professor D A Powis, BSc, PhD(Lond)
Senior Lecturers
R L B Neame, MA, MB, BChin(Camb), PhD(Lond)
A W Quail, MB, BS(Syd), MD, FRANZCR

Senior Research Fellow D Van Heiden, BE, PhD(NSW)

SECTION ONE

FACULTY OF MEDICINE STAFF

DISCIPLINE OF MEDICAL BIOCHEMISTRY
Professor G M Kellerman, MB, BS, MSc(Syd), FAACB, FRACP, FRACPA
Associate Professors
P R Dankley, BSc, PhD(Melb)
J A P Rostoll, BSc, PhD(Monash)

Senior Technical Officer P Jarvis, BSc

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

DISCIPLINE OF MEDICINE
Professors
N A Sanders, MB, BS, MD(Syd), FRCP, FRACP
P J Fletcher, BSc(Med), MB, BS(Syd), PhD(Monash), FRACP
Associate Professors
S L Carty, MB, BS, PHD(Melb), FRACP
R Smith, MB, BS(Syd), PhD(Lond), FRACP

Clinical Associate Professors
J M Duggan, MB, BS(Syd), FRACP, FRCP
J T Holland, MB, BS(Syd), FRACP
P S Moffett, MB, BS(Syd), MRCP(Bd)
R S Naree, MB, BS(Malaya), FRACP

Senior Lecturers
A H B Gill, MB, BS(NZ), PhD, FRACP
V J McPherson, MB, BS(Syd), FRCPA
L G Olson, BSc(Med), MB, BS(Syd), PhD, FRACP

Lecturers
P G Gibbon, MB, BS(Syd), FRACP
J S Silberberg, MB, BCh(Witwatersrand), MSc(McGill), FRACP

Clinical Lecturers
S Ackland, MB, BS(Melb), FRACP
B Balazs, MB, BS(Syd), FRACP
G R Bellamy, MB, BS(NSW), FRACP
K M Bowen, MB, BS(Monash), PhD(Anu), FRACP
B Chapman, MB, BS(Syd), FRACP
P G Cunico, MB, BS(Syd), FRACP
M Deacon, MB, BS(Syd), MRCP, FRACP
G W Easter, MB, BS(Syd), FRACP
A Ennor, MB, BS(Syd), FRACP, FRCPA
D A Flatoe, MB, BS(Syd), MRCP(UK), FRACP
J Fowler, MB, BS(Syd), FRACP
A Foy, BSc(Med), MB, BS(Syd), MSc(Monash), FRACP
C A Heller, MB, BS(Lond), DMED, FRCP
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B F Jones, MB, BS(Syd), MRCP
A G A Major, MB, BS(Syd), FRACP
B Naiz, MB, BS(Keral), MCSP
G H Radwan, MB, BS(Syd), FRACP
N Salter, MB, BS(Syd), MRCP, MRCP(UK), FRACP, FCCP
M Soldon, BSc(Med), MB, BS(Syd), FRACP, FRCPA
J R A Sippe, MB, BS(Syd), DGM, FACD
F Trevilian, MB, BS(Syd), FRACP
T J Woolard, MB, BS, DPH(Syd), FRACMA, FACRM, FACOM

Professional Officer C D Ray, BSc(Monash), PhD
SECTION ONE — FACULTY OF MEDICINE STAFF

DISCIPLINE OF PEDIATRICS
Professor T J C Boulton, BSc, MD, ChB(Edin), FRACP
Professor of Community, Child and Family Health G V Vinmpeni, MB BS(Adel), PhD(Tyd), FRACP

Senior Lecturers
P M Davidson, MB ChB(Glasgow), MRCP, FRCP, FRACGP (Paediatric Surgery)
R L Henry, MB, BS(Syd), DipClinPed, FRACP
J E Stuart, MB, BS(WAust), DCEIL(Adel), DipEdPed, FRACP (Joint appointment Community Medicine — Paediatrics)

Clinical Lecturers
D Anderson, MB, BS(Syd), FRACP
R G Evans, MB, BS(Adel), FRACP
A W Gill, BM(Southampton), FRACP
B J Springthorpe, MB, BS(Syd), FRACP
E Wright, BSc(Med), MB BS(Syd), FRACGP, FACS (Paediatric Surgery)

Professional Officer J A Seal, BAppSc(WAUST), GradDipDiet(Curtin)

DISCIPLINE OF PATHOLOGY
Professor R L Casey, BSc(Med), MB BS(Syd), PhD(Montreal), FRACP, FRCP(Can)
Professor of Anatomical Pathology K Donald, MB BS, PhD(Qld), FRCPA, MRCPath, FRACMA, FRACS
Clinical Professor — Anatomical Pathology S B Bhandwedoane, MDChB(Natal), FRCPA, FRCPath

Associate Professors
R D Barry, BSc(Vet)(Syd), PhD(ANU), MA, ScD(Camb) (Microbiology)
A J Husband, BSc(Sci) (Immunology)
G A Temrock, MSc(WAust), PhD(ANU) (Microbiology)

Senior Lecturers
A Price, MB BS(Syd), FRCPA (Anatomical Pathology)
B Young, BSc(Sci) (Anatomy)
M E Porter, MB BS(Melb), FRCPA, FACP (Anatomical Pathology)

Clinical Lecturers
A W Cripps, BSc(NB), PhD(Syd) (Immunology)
N W Ferguson, MB BS, BS(Syd), MRCPath (Anatomical Pathology)
M Gleeson, BSc(Syd), PhD (Immunology)

Professional Officer G T Pang, MSc, PhD(Auck)

Senior Technical Officer C S Caddock, BSc(Bom)

DISCIPLINE OF PSYCHIATRY
Professor V J Ciar, MB, BS, MD(Adel), FRCP(Can), FRANZCP
Clinical Professor R Morice, MB BS(Melb), MD(NSW), FRANZCP

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Clinical Senior Lecturer H Johnson, MB BS, DPM(Syd), FRANZCP

Lecturer P L Hazell, BMedSc, MB BS(Otago), FRANZCP

Clinical Lecturers
J P Bacchus, MB BS(Qld), FRANZCP
G L Carter, MB BS(Syd), FRANZCP
S C Robinson, MB BS, DPM(Lond), MRCPath, FRANZCP
G F Sheehy, MB BS, FRACGP, FRANZCP
S Ticehurst, MB BS(Syd), FRANZCP

Professional Officer T Lewin, BCom(NSW)

SECTION ONE — FACULTY OF MEDICINE STAFF

DISCIPLINE OF REPRODUCTIVE MEDICINE
Professor W A Walters, MB BS(Adel), PhD(Lond), FRACOG, FRACGP
Clinical Associate Professor K H Ng, MB BS(Malaya), DObstBCOG, FRACOG, FRACGP

Senior Lecturer M W Brimsted, MB BS(Qld), PhD(Auck), FRACOG

Lecturer S P W Raymond, MB BS(Syd), FRACOG

Clinical Lecturers
L W Clark, MB BS(Syd), MRCOG, FAGO, FRACGP
A C Coldhur, BSc, MB BS(Wales), FRACOG, FAGO, FRACGP
R G Evans, MB BS(Adel), FRACGP
A D Hewson, MB BS(Syd), FRACOG, FRACGP, FEDS, FRACS
G T Hicks, MB BS(Syd), FRACOG, FRACGP
E Schamack, MB BS(Syd), FRACGP, FRACGP

Professional Officer J Falconer, BSc, PhD(Leeds)

DISCIPLINE OF SURGICAL SCIENCE
Professor R C Burns, BMedSc, MB BS, MD(Melb), FRACS, FRACGP

Professor of Anesthesia and Intensive Care R B Holland, MB BS(Syd), FFAACR

Professor of Orthopaedic Surgery W Gillespie, BSc, MB BS(Edin), ChM(Ong), FRCS(Ed), FRACS

Professor of Surgical Oncology J P Forbes, MB BS, BMedSci, MS(Melb), FRCS, FRACS

Clinical Professor — Oncology P Hersey, MB BS(Adel), FFAACR

Clinical Associate Professors
Y A E Ghabrial, MB BS(Adel), DCH(Lond), DipEpid, MB BS(Melb), BS(Syd), PRCS(Ed), FRACS
A D Hines, MB BS(Syd), FRACGP
J F Forbes, MB BS, BS, MB BS(Melb), PRCS, FACS, FRCR(M) (Orthopaedics)

Senior Lecturer M V Agrez, MB BS, BS, BS(WAust), FRCS, FRACS

Fellows
J S Geni, MB BS(Oslo), FRCS, FRACS
D W Jackson, MB BS(Syd), FRACS, FRACS
J J Smyth, MB BS, MS(Syd), FRACS

Clinical Senior Lecturers
R L Bossett, MB BS(Melb), FRACS, FRCS
H Foster, BSc, MB BS(Melb), FRACS, FRCS, FRCS
J L Sage, MB BS, FRCS, FRACGP (Orthopaedics)

Clinical Lecturers
P J Asellous, MB BS(Syd), FRACS
J Becken-Wood, MB BS, BS(Syd), DCEIL(Lond), FFAACR(Anaesthetics)
J Byth, MB, BS BS(Qld), FRACS(Anaesthetics & Intensive Care)
S D Bhansali, MB BS, DLO(Adel), FRCS(Ed), FRCS(Eng) (Ear Nose and Throat)
C Dunlop, BSc(Med), MB BS(Syd), FRACOG, FRACGP (Pathology)
A Grant, MB BS(Syd), FRACGP (Oncology)
L F Kleinman, MB BS(Apex), FRCS(Can), FACA, FRCS (Orthopaedics)
K O'Connell, MB BS(Syd), FRCS, FRACS (Orthopaedics)
W T Porter, MB BS(Syd), DOlno, FRACOG (Ophthalmology)
L Simpson, MB BS, FFAACR (Anaesthetics)
J S Taylor, MB BS, BSWSydney, FRCS(Eng), FRACS (Urology)

Professional Officer Y C Smart, BSc, MS(WAust), PhD
SECTION ONE

FACULTY OF MEDICINE STAFF

NBN TELETHON CANCER RESEARCH UNIT

NBN Professor of Cancer Research G P Bons, BSc(Ilinois-Wash), PhD(Camb), DipBsc(Mans), MRCPath

Lecturer J L Scott, BSc(Iowa)(Flinders), PhD(Adel)

DEAN'S UNIT

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

Honorary Professor D A Allbrook, MB, BS, PhD(Lond)

Senior Lecturer — Medical Education L R Murphy, BA, MA(Sus), DipEd

Assistant University Secretary B J Kelleher, B Sc(Com)

Aboriginal Student Liaison Officer Vacant

Professional Officers

T Brown, BA (Admissions)

R Cameron, BA (Program Evaluation)

S Maasracht, BScSc(Med) (Animal House)

K Wilson, BSc (Laboratory Manager)

Computer Systems Officer I L Bean, BSc(Warwick)

Administrative Assistant R Slade, BA(Syd)

Senior Technical Officer G B Davis, (Electronics)

Clinical Supervisors Associated Hospitals

D V Cody, MB, BS(Syd), FRACP, FACRM, FACC (Lismore Base Hospital)

M B Dromgoole, MB BS(Syd), FACEM (Geofford District Hospital)

J Hunt, MB, BS(Syd), DOHsri, ECOG (Orange Base Hospital)

J B McDonald, MB BS(Syd), FRCS (Maitland District Hospital)

P C Weirford, MB, BS(Syd), PRACP (Tamworth Base Hospital)

W S Weidemanshie, MD, BS(Ceyl), MRCP, PRACP (Manning River District Hospital)

UNDERGRADUATE EDUCATION UNIT

Administrative Officer C Parson, BA, DipEd(Syd)

Administrative Assistant M Sephton

Professional Officers

B J Wallis, BSc(Syd), BA, DipEd, MA(NSW), MBBD (Instructional Design)

M Wright, BSc(Assessment)

Information Officer K Byrne, BA(Meth), DipLib(NSW), DiplCompSci, ALAA

Senior Supervisor Student Clinical Attachments S Oren, RGN

MEDICAL COMMUNICATION UNIT

Director of Education Technology A V Daniell, FIMBI(Victoria)

Medical Photographers

B Turnbull, MIMBI(NZ)

S McIlwain

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 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; 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 Biochemistry 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 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.
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 of Medicine
- Bachelor of Medical Science
- Postgraduate Diploma in Epidemiology
- Postgraduate Diploma in Health Social Science
- Postgraduate Diploma in Medical Statistics
- Postgraduate Degrees
  - Master of Medical Science
  - Master of Medical Statistics
  - Doctor of Philosophy
  - Doctor of Medicine

Board of Studies in Clinical Epidemiology and Biostatistics

The University has established a Board of Studies in Clinical Epidemiology and Biostatistics responsible to the Faculty Board, Faculty of Medicine for the academic administration of the relevant degrees. The Faculty Board is the Board of the University responsible for the academic administration of the relevant degrees.

- Bachelor of Medical Science: The Board of Studies in Clinical Epidemiology and Biostatistics is responsible for the Bachelor of Medical Science degree.
- Bachelor of Medical Science (Honours): The Board of Studies is responsible for the Bachelor of Medical Science (Honours) degree.
- Master of Medical Science: The Board of Studies is responsible for the Master of Medical Science degree.
- Master of Medical Statistics: The Board of Studies is responsible for the Master of Medical Statistics degree.
- Doctor of Philosophy: The Board of Studies is responsible for the Doctor of Philosophy degree.
- Doctor of Medicine: The Board of Studies is responsible for the Doctor of Medicine degree.

Facilities: Academic and Clinical

It was originally thought that a new hospital would not be built in Newcastle. Consequently, teaching and research facilities were built on the University campus at Shortland and adjacent to the two main hospitals, the Royal Newcastle Hospital (RNH) and the Newcastle Mater Misericordiae Hospital (MMH). It has been planned to have two main centers for orthopaedic surgery and the site of the regional radiology laboratory.

Newcastle Mater Misericordiae Hospital (MMH): This is the largest general surgical and medical unit in Newcastle and is operated by the religious order, the Sisters of Mercy. It operates as a public hospital and is the site of the regional (MMH and some planned for the John Hunter Hospital. The oncology program will remain at the Mater Hospital which will be the center of a regional network of services.

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

Waratah District Hospital: A district hospital which provides valuable general experience for students. Its future role will include a geriatric assessment unit and a Co-ordinating center for a diversity of community health programs. It is also the site of one of the two Medical Education Training Units.

John Hunter Hospital: This will be open in 1991 and will have 490 beds. It is the referral hospital for major medical and surgical specialties and the regional center for obstetrics and gynaecology. It will be located at Rankin Park, approximately 5km 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 Supervisor oversees students at each hospital with the assistance of other members of staff who act as tutors.

Private Practices

Several hundred specialists and general practitioners regularly teach students in their private offices. This provides a valuable opportunity for students to see a wider range of patients, closer to where they live, and at an earlier stage of illness. It also provides a valuable insight into patterns of practice not accessible within the teaching hospitals.

Other Facilities

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

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

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

Centre for Clinical Epidemiology and 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 the University of Newcastle to develop skills in critical evaluation of clinical measurement, diagnostic and therapeutic procedures and research methodology with emphasis on research into the evaluation of clinical practice and the understanding and prevention of health problems of high priority to the population;
- to encourage 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 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 INCLEN Program and also by a grant from the Commonwealth Department of Health under the recommendations of the Kerr Report.
SECTION TWO

The Centre is located in 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 Social Epidemiology, and the Degree of Master of Medical Science in the following options: Clinical Epidemiology, Health Promotion, Health Social Science, Occupational Epidemiology, and Pharmaco-epidemiology.

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 recognized 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 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 Program Objectives by Domain
- Learning methods upon which the course is based
- Course description — Years 1 to 5
- Assessment guidelines — General Summative Assessment Guidelines followed by the Assessment Guidelines for each subject of the course.
- Text and reference books used during the course
- Prizes and grants-in-aid available to students enrolled in the course.

Regulations Governing Admission to the Bachelor of Medicine Course

General

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

Definitions

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

“approved qualification” means a diploma or degree course at a College of Advanced Education or University approved by the Faculty Board for the purposes of these Regulations;

“degree” means the degree of Bachelor of Medicine;

“Faculty Board” means the Faculty Board, Faculty of Medicine;

“Higher School Certificate examination” means the New South Wales Higher School Certificate examination or its equivalent in another State or Territory; and

“Secretary” means Secretary to the University.

Application for Admission

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

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

S.12 Applicants will be considered exceptional 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 achievement;
(c) the applicant's employment experience in medical or related fields;
(d) any other matters it considers relevant.

9.(1) An applicant who is a candidate for the current Higher School Certificate examination or an equivalent qualification will be admitted to the course after which the Centre will determine from time to time by the Universities and Colleges Admissions Centre.

9.(2) 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 preference, shall be lodged with the University and Colleges Admissions Centre by the closing date.

5.(1) 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.

6.(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 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;
(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

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

2. 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;
(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;
(c) in the opinion of the Faculty Board they have other equivalent qualifications.

9.(3) 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.

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

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

11. Applicants who do not attain 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

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

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

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

PLACES ALLOCATED

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

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

DEFERMENT OF ADMISSION

13.(1) The Dean of the Faculty of Medicine or the Dean's nominee may grant an applicant admission to candidature in the course a deferrment 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;
(c) to allow an applicant enrolled as a candidate for a postgraduate degree in a university time to complete the requirements for admission to that degree.

13.(2) An applicant granted deferrment under sub-regulation (1)(c) who at the end of the period of deferrment 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 deferrment of admission to candidature in the course for an additional period of one year.

13.(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.

13.(5) Applicants permitted to defer admission who enrol in another degree or diploma course in a University or College of Advanced Education may be refused permission to enrol in the course at the expiration of their period of deferrment 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.

13.(6) The standard required in sub-regulation (5) shall be that as set out in Regulation 1(b) and (c) of these Regulations.

Faculty Admissions Committee

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

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

(2) Members elected under sub-regulation (1)(d) shall cease to be members of the full-time academic staff of the Faculty.

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

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

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

15. The Faculty Admissions Committee shall exercise all powers and responsibilities under these Regulations at 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;
(b) promote and undertake research on methods of admission.

RELAXING PROVISION

16.(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.

17. 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.

Note: Further information with respect to admission and the policy that these Regulations are set out in a booklet entitled Medical Course Admission which is available on application to the University in May each year.
### Undergraduate Program Objectives

The Program Objectives act as:

- a basis for curriculum development by the Faculty, and a yardstick for decisions about inclusion or exclusion of particular activities in/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 program.

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 behavioral objectives. In this sense the UPOs identify the behaviour expected of students in the way they carry out the performance of their intellectual and clinical responsibilities (eg 1.1).

### The Objectives

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 processes of critical reasoning to medical care;
- apply his or her understanding of illness to its prevention, identification and management and to the promotion and maintenance of health;
- apply his or her understanding of the practice of medicine in a community or population context;
- take responsibility for evaluating his or her own performance and implementing his or her own education.

These objectives assume a dynamic environment in which medicine will be practised.

### DOMAIN I — 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:

- (a) an awareness of their own assets, limitations and responsiveness,
SECTION THREE

1.14 carrying out the basic tasks required to be performed by all medical graduates during their pre-registration post-graduation period.

1.15 assessing the veracity of conclusions based on reported data, including the interpretation of statistical treatment results of such intervention.

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

2.5 assessing the veracity of conclusions based on reported data, integrating the relevant data from these observations, integrating where appropriate the information provided from these three perspectives on human biology.

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

3.5 applying the understanding implicit in 3.2, 3.3 and 3.4 to apply their understanding of the practice of medicine in a management of a defined range of common, acute and chronic clinical problems.

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 program appropriate for patients with preventable, treatable and chronic, intractable illness, including terminal disease.

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

4.1 applying an awareness of the importance of the practice of medicine in prevention, treatment and rehabilitation.

4.4 applying knowledge of the incidence and prevalence of disease in the Australian community.

4.5 evaluating health care needs of individuals, groups and communities, and evaluating the efficacy of health care services supplied to communities or populations.

4.6 applying an understanding of the impact of illness upon families, and the importance of family factors in patient compliance, treatment and rehabilitation.

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

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

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

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 is problem-based learning. For example, in the first year of the course, learning in Domain II is based on activities in tutorial groups of approximately eight members guided by a Faculty tutor. The method requires students to analyse and solve biomedical problems, usually those of ill patients but sometimes those of communities. The sequence of identifying the nature and breadth of the problem, researching information to both understand and solve the problem and suggesting solution, follows the same sequence as is used in clinical diagnosis and in scientific research. The various basic, social, and quantitative sciences upon which clinical medicine is based are learnt in the course of these problem-solving exercises. There are therefore no separate courses of, for instance, anatomy, physiology, biochemistry, pharmacology, etc. Instead, Faculty members in these disciplines contribute to the biomedical problems by identifying topics for study, and are then available as resources for students to consult, either in small tutorial groups, seminars, fixed resource sessions, demonstrations or individual and group consultations on selected topics. From the beginning of their formal training, 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. There are therefore no separate courses of, for instance, anatomy, physiology, biochemistry, pharmacology, etc. Instead, Faculty members in these disciplines contribute to the biomedical problems by identifying topics for study, and are then available as resources for students to consult, either in small tutorial groups, seminars, fixed resource sessions, demonstrations or individual and group consultations on selected topics. From the beginning of their formal training, 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. The last two years of the course, during which most of the clinical work is undertaken, varies more frequently according to the various clinical rotations and hospital postings.
Course Description

Year 1

YEAR 1 consists of the subject MEDICINE I. The year is divided into three Blocks, each of approximately 10 weeks' duration. Detailed documentation of activities in each Block and within each year will be distributed from time to time. This account provides a general overview with brief comment on assessment.

MEDICINE I

Week one consists of an overall introduction to the medical school, the curriculums, learning methods and learning objectives. The remainder of the year is organised by Domain as described below.

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 of the small group tutorials of Domain III.

Block 2: Medical consultation skills are expanded. The techniques of history taking and physical examination are introduced under the guidance of a clinical tutor in the group setting and in the wards. Students should note that they will be required to perform some aspects of the physical examination on each other.

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 issues experienced in the techniques of critical reasoning. The main activity is critical appraisal of publications and the quantitative and scientific validity of the evidence they present.

DOMAIN III — IDENTIFICATION, PREVENTION AND MANAGEMENT OF DISEASE

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

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 states and disease mechanisms.

DOMAIN IV — POPULATION MEDICINE

A year long program providing contact with, and insight into, the needs and resources of individuals and society. This is arranged through role playing of disease and through visits within the community, 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-lecture". This elective is based upon a field of interest identified by the student during the year. A program 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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In addition, this Block includes critical reasoning tutorials, paediatric ward experience, adult ward experience, community visits, computer training and sessions with ambulance officers.

Block 2 — Homeostasis Under Stress

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In addition, students in this Block have computer and Medline training sessions, anatomy sessions, professional skills sessions in the hospital and on campus, and critical reasoning tutorials.

Year 2

YEAR 2 consists of the subject MEDICINE II. The year is divided into three Blocks, each of approximately 10 weeks' duration.

MEDICINE II

DOMAIN I — PROFESSIONAL SKILLS

Clinical skills are further practised and strengthened under supervision of clinical tutors in hospitals and private rooms. Students are also attached to a general practice, where the special basic skills relevant to general practice are developed. Clinical tutorials relate to the successive body systems under study in Domain III: the cardiovascular, respiratory, neurological, psychiatric, endocrine and haematological systems.

DOMAIN II — CRITICAL REASONING

Students pursue a number of literature research projects linked to the activities of Domain III. These all have a special emphasis on evidence of causation and association, the efficacy of health care systems, and modes of intervention in acute and chronic disease.

DOMAIN III — IDENTIFICATION, PREVENTION AND MANAGEMENT OF ILLNESS

The sequence of study through successive body systems commenced in Block 3 of Year 1 is now continued as follows:

Block 4: Cardiovascular and respiratory systems
Block 5: Neurology and psychiatry
Block 6: Endocrinology and haematology

DOMAIN IV — POPULATION MEDICINE

The entire class studies a single topic of broad community significance. For 1991 the topic is musculoskeletal problems. 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.

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

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

Timetable Commitments

Typical weekly timetables for each Block are shown below:

Block 1 — Organ Systems: Renal, Urinary Tract and Gastrointestinal

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In addition, students in this Block have regular professional skills tutorials, general practice attachments, and autopsy dissection sessions.

Block 2 — Organ Systems: Neurology and Psychiatry

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In addition, students in this Block have regular neurology professional skills tutorials, general practice attachments, psychiatric hospital attachments, and Medline training sessions.

Block 3 — Organ Systems: Endocrinology & Haematology

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In addition, students in this Block have regular professional skills sessions in haematology and endocrinology, clincio-pathology cases, a blood bank visit and a transfusion workshop.
SECTION THREE
BACHELOR OF MEDICINE COURSE DESCRIPTION

Year 3

Year 3 consists of the subjects MEDICINE III and ELECTIVE I. The year is divided into three Blocks, one of 12 and two of 8 weeks duration. There is then an eight week elective period. The two 8 week blocks are run in parallel, for each half of the class.

MEDICINE III

DOMAIN I — PROFESSIONAL SKILLS
Clinical skills are further refined, linking with the various sub-specialty experiences of Blocks 1, 2 and 3. In the program of human sexuality the foundations 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 efficacy 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 blocks and extended to the special considerations of individual sub-specialties. These two blocks are undertaken in Newcastle. For the first block all students are in Newcastle together. For the second block half the students study in Newcastle and the other half are allocated to the country hospitals. In the third block the country group returns to complete their second Newcastle block, and the other half go to the country.

Block 7: (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 systems. In addition, problems in ear, nose and throat, ophthalmology, rheumatology, orthopaedics, and dermatology are considered, and appropriate clinical experiences are provided in these 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 genito-urinary medicine.

Block 9: (Country block)
The understanding of basic mechanisms and of the manifestations of disease is now applied in direct clinical clerking of patients in a variety of country hospital postings. Students are attached to members of staff of those hospitals, and particular emphasis is placed on general medicine, general surgery, casualty and emergency care, and general practice. Further clinical experience is obtained in sub-specialties.

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

DOMAIN V — SELF-DIRECTED LEARNING
An extended own learning task is pursued, either on a student's topic of choice or as remediation for a previously identified deficiency from Year 2.

Time Table for Year 3

<table>
<thead>
<tr>
<th>Week</th>
<th>Block 7: Newcastle Block</th>
<th>Block 8: (Country block)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-4</td>
<td>Ear, Nose and Throat and Ophthalmology (parallel)</td>
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<tr>
<td>5</td>
<td>Cardiovascular</td>
<td></td>
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<tr>
<td>6 &amp; 7</td>
<td>Orthopaedics</td>
<td></td>
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<tr>
<td>8</td>
<td>Rheumatology</td>
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<td>9</td>
<td>Immunology</td>
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</tr>
<tr>
<td>10</td>
<td>Respiratory</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Liver</td>
<td></td>
</tr>
</tbody>
</table>

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, ophthalmoscopy tutorial, and fetal pelvic examination.

Attachment 1: Pediatrics
Attachment 2: Reproductive Medicine
Attachment 3: Surgery 1 (Orthopaedics and Urology)
Attachment 4: Surgery 2 (General Surgery)
Attachment 5: Medicine 1 (Ageing and Respiratory, or Gastroenterology and Haematology)

This Block also includes a one week period in Newcastle for consolidation and review.

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 students to undertake the study of a topic of their own choice in greater depth. This student is required to undertake an eight week elective at the end of Year 3. This elective is 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 opportunity is reserved for selecting attachments 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 neither 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. 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 4

YEAR 4 consists of the subject MEDICINE IV. This year is divided into six clinical attachments of six weeks, rotating through major clinical specialities. Each group of students undertakes these attachments in a different order.

MEDICINE IV

DOMAIN I — PROFESSIONAL SKILLS
Clinical skills are consolidated in each of the clinical rotations. In addition, there is a program 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
Students undertake four clinical rotations, each group of students in a different order. The attachments are as follows:

Attachment 1: Medicine
Attachment 2: Paediatrics/Reproductive Medicine
Attachment 3: Surgery (Onology and Anaesthesia/Intensive Care)
Attachment 4: General Practice (2 weeks)
Attachment 5: Psychiatry (5 weeks)
SECTION THREE

BACHELOR OF MEDICINE COURSE DESCRIPTION

DOMAIN IV — POPULATION MEDICINE
Continuation of the program 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 Commitments
Students are expected to attend all appropriate clinical activities (eg ward rounds, operating theatre) on Monday, Tuesday, Wednesday and Friday. Students may also be rostered on any night of the week and on weekends. Students may be attached to country hospitals for clinical activities.

Every Thursday students attend Fixed Resource Sessions, scheduled between 9:30am and 5:30pm, covering topics in Domain II (Critical Reasoning), Domain III (Identification, Prevention and Management of Illness) and Domain IV (Population Medicine). During one of their first two rotations students also spend approximately two hours per week working in small groups to consider various Domain I Inter/Intra-Relationship Skills topics. Practical Therapeutics is scheduled from 5:30pm - 6:30pm each Thursday.

Note: Students are expected to attend Hospital Grand Rounds weekly.

ELECTIVE II
This concludes Year 5 and is structured and governed in the same way as Elective I.

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

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 1, Part 2, of the University of Newcastle Calendar).

3. Attendance at Prescribed First and Final Assessments is Compulsory:
   (i) Failure to attend first assessment will result in a mark of Not Satisfactory, unless there are extenuating circumstances. Students who do not attend first assessment will be permitted one final assessment in the final assessment period.
   (ii) Failure to attend final assessment will result in a final result of Not Satisfactory for that assessment, unless there are extenuating circumstances; i.e. 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 date will not be available.
   (v) For Medicine I Group Task and Critical Reasoning only, student groups Not Satisfactory at first assessment will be permitted a second assessment in the relevant instrument. Student groups found Not Satisfactory at second assessment will be permitted one final assessment in that instrument. Attendance at second assessment for these group assessments is compulsory.

4. Submission of Reports by a Stipulated Date is Compulsory:
   (a) If the report is a pre-condition for assessment in a Domain (for example, Certifications in Domain I) then:
      (i) Failure to submit the appropriate document(s) by the stipulated date will result in a mark of Not Satisfactory at first assessment for that certification and for the dependent instrument in that Domain, 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.
   (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, i.e. 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 or in the David Maddison Building or the John Hunter complex (place to be advised) by 5.00 pm on the date stipulated, except for:
- 48 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 the assessment period.

5. Raising forms to be used in assessments will be made available to students at appropriate times prior to the assessments. It is the student's responsibility to be familiar with them.
6. A specific timetable for each assessment will be published at least one week in advance of the assessments. Locations of assessment notice boards are: Level 6, Medical Sciences Building; Level 5, New Med II (Matthews); Level 1, David Maddison Clinical Sciences Building. Assessment notices will not be posted on general notice boards. It is the student's responsibility to ensure they are aware of all assessment requirements, dates, locations and so on.
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.
Students who wish to request a remark or review of their results must be lodged within one week of the release of notice boards at the time results are released. Requests for review will only be considered if the student has attended and can satisfactorily carry out the prescribed task. This is a pre-requisite to being permitted to undertake the Long Case. (The certification sheet is at the end of the Block 3 Professional Skills handout).

1. Certification Each student must submit a completed certification sheet by the date specified on the Year 1 schedule of key dates, on which lecturers certify that the student has attended and can satisfactorily carry out the prescribed task. This is a pre-requisite to being permitted to undertake the Long Case. (The certification sheet is at the end of the Block 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 group will deal with a "practice problem" in a given three hour session. The first 1 1/2 hours will be observed by the group task. 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) Essay Questions - independent short essays on given topics.

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

(v) Objective Structured Clinical Assessments (OSCA) - a series of separate problems, requiring observation and interpretation of some practical procedure or performance of some practical task using medical-relevant knowledge. This is a pre-requisite to being permitted to undertake the Long Case. (The certification sheet is at the end of the Block 3 Professional Skills handout).

Assessment Guidelines 1991

MEDICINE I

Year Co-ordinator: Dr. J.B. Stuart
Level 2.
David Maddison Clinical Sciences Building
Phone: 266165

Domain I - Professional Skills

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

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(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 procedure or performance of some practical task using medical-relevant knowledge. This is a pre-requisite to being permitted to undertake the Long Case. (The certification sheet is at the end of the Block 3 Professional Skills handout).

Domain IV - Population Medicine

1. Reports Each student will be required to submit two reports during the first assessment. Each report must be no longer than 3,500 words. This word limit does not include references and tables, but those 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 hour duration. They will be required to answer four out of a choice of seven 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 Second and Final Assessment

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

Domain I - Certification Students who do not submit the 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.

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 whose certification is deemed Not Satisfactory at the first assessment will be required to undertake a final assessment Long Case in the same format as the first assessment.

Domain II - Critical Reasoning

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

Domain V - Self-Directed Learning

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

MEDICINE I KEY DATES 1990

First Assessment

<table>
<thead>
<tr>
<th>Domain</th>
<th>Instrument</th>
<th>Date/Assessment Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Certification</td>
<td>28/10/91</td>
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<tr>
<td></td>
<td>Long Case</td>
<td>4/11/91 / 15/11/91</td>
</tr>
<tr>
<td></td>
<td>Group Task</td>
<td>14/10/91 / 18/10/91</td>
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<tr>
<td>II</td>
<td>Group Critical Reasoning</td>
<td>4/11/91 / 15/11/91</td>
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<tr>
<td>III</td>
<td>Written Papers</td>
<td>4/11/91 / 15/11/91</td>
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<tr>
<td>IV</td>
<td>Reports</td>
<td>(i) 15/5/91</td>
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<td></td>
<td></td>
<td>(ii) 6/8/91</td>
</tr>
<tr>
<td>V</td>
<td>Written Viva</td>
<td>4/11/91 / 15/11/91</td>
</tr>
</tbody>
</table>
MEDICINE II
Year Co-ordinator: Associate Professor J.A.P. Rostas
Room 415 Medical Sciences Building
Phone: 215615/215601

DOMIAN I — PROFESSIONAL SKILLS
1. Certification
   Students must be certified by clinicians as having certain professional skills:
   (i) Block 4 - Cardiovascular and Respiratory systems
   (ii) Block 5 - Neurology and Psychiatry
   (iii) Block 6 - Endocrinology and Haematology
   Appropriate documents are to be found in the Professional Skills handouts relating to each block. Students must submit the appropriate documents by the dates nominated in the schedule of key dates for Year 2. This is a pre-requisite to being permitted to undertake the Long Case.

2. Long Case
   Each student will be required to take a history from, and examine a patient during a 30 minute period. The student will be observed and will be required to make a short case presentation 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 by the nominated date 8 tasks as described in the General Practice document distributed to students prior to commencement of the General Practice attachment. These tasks will assess understanding of the process of general practice.

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

DOMIAN III — IDENTIFICATION, PREVENTION AND 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)
   (ii) Short Answer Questions (SAQs)
   (iii) Short Essays
   (iv) Multiple Choice Questions (MCQs)
   (v) Objective Structured Clinical Assessments (OSCA)

DOMAIN IV — POPULATION MEDICINE
1. Group Report
   Each group will be required to submit a report of not more than the equivalent of 16 x A4 pages, typed and single spaced.

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 Block 4 students will be required to have registered with the Chair, Domain V, a topic or topics for independent study. The topic of the task will be decided in consultation with the Domain V Chair, but may include remediation in specific areas of the curriculum. A suitably qualified person must be nominated as the supervisor for each report, and the learning contract must be signed both by the student and the supervisor(s). Students will be then required to submit by the specified date a written report (minimum 1,000 words) together with a confirmation from their supervisor (or 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 Second And Final Assessments
Competence is determined by instrument. That is, students must be Satisfactory in each component of each Domain.

DOMAIN I
1. Certification
   Students who do not submit the required certification(s) by the due 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 Long Case first assessment period. Students will then be permitted to undertake second assessment Long Case in the first assessment period.

Students whose certification is submitted by the due date but 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.

2. Group Presentation
   Students 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.

3. Individual Viva Assessment
   Students found Not Satisfactory in the viva assessment will be required to undertake one final assessment of up to 13 hours, in the same format as first assessment.

DOMAIN IV
1. Group Report
   Students 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
   Students 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.

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

1. **48 Hour Task**

   Students who do not submit their report by the stipulated date and time will be deemed to be Not Satisfactory at first assessment, unless there are extenuating circumstances. Students will be permitted one new task as final assessment in the same form as the first assessment, to be conducted in the second or final assessment period. Students who 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 stipulated 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 whose report is submitted by the due date but 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.

### MEDEICINE II KEY DATES 1991

#### First Assessment

<table>
<thead>
<tr>
<th>Domain</th>
<th>Instrument</th>
<th>Due Date</th>
<th>Assessment Period</th>
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<tbody>
<tr>
<td>I</td>
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<td>13/5/91</td>
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<td>Block 6</td>
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<td>Task Book (General Practice)</td>
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<td>Report</td>
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#### Second Assessment (Long Case only)

Long Case assessments will be held in the period 4/11/91-15/11/91 or 2/12/91-6/12/91, as appropriate.

#### Final Assessment

Final assessments will be held in the period 6/1/92 - 10/1/92, except for:

1. Extended Own Learning Task: Date to be set by the Chair, Domain V.
2. Domain IV Group Report: to be submitted by 6/1/92
3. Long Case: and 48 hour task where students elect to undertake final assessment in the second assessment period (2/12/91 - 6/12/91).

### MEDICINE III

#### Year Co-ordinator: To be announced

### Domain I — PROFESSIONAL SKILLS

#### 1. Certification

Is required for:

2. Specified procedures
3. Specified observations
4. 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 content of the specified procedures and specified observations (i.e. (i) and (ii) above).

#### 3. Discharge Summary and Referral Letter

Students are required to submit 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 reasons 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 centers.

#### 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 a form signed by their tutor indicating completion of four specified videotapes during their second Newcastle Block. This is a prerequisite to being permitted to undertake summative assessment in specific counselling.

#### 6.2 Assessment

Summative assessment will be with a simulated patient and will be videotaped. The duration of the interview will be up to 20 minutes.
SECTION THREE
BACHELOR OF MEDICINE SUMMATIVE ASSESSMENT GUIDELINES

Criteria For Competence And Details Of Second And Final Assessments

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

DOMAIN I

1. Certification

Students who do not submit the required certification by the due date will not be permitted to undertake the first assessment. Short Cases, 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. Students whose certification is submitted by the due date but deemed to be Not Satisfactory will not be permitted to undertake the Long Case first assessment and will be required to submit satisfactory certification prior to the Long Case first assessment period. Students who submit the Long Case first assessment period. Students who do not submit the Long Case first assessment period are deemed Not Satisfactory in this assessment will be required to complete requirements of the Logbook satisfactorily before the final 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 be based on 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.

4. Short Cases

Students found Not Satisfactory in either or both of the summative Short Cases will be required to undertake second and, if necessary, final assessment. These assessments will be in the same format as the first assessment. Students found Not Satisfactory in both summative Short Cases will be required to undertake second and, if necessary, final assessment. These assessments will be in the same format as the first assessment.

5. Long Case

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

6. Specific Counseling

6.1 Certification

Students who do not submit the required certification by the due date will not be permitted to undertake the Specific Counseling first assessment unless there are extenuating circumstances. The appropriate and satisfactory certification must be submitted prior to the Specific Counseling final assessment period. Students will then be permitted to undertake final assessment. Specific Counseling. Students whose certification is submitted by the due date but is deemed to be Not Satisfactory will not be permitted to undertake the Specific Counseling first assessment and will be required to submit satisfactory certification prior to the Specific Counseling final assessment period. They will then be permitted to undertake final assessment. Specific Counseling.

6.2 Assessment

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

DOMAIN II

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

DOMAIN III

1. Written Assessments

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

2. Trauma Report

Students who do not submit the Trauma Report by the due date should refer to the General Summative Assessment Guidelines, Paragraph 4, Section (b). A report based on a new patient must be submitted by the final assessment date. Students who submit the Trauma Report by the due date but are deemed Not Satisfactory in this assessment will be required to complete the task one final time in the same format as the first assessment and based on a new patient.

3. Chronic Disability Presentation

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

DOMAIN IV

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

MEDICINE III KEY DATES 1991

First Assessment

<table>
<thead>
<tr>
<th>Domain</th>
<th>Instrument</th>
<th>Due Date</th>
<th>Assessment Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Certification: Specialities, Procedures, Observations and Short Cases</td>
<td>19/7/91 or 13/9/91</td>
<td>1/1/91 - 10/1/91</td>
</tr>
<tr>
<td></td>
<td>Country Term Logbook</td>
<td>19/7/91 or 13/9/91</td>
<td>1/1/91 - 10/1/91</td>
</tr>
<tr>
<td></td>
<td>Discharge Summary and Referral Letter</td>
<td>19/7/91 or 13/9/91</td>
<td>1/1/91 - 10/1/91</td>
</tr>
<tr>
<td></td>
<td>Short Cases</td>
<td>During Blocks 8 and/or 9</td>
<td>1/1/91 - 10/1/91</td>
</tr>
<tr>
<td></td>
<td>Long Case</td>
<td>23/9/91 to 11/10/91</td>
<td>1/1/91 - 10/1/91</td>
</tr>
<tr>
<td></td>
<td>Certification: Specific Counselling</td>
<td>7/6/91 or 16/6/91</td>
<td>1/1/91 - 10/1/91</td>
</tr>
</tbody>
</table>

Second Assessment (Short Cases and Long Cases only)

Students who do not have an Extended Own Learning Task topic approved by the due date will not be permitted to undertake the Specific Counseling first assessment, unless there are extenuating circumstances. Students will be permitted to undertake second assessment. Long Case in the first assessment period. Students found Not Satisfactory in this assessment will be required to undertake one further second assessment. Long Case in the first assessment period.

Second Assessment (Short Cases and Long Cases only)

Short Cases: Students who remain NS in short cases after second assessment will be required to give notice in writing stating whether they wish to sit for the final assessment during the long case second assessment period (16/1/92 - 20/1/92) or the final assessment period (6/1/92 - 10/1/92). This notice must be submitted by 30/1/91.

Extended Own Learning Task: Dates for this will be set by the Chair, Domain V.

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

SECTION THREE
BACHELOR OF MEDICINE SUMMATIVE ASSESSMENT GUIDELINES
MEDICINE IV

Year Co-ordinator: Dr. M.V. Agnew
Level 4,
David Maddison Clinical Sciences Bldg
Phone: 266167/266169

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. 4 medicine, 4 surgery, 1 paediatrics, and 1 reproductive medicine. These must be submitted to the discipline concerned by the times specified in the relevant documents. Students are advised to discuss their progress with their clinical supervisor during their attachments so that any problems seen by the supervisor can be addressed.

1.2 Doctor/Patient Interactions

These cases will relate to the student’s clinical rotations (Medicine, Paediatrics, 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 7 hours.

DOMAIN III — IDENTIFICATION, PREVENTION AND MANAGEMENT OF ILLNESS

Students will undertake up to 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) Objective 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 fashion and interpret that information for direct benefit to the patient. An example of a task used previously is: “Mrs. C. has just been found to have a malignant lymphoma; she wants to know whether there is any evidence that lymphomas run in families. She wonders what 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 (defining their questions and recording their initial enquiry strategies). They then have 48 hours to submit the report. The report should not exceed 2,500 words in length.

Criteria for Competence and Details of Second and Final Assessments

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

DOMAIN I

1. Certification

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

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

Medicine and Surgery

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

(a) A student who is Satisfactory in all rotations will progress through the prescribed assessment process.

(b) A student with one Not Satisfactory will be interviewed by the appropriate discipline representative, and may be required to sit for an additional observed long case.

GENERAL INFORMATION

Principal Dates 1991

(See separate entry for Faculty of Medicine)

January

1 Tuesday Public Holiday — New Year's Day
4 Friday Last day for return of Enrolment Application Forms — Continuing Student

February

8 Friday New student accept UAC main round offer

6 Wednesday Re-enrolments Approval Sessions for re-enrolling students

TO

14 Thursday
25 Monday First Semester begins

March

31 Friday Last day for a) variation of program in relation to HECS liability for Semester I, b) addition of Semester I and full year subjects, and c) withdrawal without academic penalty from Semester I Subjects.

29 Friday Good Friday — Easter Recess commence

April

1 Tuesday Lectures resume

25 Tuesday Public Holiday — Anzac Day

June

7 Friday First Semester concludes

11 Tuesday Examinations begin

28 Friday Examinations end

July

1 Closing date for applications for selection to the Bachelor of Medicine in 1992.

15 Monday Second Semester begins

August

21 Last day for a) variation of program in relation to HECS liability for Semester II, b) addition of Semester II subjects, and c) withdrawal without academic penalty from Semester II and full year subjects.

DATES FOR THE 1991 ACADEMIC YEAR FOR THE BACHELOR OF MEDICINE PROGRAM

Year 1

Semester 1 courses commence Monday 25 February, 1991

Monday 29 March, 1991

to

Friday 9 April, 1991

Monday 8 April, 1991

Friday 28 June, 1991

Semester 2 courses commence Monday 15 July, 1991

Monday 30 Sept, 1991

to

Friday 11 October, 1991

Monday 14 October, 1991

Friday 1 November, 1991

Examinations commence Monday 4 November, 1991

to

Friday 15 November, 1991

Mini-Elective courses commence Monday 18 November, 1991

to

Friday 29 November, 1991

NOTE:

Semester One consists of Block One (16 weeks) and 7 weeks of Block Two. Semester Two consists of the remaining 13 weeks of Block Two and all of Block Three (10 weeks).

* Dates yet to be finalized
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:

Academic Advisers
Mr Peter Summons
Ms Margaret Davies
Ms Alicia Hardy
Mr Arthur Kingsland
Ms Helen Hotchkins
Ms Jill Norburn
Mr David Donnelly
Ms Margaret Davies
Ms Vivienne O'Sullivan
Ms Kate Gemmell
Mr Maurice Chalmers
Ms Nicola Stirling
Mr David Wood
Ms Jo Bentley-Cooper
Mr David Waterhouse
Ms Wendy Wilson
Ms Jill Norburn
Ms Helen Hotchkins
Mr Chris Palmer
Ms Vicki Drewe

School
Administration
Ms Jenna Hughes
Ms Margaret Cole
Ms Muriel McFarlane
Ms Cathy O'Brien
Ms Patricia Jacobs
Dr David Fox
Ms Nicola Stirling
Ms Helen Hotchkins
Ms Vicki Drewe

Coursework
Health
Ms Emily de Leeuw
Ms Linda Whybourn
Ms Helen Hotchkins

School
Faculty

Engineering

Science & Mathematics

Arts

Humanities

Health

School of Education

Faculty of Engineering

Faculty of Science

Faculty of Business

Faculty of Medicine

Faculty of Visual and Performing Arts

Student Services

University Computer Services

Student Representative Council

Ms Kate Gemmell
Mr Maurice Chalmers
Ms Helen Hotchkins
Mr Chris Palmer
Ms Vicki Drewe

A candidate for a postgraduate qualification shall enrol as either a full-time or a part-time student as determined by the Faculty Board.
Students are requested to pay any debts incurred without delay.

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 a term
- receive a transcript of academic record
- graduate or be awarded a Diploma
- replace a replacement Student ID Card

Students should ensure that all details on their form are correct. A completion notice will be sent to all students notified the Division Office of a change of address.

Withdrawal
Application to withdraw from a subject can be made on the Program Variation form. Application for withdrawal must be made to the Student Division Office or to the Admissions and Enrolments Office.

Withdrawal Dates
First Semester: 31 March 1991
Second Semester: 31 August 1991
Withdrawal after the above dates will normally result in a failure being recorded against the subject or subjects in question.

Withdrawal of the above dates will normally lead to 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 with the application to withdraw.

Enrolment Confirmation
Students should ensure that all details on their Program Variation form are correct. Failure to check this information could create problems at examination time. Please note that it is the student's responsibility to ensure that all enrolment details are correct.

Examinations
Tests and examinations may be held in any subject from time to time. In the assessment of a student's progress in a university course, consideration will be given to laboratory work, tutorials and assignments and to any term or mid-year examination, as follows:

(a) a student who is prevented from sitting an examination due to illness or other unavoidable cause
(b) a candidate shall not bring into the examination room any book, paper, writing material, device or aid whatsoever, other than a programmable calculator
(c) a candidate shall not bring into the examination room any book, paper, writing material, device or aid whatsoever, other than a programmable calculator
(d) a candidate shall not bring into the examination room any book, paper, writing material, device or aid whatsoever, other than a programmable calculator
(e) a candidate shall not bring into the examination room any book, paper, writing material, device or aid whatsoever, other than a programmable calculator
(f) a candidate shall not bring into the examination room any book, paper, writing material, device or aid whatsoever, other than a programmable calculator
(g) a candidate shall not bring into the examination room any book, paper, writing material, device or aid whatsoever, other than a programmable calculator
(h) a candidate shall not bring into the examination room any book, paper, writing material, device or aid whatsoever, other than a programmable calculator

Any infringement of these rules constitutes an offence against discipline.

Official University notices are displayed on the notice boards and used for the specific purpose of displaying examination time-tables and other notices about examinations. Smoking is not permitted during lectures, in examination rooms or in the University Library. Gambling is forbidden.

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 advised the Student Division Office of a change of address.

Change of Name
Students who change their name should advise the Student Division Office. The official deed poll certificate will be required for legal and official changes to the address.

Withdrawal
Application to withdraw from a subject can be made on the Program Variation form. There is a deadline for each subject, which is refundable in the event of an error being discovered. However, it should be noted that examination results are released only after candidates' identification has been verified and that other matters, such as student fees, are not affected.

Sitting for Examinations
Formal examinations, whose presence is compulsory, should be taken first in order to take advantage of the 10 minutes' rest leave available for students who do not complete their examinations within the normal time limits.

Applicants for Special Consideration are available from the Admissions and Enrolments Office, Examinations and the University Health Service. Before a student's application for correction or correction of a candidate's performance and that they have taken all reasonable steps to obtain the necessary evidence to support such an application.

Sitting for Examinations
Formal examinations, whose presence is compulsory, should be taken first in order to take advantage of the 10 minutes' rest leave available for students who do not complete their examinations within the normal time limits.

Examinations
Tests and examinations may be held in any subject from time to time. In the assessment of a student's progress in a university course, consideration will be given to laboratory work, tutorials and assignments and to any term or mid-year examination, as follows:

(a) a student who is prevented from sitting an examination due to illness or other unavoidable cause
(b) a candidate shall not bring into the examination room any book, paper, writing material, device or aid whatsoever, other than a programmable calculator
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(h) a candidate shall not bring into the examination room any book, paper, writing material, device or aid whatsoever, other than a programmable calculator

Any infringement of these rules constitutes an offence against discipline.
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 accordingly by mail after 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 Enrolment Application forms by Friday 4 January 1991.

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

Regulations Governing Unsatisfactory Progress

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

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

(3) In these Regulations, unless the context or subject matter otherwise indicates or requires:

- "Admissions Committee" means the Admissions Committee of the Senate constituted under By-law 2.3.5;
- "Dean" means the Dean of a Faculty in which a student is enrolled;
- "Faculty Board" means the Faculty Board of a Faculty in which a student is enrolled.

2.(1) A student's enrolment in a subject may be terminated by the Head of the Department offering that subject if that student does not maintain a rate of progress considered satisfactory by the Head of Department. In determining whether a student is failing to maintain satisfactory progress the Head of Department may take into consideration such factors as:

(a) unsatisfactory attendance at lectures, tutorials, seminars, laboratory classes or field work;
(b) failure to complete laboratory work;
(c) failure to complete written work or other assignments;
(d) failure to complete field work.

2.(2) The enrolment of a student in a subject shall not be terminated pursuant to regulation 2.(1) of these Regulations unless the student has been given prior written notice of the intention to consider the matter with brief notice of the reasons for doing so and has also been given a reasonable opportunity to make representations either in person or in writing or both.

3. A student whose enrolment in a subject is terminated under regulation 2.(1) of these regulations may appeal to the Faculty Board which shall determine the matter.

4. A student whose enrolment in a subject is terminated under this Regulation shall be deemed to have failed the subject.

3.(1) A Faculty Board may review the academic performance of a student who does not maintain a rate of progress considered satisfactory by the Faculty Board and may determine:

(a) that the student be permitted to continue the course;
(b) that the student be permitted to continue the course subject to such conditions as the Faculty Board may decide;
(c) that the student be excluded from further enrolments:
   (i) in the course; or
   (ii) in the course and any other course offered by the Faculty;
(d) that the student be excluded from all further enrolment in the University.

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 in writing or both.

3. A student may appeal against any decision made under regulation 3.(1) or 3.(2) of these Regulations to the Admissions Committee which shall determine the matter.

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

5.(1) An appeal made by a student to the Admissions Committee pursuant to Regulation 3.(1) 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.

(2) In hearing an appeal the Admissions Committee may take into consideration any circumstances whatsoever including matters not previously raised and may seek such information as it thinks necessary to enable the committee to form a judgment as to 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 an appeal 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.

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

(4) 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) The Admissions Committee shall consider any case which it deems appropriate to refer 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), (6), (b) or (c) of these Regulations;
(b) exclude students from enrolment in any other subject, course 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.

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

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

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 it may determine after considering any advice from the Dean of the Faculty from which the student was excluded.

(2) A student who has been excluded from further enrolment in any course, Faculty or from the University under these Regulations may apply for permission to enrol therein 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 application shall be made:

(a) by the Faculty Board, where the student has been excluded from enrolment in a single course; 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.

(2) A student whose application to enrol pursuant to Regulation 8.(2) (b) 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-payments will result in a fee for full time load in which the student is enrolled on the semester census dates, That amount must be paid in full by the prescribed date.

The Higher Education Contribution Scheme (HECS)

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

All students, apart from some exceptions, enrolled in institutions of higher education from 1989 are liable under the HECS. Exemptions from payment of the Higher Education Contribution (HECS) apply to:

- a fee-paying student in a "fees-approved postgraduate award course";
- a student in a "basic nurse education course";
- a "full-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 during the semester and is payable irrespective of whether the subject is 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 certain dates. March 31 in 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 stand for that semester.

In 1990 the HECS charge for a standard full time program was $1,882 for the year or $941 for a semester. This amount will be indexed each year in accordance with the consumer price index.

Higher Education Contribution Scheme (HECS)

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:

- Elect "Basic Course" for which the liability is capped at $1,020 in any semes ter.
- Elect "Standard Course" for which the liability is capped at $1,882 in any semester.
- Elect "Honours Course" for which the liability is capped at $2,312 in any semester.
CAMPUS TRAFFIC AND PARKING

(b) Defer their HECS and elect to pay through the taxation system, in which case they must either provide a tax file number or apply for a tax file number as part of the 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.

Students electing to defer their HECS and pay through the taxation system are not required to make a payment towards their contribution until their taxable income reaches a minimum threshold level. For the 1990-91 income year the minimum threshold is $53,469. This amount will be increased in line with the consumer price index each year; or

(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 University their Fees and Charges Notice together with a written statement 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 made to Ms Anne Lang, Student Services. Arrangements should be made well in advance to avoid the risk of a late charge.

REFUND OF CHARGES

A refund of the General Charge paid on enrolment or part thereof will be made when the student notifies the Student Division of a complete withdrawal from studies by the following dates (yet to be determined):

A refund 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 1991.

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 may be lodged either at the Student (Patrol) Office located in the foyer of the Great Hall or with the Property Services Office located in the Hunter Building. 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 Director (Property Services), after affording the person a period of fourteen days in which to submit a written statement is satisfied that any person is in breach of Regulations, he may:

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

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

- A student failing to notify the registered number of a vehicle brought on to the campus
- Parking in a space not set aside for parking
- Parking in special designated parking areas without a parking permit for that area
- Driving offences — including speeding and dangerous driving
- 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)
- registering a vehicle in the University's car park

A refund cheque will be mailed to a student or if applicable a sponsor.

A refund will not be made before 31 March 1991.

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

- A student failing to notify the registered number of a vehicle brought on to the campus
- Parking in a space not set aside for parking
- Parking in special designated parking areas without a parking permit for that area
- Driving offences — including speeding and dangerous driving
- 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)
- registering a vehicle in the University's car park

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

The University Conservatorium of Music, located at the corner of Gibson and Auckland Streets in the centre of Newcastle, being a parking facility, however, there is a Council car-park in Gibson Street.

BANKING

j) Commonwealth Bank

The University of Newcastle branch of the Commonwealth Bank is located adjacent to the McMillan Building. An automatic teller machine is located outside.

**Hours of Opening:**
- Monday to Thursday: 9.30am - 4.00pm
- Friday: 9.30am - 5.00pm

An agency of this branch is located adjacent to the Union Bar on the former Institute side of the campus.

k) Westpac Banking Corporation

An agency of the Hamilton Branch of Westpac is located outside the Students Union. It offers normal banking facilities and services.

**Hours of Opening:**
- Monday to Thursday: 10.00am - 11.50am
- Friday: 12.30pm - 5.00pm
- Monday to Thursday: 10.00am - 11.30am
- Friday: 12.30pm - 4.00pm

Closed over the Christmas period.

Above hours extend through mid-semester break.

lo) Credit Union

The main branch of the University's Credit Union is located with the Student Union on the former University side of the campus.

**Hours of Opening:**
- Monday to Friday: 9.00am - 4.00pm

An agency is located in the Hunter Union Building.

**Hours of Opening:**
- (a) Pay week: Tuesday to Thursday 10.30am - 2.00pm*
- (b) Off-pay week: Tuesday & Thursday 10.30am - 2.00pm*  
  * liable to alteration before and after 31/10/90

CASHIER

There are two cashiers’ offices on campus.

(i) located inside entrance of Hunter Building.

**Hours of Opening:**
- (a) During Semester: Monday to Thursday 10.00am - 4.00pm (Open during lunch break)
- (b) Vacation Period: Monday to Thursday 10.00am - 12.30pm

**CHAPLANY SERVICE**

The Chaplain’s offices are located in the demountable buildings at the rear of the Mathematics Building on the former University side and in C390 in the following locations:

Pastoral care is available at both the University and the Conservatorium of Music from the following denominations:
- Anglican
- Baptist
- Presbyterian
- Uniting Church
- Assembly of God

**Hours of Opening for both Centres:**
- Monday to Friday: 8.30am - 5.00pm

COMMUNITY PROGRAMMES

The Department of Community Programmes offers bridging courses for students in its Summer programme (January and February), as well as courses for people who do not have to be formally accepted as University students.

Students interested in bridging courses should call at the Department’s offices in the Hunter Union, Ground Floor of the Mathematics Building. Courses, workshops and seminars for the public can be in virtually any subject area, and those interested should telephone for further details.

CONVOCATION

All students of the University of Newcastle become members of Convocation upon graduating. Convocation is the graduate body of the University of Newcastle and, under the provisions of the University of Newcastle Act, is one of the constituent parts of the University. By virtue of the Act and the University By-Laws, Convocation has a voice in the government of the University through its right to elect members of Council and the Standing Committee’s right to direct communication with the Council and the Senate. Through its membership as part of the University of Newcastle Graduates’ Conference, Convocation also cooperates with its counterparts in other universities to give effective expression of opinion on matters of common concern.

CO-OP BOOKSHOP

There are two branches of the Co-op Bookshop on the one campus. Both offer discounts to Co-op members.

The main branch is located within the Student Union. It stocks textbooks, general publications, computer discs and other software, audio-visual cassettes.

**Hours of Opening:**
- Monday, Wednesday and Friday: 9.00am - 5.00pm
- Tuesday and Thursday: 9.00am - 6.00pm

STUDENT SERVICES

First two weeks of semester
- 8.30am - 7.00pm
An agency is located in the Hunter Union.

Hours of Opening
- (a) During Semester: Monday to Thursday 10.00am - 4.00pm
- (b) During Teacher Training: Monday to Thursday 10.00am - 2.00pm
- First two weeks of semester: 9.00am - 5.00pm

LOST PROPERTY

Lost property may be collected from, or deposited at two locations on campus.

(a) Patrol Office, Great Hall between 9.00am - 4.00pm
(b) Property Services, C110, between 9.00am - 4.00pm
(Hunter Building)

It is suggested that you telephone in advance.

NOTICEBOARDS

Students wishing to post notices within the glass-fronted locked noticeboards should contact Mr D. Heggart, Property Services in the Hunter Building.

POST OFFICE

Offers all normal postal services EXCEPT interviews for passports.

**Hours of Opening:**
- Monday to Friday: 9.00am - 5.00pm

PUBLIC TRANSPORT

The State Transit Authority provides a comprehensive bus service to the University in the following locations: Newcastle (Parrnell Place), Newcastle Regional Museum, The Junction, Tights Hill, Broadmeadow, Adamstown, Lambton Park, Mayfield, Warabrook, Jannali, Wallsend, Rankin Park, Carllli, Charlestown, Belmont.

Bus Timetables are available from the enquiry counter at Student Services.

STUDENT INSURANCE COVER

Studentcover Insurance is an accident policy which is administered by the Sports Union on behalf of American Insurance Underwriters (A.I.U.). This policy provides benefits for death, disability, hospitalization, loss of wages and medical expenses (these are restricted to injuries sustained whilst engaged in campus activities). The injury must be the result of a ‘fortuitous act’ (i.e. due to chance). It does not cover disability arising from sickness or disease. There is a $200 excess applying to each accident, not each claim. This excess is deducted from the first part claim only.

Studentcover can provide:

- Students who are members of the Sports Union (this does not include students who have deferred study),
- Active life and active associate members of the insured organisation,
- Staff of the Sports Union and staff of the University.

For further information, please telephone the Sports Union office during business hours.

iv
UNIVERSITY COMPUTING SERVICES

The University of Newcastle has made use of computers in research and teaching and for administrative purposes since the first computer was installed in October 1963. All students will become familiar with the UNIVERSITY COMPUTING SERVICES administrative divisions and for all activities of the university: for academic departments, and to campus network with external links, and through the University Computing Services. Computers are widely used in teaching wherever this is appropriate. The computers normally operate continuously, with terminal rooms in the Babbage, Huntingdon, and Hunter buildings and in other departmental areas. Students are given access to central VAX/VMS computers and centrally located microcomputers (Apple Macintosh and IBM PCs or clones) and to departmental and special purpose computers as appropriate to their course of study. Many packages are available such as the MAC numerical library, statistical programs such as MINITAB, SPSS-X and BMDP and word-processing. All students are free to use the electronic News and Mail services.

You may use only those facilities which have been authorised for your use. If access is protected by a password, you are not to make this password available to others. You may not use any account set up for another user, nor may you attempt to find out the password of another user.

You may only use authorised facilities for authorised purposes. For example, facilities made available for teaching may not be used for private profit.

You must be aware of the law of copyright as it affects computer software. Software must not be copied without the express permission of the copyright owner.

You may not attempt to copy information belonging to other users (whether they be staff, students or other users) without their express permission.

You may not attempt to interfere with the operation of computing facilities.

You may not attempt to subvert the security of any of the University’s computing facilities.

You may not use the University’s computing facilities to send obscene, offensive or harassing messages.

The purchase or lease of computer software normally provides a licence to use the software, together with a copy of the software and associated documentation. The title to the software remains with the copyright owner, who is entitled, subject to the Copyright Act, to place conditions upon the use of the software.

Members of the University are personally responsible for complying with the Commonwealth Copyright Act relating to the copying of computer software and to the terms and conditions of the particular computer software licence relating to leased or purchased software. The Copyright Act makes specific provision for the making of a backup copy of either or both the original or an adaptation of a computer program. Thus the University only makes backup copies of programs for which it has purchased a licence. If a program is on loan or has been hired, the right to make copies with use is to be expressly authorised by the copyright owner. In addition, the reproduction may only be made for the purpose of being used in the original copy in the event that the original copy is lost, destroyed or rendered unusable. Such a backup copy cannot be made from an infringing copy of the computer program or when the reproduction of the copyright in the program has given an express direction to the contrary.

Copying of computer software to hard disk should only occur if the computer software licence specifically allows it for other than normal backup purposes. The use of the hard disk copy must not be used by more than one person at a time unless the agreement states otherwise, or in the absence of an agreement, it is used on the hard disk by no more than one person at any time.

Hard disk copies of software used in a network environment to allow simultaneous access by more than one user can only be provided if specially permitted in the contract or software licence; or a copy of the software has been purchased for every simultaneous user of the hard disk copy.

Copying of software for classroom use is permitted unless specifically permitted under the contract or software licence for the leased or purchased product.

Photocopying

Photocopying facilities are available in the University and and the program will not be available for more than one person at any time.

Library

The University's libraries are available to members of staff, students, and guests of the University. The facilities of the University Library are available to such persons who may be approved by the Librarian. Librarians, students who are not students of the University of Newcastle must apply to the University Library for permission to use the Library.

As a member of the University of Newcastle, you are entitled to use the University and Hunters libraries. Students who are not students of the University of Newcastle must apply to the Library for permission to use the Library.

Only students and staff of the Conservatorium Music can borrow from the Library. Students who are not students of the University of Newcastle will have to obtain permission from the University Library for permission to use the Library.

Borrowing/Identification Cards

You cannot borrow without an identification card. Student cards are issued to students upon payment of fees. Borrower cards are issued to students and are personal. Your and the Librarian must. not be copied except with the permission of the copyright owner.

Borrowing rights are withdrawn if you fail to return material by or on the date due. The fine for late return may be increased by an amount of $2.00 per day per item until the material is returned. Also, a fine of $5.00 per item is levied when material is two days overdue. The fine will increase by 50 cents per day per item until the material is returned. If library material is lost or damaged, the replacement cost plus a processing fee will be charged.

Inter-Library Resources

Material not held in the University of Newcastle Libraries may be obtained from other libraries within Australia or overseas. This service is available to academic staff, higher degree and honours/final year students. Books and serials readily available within Australia should arrive within 10 to 14 days. Photocopy articles are normally sent to your Department for collection.

Information Access Resources

Library facilities include the computerised catalogue, Alloca, which provides direct access to information about materials held in the University and Hunter Libraries; CD-ROM Databases and Audio-Visual materials. Both Hunter and Auchen Libraries provide typing facilities.

Photocopying

Photocopying facilities are available in the University and Library. Students may purchase photocopy cards which can be purchased with $2.00 and $5 notes. Users must observe the relevant Copyright Act provisions and which are on display near the photocopier.

Disabled Persons

Both Auchen and Hunter Libraries cater for the needs of physically disabled and visually impaired library users. Toilet facilities for handicapped persons are located near the entrance to Reading Rooms 1 and 4 of the Auchen Library, whilst similar facilities exist in the foyer areas outside the Library.

The Auchen Library

Located adjacent to Shortland Union, this Library supports the teaching and research requirements in the faculties of Architecture, Arts, Economics and Commerce, Education, Engineering, Medicine, Science and Technology. It holds a wide range of government publications, and a Rare Book Collection. Specialist services in Biomedicine, Government Publications and Law are provided.

The Biomedical Library

Houses monographs, serials, pamphlets and reference material in Biological Sciences and Medicine; i.e., within the classification ranges O61.57.016.619 and 570.619. Collections of resources are also maintained in six county centre hospitals, Tamworth, Taree, Coffs Harbour, Orange and Lismore for the use of students in clinical training stages.

There is a formal agreement between the University and the Hunter Library and University Computing Services, and the University and the Hunter Library.

Short Loan Collection

You may have access to the Short Loan Collection for restricted periods.

Further information and assistance can be obtained at the University Library Reference Desk or at the following service points:

- **Archives**
  - **Inter-Library Services**
  - **A/V Services**
- **Biomedical Library**
- **Reference Desk**
- **Loans**
- **Government Publications**
- **Borrowing Rights**

The following loan conditions apply at the Auchen and Hunter Libraries:

<table>
<thead>
<tr>
<th>Undergraduate</th>
<th>12 books overall for 2 weeks</th>
<th>Graduate Diploma/Postgraduate Diploma (Pass or Honours)</th>
<th>12 books overall for 2 weeks</th>
<th>Postgraduate Qualifying/Bachelors Honours/Masters by Coursework</th>
<th>12 books overall for 2 weeks</th>
<th>2 journals for 1 week*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff/Higher Doctorate/PhD &amp; Masters by research</td>
<td>50 books overall for 12 weeks</td>
<td>6 journals for 1 week*</td>
<td>*Some heavy demand material will be available on 3 day loans only for all staff and students.</td>
<td><strong>Hours of Opening (Auchen Library Only)</strong></td>
<td>i. Term Hours: Monday to Thursday: 9.00am to 9.00pm; Friday: 9.00am to 5.00pm</td>
<td>Saturday &amp; Sunday: 9.00am to 4.00pm</td>
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</tbody>
</table>
The Newcastle Conservatorium of Music Library

This Library is located on the second floor of the old section of the Newcastle Conservatorium of Music, corner of Gibson and Auckland Streets. Limited on-street parking is available. Off-street parking is available in the King Street Council Car Park, and Conservatorium students may obtain parking concessions from the Information Centre, Shortland Union Building.

Borrowing Rights

Students and staff of the Conservatorium of Music can borrow from its Library. This includes all-time and part-time Music Education students. They are entitled to have three books for one week and seven access for a term. Music recordings are not available for loan. However, compact disc, record and cassette players are available for use within the Library. Access to the collection by other categories of users can be arranged by contacting the Librarian on 29 4133.

Limited facilities for disabled persons can be arranged if prior arrangements are made.

Hours of Opening

i) Monday to Friday 9.00am to 9.00pm

ii) Saturday & Sunday 8.30am to 5.00pm

iii) Semester Breaks Monday to Thursday 9.00am to 9.00pm

iv) Long Vacation Monday to Friday 9.00am to 5.00pm

v) Library Closed All public holidays

External Studies Librarian

Online Searching

Services

Loan

Reference Desk

A/V Services

Short Loan

Supervisors Report forms.

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 plan of investigation and management. A 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 assessment (if necessary) will occur in the last long case of the year if this

i) March to November Monday to Thursday 9.00am to 5.00pm

ii) December to February Monday to Thursday 9.00am to 5.00pm

9.00am to 6.00pm

Gardiner Library

Located in the Hunter Building, this Library supports the teaching and research requirements of the Schools of Health and Administration, Technology, Education and Humanities, Visual and Performing Arts. It also receives all Department of Education publications including the primary school syllabuses as well as the Higher School Certificate examination papers. They are housed in the Audio-Visual section.

Borrowers may have access to the Short Loan Collection for restricted periods.

Further information and assistance can be obtained at the Huxley Library Reference Desk or at the following service points:

A/V Services

Online Searching

Huxley Library

Located in the Hunter Building, this Library supports the teaching and research requirements of the Schools of Health and Administration, Technology, Education and Humanities, Visual and Performing Arts. It also receives all Department of Education publications including the primary school syllabuses as well as the Higher School Certificate examination papers. They are housed in the Audio-Visual section.

Borrowers may have access to the Short Loan Collection for restricted periods.

Further information and assistance can be obtained at the Huxley Library Reference Desk or at the following service points:

A/V Services

Short Loan

Reference Desk

Online Searching

Australia Day, Easter except Easter Monday, Christmas to New Year


Mater Hospital Library

i) Monday to Friday Weekends

9.00am to 5.00pm

Closed

Huxley Library

Located in the Hunter Building, this Library supports the teaching and research requirements of the Schools of Health and Administration, Technology, Education and Humanities, Visual and Performing Arts. It also receives all Department of Education publications including the primary school syllabuses as well as the Higher School Certificate examination papers. They are housed in the Audio-Visual section.

Borrowers may have access to the Short Loan Collection for restricted periods.

Further information and assistance can be obtained at the Huxley Library Reference Desk or at the following service points:

A/V Services

Loan

Reference Desk

Online Searching

Inter-Library Services

External Studies Librarian

Borrowing Rights

Refer to borrowing rights for Ausmusic Library.

Hours of Opening

i) Term Hours

Monday to Thursday 9.00am to 5.00pm

Friday 8.30am to 9.00pm

Saturday & Sunday 8.30am to 5.00pm

1.00pm to 5.00pm

ii) Semester Breaks

Monday to Thursday 9.00am to 5.00pm

Wednesday 9.00am to 9.00pm

Other Nights Weekends

9.00am to 9.00pm

Closed

iii) Long Vacation

Monday to Friday 9.00am to 5.00pm

iv) Library Closed

All public holidays

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

1.2 Doctor/Patient Interactions

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

2. Long Cases

Students must be Satisfactory in the observed component of one long case. Once a student has been rated Satisfactory in this component he/she will not be rated summatively for history taking and physical examination in subsequent long cases. If a student is Not Satisfactory in the observed component 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.

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 plan of investigation and management. A 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 assessment (if necessary) 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.

The minimum level of competence for the long cases is a Satisfactory performance in three or more of them. The criteria for Satisfactory in each long case is an S performance in all components assessed. In the instance of the observed long case, the components are history taking, physical examination, interactional skills, case presentation, case discussion & case write-up, if required. In the unsatisfactory long cases the parameters are case presentation, case discussion & case write-up, if required.

The performance of students Not Satisfactory in one of the four long cases will be reviewed, and the student may, taking other marks and Supervisor’s Reports into account, be required to undertake second, and if necessary, final assessment by long case in the discipline concerned. If the student is Not Satisfactory in two of the four long cases, he/she may be required to undertake second and, if necessary, final assessment by long case in one of the other disciplines concerned. The decision will be determined on a case by case basis by the Year Committee. 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 in three of the four long cases, he/she will be required to undertake final assessment in one of the disciplines concerned. If a student is Not Satisfactory at all four long cases, 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

Students whose Baby in the Family Report is submitted on time and found to be Not Satisfactory, will be required to re-submit the amended Report by the date specified by the Year Co-ordinator. 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).

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

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

HONOURS

All instruments will potentially contribute to Honours.
DOMAIN II — 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. These forms must be submitted to the discipline concerned by the times specified in the relevant documents.

1.2 Doctor/Patient Interactions

Students are required to carry out the prescribed video tape exercises and should attend tutorials when not absent on attachment in the country. Tutors will certify to this effect using the appropriate form to be found with the CSR forms.

2. Long Case

Each student will interview a patient (without observation by any assessor), and then discuss 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. Psychiatry Long Cases

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.

4. 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, e.g. 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 III — SELF-DIRECTED LEARNING

This Domain is not summatively assessed in Year 5, 1991. Students should refer to the separate guidelines for Elective II.

Criteria for Competence and Details of Second and Final Assessments

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

DOMAIN I

1. Certification

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

Students who do not submit the certifications by the due date should refer to the General Summative Assessment Guidelines, paragraph 4 Section (a).

There are rotations in general practice, paediatrics, reproductive medicine, medicine and surgery. Students must be Satisfactory in all terms. A student found to be Not Satisfactory in one or more terms may be required to remediate in a specific discipline by repeating a rotation in which they are Not Satisfactory and may be required to sit extra observed case(s) or other assessment as appropriate at the second assessment period.

1.2 Doctor/Patient Interactions

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

Students who submit Not Satisfactory certifications will not be permitted to sit for first assessment in Doctor/Patient Interactions 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 Doctor/Patient Interactions.

2. Long Case

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

3. Psychiatry Long Cases

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

4. Doctor/Patient Interactions

Students found Not Satisfactory in Doctor/Patient Interactions will be required to undertake final assessment, in the same format as first assessment.

DOMAIN II

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

DOMAIN IV

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

HONOURS

All instruments will potentially contribute to Honours.

MEDICINE V KEY DATES 1991

First Assessment

Domain Instrument Due Date Assessment Period

I Certification (i) C.S.R. 5:00 pm on the Monday following the end of each rotation.

(ii) Doctor/Patient Interactions Long Case Assessed on 4 occasions

29/4/91 - 3/5/91

20/7/91 - 2/8/91

4/11/91 - 8/11/91

II Written Assessments

2/12/91 - 6/12/91

III Written Assessments

2/12/91 - 6/12/91

IV Viva

9/9/91 - 13/9/91

V Baby in the Family

Due 10 days prior to the end of the Report

combined Paediatrics/ Reproductive Medicine term

M.I.E.

Paediatrics/Reproductive Medicine

36/9/91 - 7/10/91

Medicine 30/9/91 - 14/10/91

Surgery 17/9/91 - 21/9/91

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 16/12/91 - 20/12/91.

Final Assessment

I Doctor/Patient Interactions

6/1/92

II Written

6/1/92 - 10/1/92

III Written

6/1/92 - 10/1/92

IV Viva

6/1/92 - 10/1/92

V Baby in the Family Report

During the year, as set by the Year 4 Co-ordinator

M.I.E.

During the year, as set by the Year 4 Co-ordinator

SECOND (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 16/12/91 - 20/12/91.

Final Assessment

I Certification

(ii) Doctor/Patient Interactions

3/5/91

Long Case

9/9/91 - 20/9/91

Psychiatry Long Case

During the last week of each Psychiatry rotation

*see below

II Written Assessment

13/5/91 - 17/5/91

III Written Assessment

9/9/91 - 20/9/91

IV Written Assessment

13/5/91 - 17/5/91

V Not Summatively Assessed in 1991

*End of Rotation Dates:

Term 1 22nd March, 1991

Term 2 10th May, 1991

Term 3 12th July, 1991

Term 4 30th August, 1991

Second Assessment (Long Cases only)

Long Case second assessment will be held in the period 23/9/91 - 27/9/91.

Final Assessment

All Final Assessments will be held in the period 25/11/91 - 29/11/91*

*Except for Certification for Doctor/Patient Interactions: to be submitted by 25/11/91.
GENERAL GUIDELINES FOR ELECTIVES

ELECTIVES Co-ordinator: Dr. A.M. Brown
86 Platt Street, Warranab (Opposite Mater Hospital)
Phonr: 679968

Each student must submit a contract for the elective, 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 do not meet this date, or who submit a second Not Satisfactory contract or report, are exceptional circumstances, students who do not meet this date, or who submit a second Not Satisfactory contract or report, will be considered to have failed the elective requirements.

ELECTIVE I

This elective covers an eight week period.

ELECTIVE I KEY DATES 1991

First Assessment
(i) Contract: due 23/9/91
(ii) Elective Period: 21/10/91 - 13/12/91
(iii) Student’s Report: due 10/1/92
(iv) Supervisor’s Report: due 10/1/92

Final Assessment
(i) Contract: due 7/1/92
(ii) Reports: due 17/1/92

ELECTIVE II

This elective covers an eight week period. The student’s and supervisor’s reports are to cover the first six weeks of the elective; students who pass Elective II will not be required to complete or pass Elective III.

ELECTIVE III

Students may, if they wish, complete an additional elective subject (Elective III) upon completion of the third or fourth years of the course. This elective covers a 28 week period. Students who pass Elective III will not be required to complete or pass Elective II.

ELECTIVE III KEY DATES 1991

First Assessment
(i) Contract: due 8/12/91
(ii) Elective Period: to cover 28 weeks
(iii) Student’s Report: due 10/1/92
(iv) Supervisor’s Report: due 10/1/92

Final Assessment
(i) Contract: due 22/12/91
(ii) Reports: due 17/1/92

SECTION THREE

BACHELOR OF MEDICINE SUMMATIVE ASSESSMENT GUIDELINES

TEXTS AND REFERENCE BOOKS

Notes For Students

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

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

Year 1 Book Collection

In the first year of the course the following books are provided on loan to each tutorial group. Do not purchase any books before the course commences. Each member of the group is required to deposit a bond of $50 refundable when the collection is returned intact at the end of the year.

Anatomy
Anthony, C.P. & Thibodeaux, G.A. Structure and function of the body 7th edn (Times Mirror Mosby College 1984)
Moore, K.L. Clinically oriented anatomy (Williams & Wilkins 1980)
Hart, A.W. & Cormack, D.H. Histology 8th edn (Lippincott 1979)

Behavioural Medicine
Elizer, J.R. (ed) Social psychology and behavioral medicine (Wiley 1982)
Bloom, B.A. Health psychology: a psychosocial perspective (Prentice Hall 1988)
Madden, J.S. A guide to drug and alcohol dependence (Wright 1984)

Clinical Pharmacology
Laurence, D.R. & Bennett, P.N. Clinical pharmacology 5th edn (Churchill Livingstone 1980)
Rang, H.P. & Dale, M.H. Pharmacology (Churchill Livingstone 1987)

Community Medicine
Moore, D. Statistics: concepts and controversies 2nd edn (Freeman 1985)
Peach, H. & Heller, R.F. Epidemiology of common diseases (Heinemann 1984)
Christie, D. et al. Epidemiology: an introductory text for medical and other health science students (NSW University Press 1987)

Health, Law and Ethics
Dix, A. et al. Law for the medical profession (Butterworths 1988)
Downie, R.S. & Calman, K.G. Healthy respect: ethics in health care (Faber and Faber 1987)

Human Physiology
Gloyton, A.C. Textbook of medical physiology 4th edn (Saunders 1981)
Miller, M.J. Pathophysiology: principles of disease (Saunders 1983)

Medical Biochemistry
Ottaway, J.H. & Apps, D.K. Biochemistry 4th edn (Bailliere Tindall 1984) (A simple text which covers many but not all of the topics needed in 1st and 2nd years.)
### BACHELOR OF MEDICINE TEXTS AND REFERENCE BOOKS

#### SECTION THREE

<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ucko, D.</td>
<td>Living chemistry (Academic Press 1977) (Useful for those with no science background)</td>
</tr>
<tr>
<td>Wahlqvist, M.I.</td>
<td>Food and nutrition in Australia 2nd ed (Cassell 1985)</td>
</tr>
<tr>
<td></td>
<td>Clinical methods: the history, physical and laboratory examinations 2nd ed (Butterworths 1980)</td>
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<tr>
<td>Guenter, C.A.</td>
<td>Internal medicine (Churchill Livingstone 1983)</td>
</tr>
<tr>
<td>Langsman, M.J.S.</td>
<td>Concise textbook of gastroenterology 2nd ed (Churchill Livingstone 1982)</td>
</tr>
<tr>
<td>Asscher, A.W. &amp; Moffat, D.B.</td>
<td>Neurourology (Heinemann Medical 1983)</td>
</tr>
<tr>
<td>Smith, K.</td>
<td>Fluids and electrolytes: a conceptual approach, 4th ed, Brain (Churchill: Livingstone 1980) (A very basic introduction to an area many students find difficult.)</td>
</tr>
<tr>
<td>T.B. Andreoli et al (eds)</td>
<td>Cecil essentials of medicine (Saunders 1986)</td>
</tr>
<tr>
<td>Elias, R. &amp; Hawkins, C.</td>
<td>Lecture notes on gastroenterology 2nd ed (Churchill Livingstone 1982)</td>
</tr>
<tr>
<td>Guenter, C.A.</td>
<td>Internal medicine (Churchill Livingstone 1983)</td>
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</tr>
</tbody>
</table>

#### Professional Skills

- Engel, G.L. & Morgan, W.L. *Interviewing the patient* (Saunders 1973)
- MacLeod, J. *Clinical examination* 7th ed (Churchill Livingstone 1986)

#### Pathology


### IMMUNOLOGY

- Roitt, I.M. *Essential immunology* 5th edn (Blackwell Scientific 1984)

### MICROBIOLOGY/FUNCTIONAL DISEASES

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

### PSYCHOLOGY


### DISCIPLINE TEXTS AND REFERENCES

*Textbook and reference books for individual disciplines are set out below*

#### ANATOMY

- *Introduction Text*
  - Thibodeau, G.A. & Anthony, C.P. *Structure and function of the body* 8th edn (Times Mirror Mosby College 1988)

#### Standard Texts

- Gross
  - Moore, K.L. *Clinically oriented anatomy* 2nd edn (Williams & Wilkins, 1985)
  - *Microscopic*

### BEHAVIOURAL MEDICINE


#### Reference Texts


### CLINICAL PHARMACOLOGY

- *Rang, H.P. & Dale, M.M.* *Pharmacology* (Churchill Livingstone 1987) (Throughout the course)
- *Avery, G.S.* (ed) *Drug treatment: principles and practice of clinical pharmacology and therapeutics* 3rd edn (Adis Press 1987) (For later years of the course)

#### Reference Texts


#### CLINICAL PSYCHOLOGY

- *Rang, H.P.* & *Dale, M.M.* *Pharmacology* (Churchill Livingstone 1987) (Throughout the course)
- *Avery, G.S.* (ed) *Drug treatment: principles and practice of clinical pharmacology and therapeutics* 3rd edn (Adis Press 1987) (For later years of the course)

#### Reference Texts

- *Gutman, D.H.* *Contributions to medical psychology* (Saunders 1985)
- *Madden, J.S.* *A guide to drug and alcohol dependence* 2nd edn (Wright 1984)
- *Clarke, J.C.* & *Saunders, J.B.* *Alcoholism and problem drinking: theories and treatment* (Pergamon 1988)

#### CLINICAL PHARMACOLOGY

- *Rang, H.P.* & *Dale, M.M.* *Pharmacology* (Churchill Livingstone 1987) (Throughout the course)
- *Avery, G.S.* (ed) *Drug treatment: principles and practice of clinical pharmacology and therapeutics* 3rd edn (Adis Press 1987) (For later years of the course)

#### Reference Texts

- *Gutman, D.H.* *Contributions to medical psychology* (Saunders 1985)
- *Madden, J.S.* *A guide to drug and alcohol dependence* 2nd edn (Wright 1984)
- *Clarke, J.C.* & *Saunders, J.B.* *Alcoholism and problem drinking: theories and treatment* (Pergamon 1988)
COMMUNITY MEDICINE

Population Medicine
Introduction Text
Christie, D. et al
Epidemiology: an introductory text for medical and other health science students (NSW University Press 1987)

Standard Texts
Fletcher, R. et al
Clinical epidemiology: the essentials 2nd edn (Williams & Wilkins 1988)

Price, R. et al
14 ounces of prevention: a casebook for practitioners (American Psychological Association 1988)

Health, Law and Ethics

Guide to clinical preventive services: Report of the U.S. Preventive Services Taskforce (Williams & Wilkins 1989)

Health, Law and Ethics

Standard Texts
Beauchamp, T.L. & Childress, J.T.

Dix, A. et al
Law for the medical profession (Butterworths 1988)

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

Downie, R.S. & Calman, K.G.
Healthy respect: ethics in health care (Faber and Faber 1987)

Engelhardt, H.T.

Harris, J.
The value of life: an introduction to medical ethics (Routledge & Kegan Paul 1985)

Hawkins, C.
Misjudged or malpractice? (Blackwell Scientific 1985)

McConnell, T.C.
Moral issues in health care: an introduction to medical ethics (Wadsworth 1982)

Pellegrino, E.D. & Thomasma, D.
For the patient's good: the restoration of beneficence in health care (Oxford U.P. 1988)

Human Physiology

Introductory Texts
Vander, A.J. et al
Human physiology: the mechanisms of body function 5th edn (McGraw-Hill 1990)

Silbernagl, S.
Color atlas of physiology 3rd edn (Thieme 1985)

Standard Texts
Guyton, A.C.
Textbook of medical physiology 8th edn (Saunders 1991)

Bennett, R.M. & Levy, M.N. (ed)
Physiology 2nd edn (Mosby 1988)

Reference Texts
Ganong, W.F.
Review of medical physiology 14th edn (Lange 1989) (Good for endocrinology)

Alexander, R.S.
Case studies in medical physiology (Little Brown 1977)

Schmidt, R.F. & Thews, G.(eds
Human physiology 2nd rev edn (Springer 1989)

Systems Specific

Autonomic Nervous System

Thews, G. & Vanou, P.
Autonomic functions in human physiology (Springer 1984)

Cardiovascular

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

Braunwald, E.R. (ed)
Heart disease 3rd edn (Saunders 1988)

Lain, N. et al
Interpretation of electrocardiograms: a self-instructional approach 2nd edn (Raven Press 1988)

Gastrointestinal

Johnson, L.R. et al
Physiology of the gastrointestinal tract 2nd edn (Raven Press 1987.2 Vol)

Neuropsychology

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

McLeod, J.G. & Lance, J.W.
Introduction to psychology 2nd edn (Blackwell Scientific 1980)

Renal

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

Respiration

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

West, J.B.
Respiratory medicine: the essentials 3rd edn (Saunders & Wilkins 1990)

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

Rupp, G.
Manual of pulmonary function testing 5th edn (Mosby 1991)

The American Physiological Society
The Handbook of physiology (Williams & Wilkins)
(These are a detailed source of information about the different systems. They are held in the Reference section of the Anatomical Library (Biomediene), and are strongly recommended for advanced reading.)

Medical Biochemistry

No single text has been judged entirely suitable by staff or students. Several texts offer a variety of options, with some staff recommending for advanced reading.

Reference Texts
Harrison, T.R.

Cecil, R.L. (ed)
Textbook of medicine 18th edn, ed J.H. Wyngaarden & L.H. Smith (Saunders 1988)

Weatherall, D.J. et al (eds)

BACHELOR OF MEDICINE TEXTS AND REFERENCE BOOKS

HEALTH, LAW AND ETHICS

Standard Texts
Beauchamp, T.L. & Childress, J.T.

Dix, A. et al
Law for the medical profession (Butterworths 1988)

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

Downie, R.S. & Calman, K.G.
Healthy respect: ethics in health care (Faber and Faber 1987)

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Color atlas of physiology 3rd edn (Thieme 1985)

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Bennett, R.M. & Levy, M.N. (ed)
Physiology 2nd edn (Mosby 1988)

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Ganong, W.F.
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Schmidt, R.F. & Thews, G.(eds
Human physiology 2nd rev edn (Springer 1989)

Systems Specific

Autonomic Nervous System

Thews, G. & Vanou, P.
Autonomic functions in human physiology (Springer 1984)

Cardiovascular

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

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Heart disease 3rd edn (Saunders 1988)

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Interpretation of electrocardiograms: a self-instructional approach 2nd edn (Raven Press 1988)

Gastrointestinal

Johnson, L.R. et al
Physiology of the gastrointestinal tract 2nd edn (Raven Press 1987.2 Vol)

Neuropsychology

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

McLeod, J.G. & Lance, J.W.
Introduction to psychology 2nd edn (Blackwell Scientific 1980)

Renal

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

Respiration

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

West, J.B.
Respiratory medicine: the essentials 3rd edn (Saunders & Wilkins 1990)

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

Rupp, G.
Manual of pulmonary function testing 5th edn (Mosby 1991)

The American Physiological Society
The Handbook of physiology (Williams & Wilkins)
(These are a detailed source of information about the different systems. They are held in the Reference section of the Anatomical Library (Biomediene), and are strongly recommended for advanced reading.)

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No single text has been judged entirely suitable by staff or students. Several texts offer a variety of options, with some staff recommending for advanced reading.

Reference Texts
Harrison, T.R.

Cecil, R.L. (ed)
Textbook of medicine 18th edn, ed J.H. Wyngaarden & L.H. Smith (Saunders 1988)

Weatherall, D.J. et al (eds)
<table>
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<th>SECTION THREE</th>
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### MEDICINE — SPECIALTIES

**Reference Texts**

- Renal and Gastrointestinal
  - Eliot, E. & Hawkins, C.
    - Lecture notes on gastroenterology (Blackwell Scientific 1985)

### OR

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

- Smith, K.
  - Fluid and electrolyte: a conceptual approach (Churchill Livingstone 1980)

### SECTION THREE

- Reinhold, J.
  - Sexually transmitted diseases (Churchill Livingstone 1989)

- Human
  - McLeod, J.G.
    - Fundamentals of Neurology (Churchill Livingstone 1990)

- McCarty, D.C.

- Dickson, R.A.

- Davies, H.

- West, J.B.

- Schrier, R.W.
  - (ed)
    - Smith, K.
      - OR
        - Langman, M.J.S.

### Caracal and Respiratory

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

- Davies, H. & Nelson, W.P.
  - Cardiology (Butterworths 1978)

### Musculoskeletal

- Dickson, R.A. & Wright, V. (eds)
  - Musculoskeletal disease (Heinemann 1984)

- Moskowitz, R.W.

- McCarty, D.C.
  - Arthritis and allied conditions 11th edn (Lea & Febiger 1989)

### Neurology

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

- Lance, J. & McLeod, J.
  - A physiological approach to clinical neurology 3rd edn (Butterworths 1981)

- McLeod, J.G. & Lance, J.W.
  - Introduction to neurology 2nd edn (Blackwell Scientific 1989)

### Human Sexuality

- Katchadourian, H. et al.
  - Human Sexuality Brief edn (Holt, Rinehart 1979)

### Schofield, C.B.S.

- Sexually transmitted diseases 3rd edn (Churchill Livingstone 1979)

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

### MEDICINE - PROFESSIONAL SKILLS

**Standard Texts**

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

- MacLeod, I.
  - MacLeod’s Clinical examination 8th edn (Churchill Livingstone 1990)

### BACHELOR OF MEDICINE TEXTS AND REFERENCE BOOKS

#### Section Three

**Dermatology**

- Hall-Smith, P. & Calma, R.J. (eds)
  - Dermatology: current concepts and practice 3rd edn (Butterworths 1981)

- De Launey, W.E. & Land, W.A.
  - Principles and practice of dermatology 2nd edn (Butterworths 1983)

**Ophthalmology**

- Parr, J.
  - Introduction to ophthalmology 3rd edn (Oxford U.P. 1989)

- Vaughan, D. & Ashbury, T.
  - General ophthalmology 12th edn (Lange 1989)

**Ear, Nose and Throat**

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

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

**Acute Emergencies**

- Marshall, J. (ed)

- Oh, T.E. (ed)
  - Intensive care manual 3rd edn (Butterworths 1990)

**Oncology and Ageing**

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

**International Union Against Cancer**

- Manual of clinical oncology 5th edn (Springer 1990)

**Diagnosis**

- Portlock, C.S. & Coffinet, D.R.

- Brocklehurst, J.C. & Hanley, T.
  - Geriatric medicine for students 3rd edn (Churchill Livingstone 1987)

**Textbook of geriatric medicine and gerontontology 3rd edn**

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

**MEDICINE - PROFESSIONAL SKILLS**

**Standard Texts**

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

- MacLeod, I.
  - MacLeod’s Clinical examination 8th edn (Churchill Livingstone 1990)

**Reference Texts**

- Swash, M. & Mason, S. (eds)
  - Hutchinson's Clinical methods 19th edn (Bailliery Tindall 1989)

- Potter, J.E. & MacDermid, J.B.
  - Clinical methods: the history, physical and laboratory examinations 3rd edn (Butterworths 1990)

- Wright, H.J. & MacAdam, D.B.
  - Clinical thinking and practice: diagnosis and decision in patient care (Churchill Livingstone 1979)

- Barrows, H.S. & Tamblyn, R.M.
  - Problem-based learning: an approach to medical education (Springer 1980)

- PAEDIATRICS

**Standard Texts**

- Robinson, M.J. (ed)
  - Practical paediatrics 2nd edn (Churchill Livingstone 1990)

- Hall, D. & Johnston, D.I.
  - Essential paediatrics 2nd edn (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. & Arneil, G.C. (eds)

  - Pediatrics 18th edn (Appleton-Century-Crofts 1987)

- Behman, R.E. & Vaughan, V.C. (eds)
  - Nelson Textbook of pediatrics 13th edn (Saunders 1987)

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

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

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

- Phelan, P.D. & et al
  - Respiratory illness in children 3rd edn (Blackwell Scientific 1990)

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

- Buchaner, N.
  - Childhood asthma: what it is and what you can do (Doobobly 1987)

### BACHELOR OF MEDICINE TEXTS AND REFERENCE BOOKS

#### Section Three

**PATHOLOGY**

**Anatomical Pathology and Histopathology**

- Standard Texts
  - Govan, A.T. et al
    - Pathology illustrated 3rd edn (Churchill Livingstone 1991)

- Poirier, J.
  - Manual of basic neuropathology 3rd edn (Saunders 1990)

**Reference Texts**

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

- Mait, R.

- Walter, J.B. & Israel, N.S.
  - General pathology 6th edn (Churchill Livingstone 1987)

- Tasss, M.J.
  - Processes in pathology and microbiology 2nd edn (Blackwell 1984)

- Wheeler, P.R. & et al
  - Functional histology: a text and colour atlas 2nd edn (Churchill Livingstone 1987)

- Wheeler, P.R. et al
  - Atlas of basic histopathology: a colour atlas and text (Churchill Livingstone 1985)

**Haematology**

- Standard Texts
  - Hoffbrand, A.V. & Pettit, J.E.
    - Essential haematology 2nd edn (Blackwell Scientific 1984)

**Reference Texts**

- Hirsch, J. & Brain, E.A.

**Immunology**

- Standard Texts
  - Reit, I.M.
    - Essential immunology 6th edn (Blackwell Scientific 1988)

- Stites, D.P. et al
  - Basic and clinical immunology 6th edn (Lange 1987)

- McConnell, I. et al
  - The immune system: a course on the molecular and cellular basis of immunity (Churchill Livingstone 1990)

- Playfair, J.H.L.
  - Immunology at a glance 4th edn (Blackwell 1987)
<table>
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<tr>
<th>SECTION THREE</th>
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<tbody>
<tr>
<td><strong>Microbiology/Infectious Diseases</strong></td>
</tr>
<tr>
<td><strong>Introductory Texts</strong></td>
</tr>
</tbody>
</table>
| Sleigh, J.D. & Timbury, M.C. (eds)  
Notes on medical bacteriology 3rd edn (Churchill Livingstone 1990) |
| Timbury, M.C.  
Notes on medical virology 8th edn (Churchill Livingstone 1986) |
| **Standard Texts** |
| Boyd, R.F. & Hoof, B.G.  
Basic medical microbiology 3rd edn (Little Brown 1986) |
| Herdige, D.J. (ed)  
Medical microbiology: a review with questions and explanations (Little Brown 1986) |
| Reese, R.E. & Douglas, R.G.  
A practical approach to infectious diseases 2nd edns (Little Brown 1986) |
| Shanson, D.C.  
Microbiology in clinical practice 2nd edn (Wright 1989) |
| **Reference Texts** |
| Davis, R.D.  
Microbiology 3rd edn (Harper & Row 1980) |
| Braude, A.I.  
Medical microbiology and infectious diseases (Saunders 1981) |
| Jawetz, E. et al  
Review of medical microbiology 17th edn (Lange 1987) |
| Youmans, G.P. et al (eds)  
The biologic and clinical basis of infectious diseases 3rd edns (Saunders 1986) |
| Baron, S.  
Medical microbiology: principles and concepts 2nd edn (Addison-Wesley 1986) |
| Mackie, T.J. & McCarney, J.E.  
| **PSYCHIATRY** |
| **Introductory Texts** |
| Tomb, D.A.  
Psychiatry for the house officer 3rd edn (Williams & Wilkins 1988) |
| Kaplan, H.I. & Sadock, B.J.  
Summary of psychiatry: behavioural sciences, clinical psychiatry 6th edn (Williams & Wilkins 1991) |
| Gelder, M. (ed) et al  
| **BACHELOR OF MEDICINE TEXTS AND REFERENCE BOOKS** |
| **Reference Texts** |
| Kaplan, H.I. & Sadock, B.J. (eds)  
Comprehensive textbook of psychiatry 5th edn (Williams & Wilkins 1989) |
| Kendall, R.E. & Zeally, A.O. (eds)  
Companion to psychiatric studies 4th edn (Churchill Livingstone 1983) |
| Hill, P. et al (eds)  
| **Reproductive Medicine** |
| **Standard Texts** |
| Reischnetzer, A. & Mackay, E.V.  
Obstetrics and the newborn: for midwives and medical students 2nd edns (Saunders 1986) |
| OR |
| Chamberlain, G. et al  
Illustrated textbook of obstetrics (Gower: Medical 1989) |
| OR |
| Llewellyn-Jones, D.  
Fundamentals of obstetrics and gynaecology 4th edn 2 Vols (Faber 1986) |
| Mackay, E.V. et al (eds)  
Illustrated textbook of gynaecology (Saunders 1983) |
| **Reference Texts** |
| Austin, C.R. & Short, R.V.  
| Beischer, N.A. & Mackay, E.V.  
Colour atlas of gynaecology (Saunders 1981) |
| Chamberlain, G. (ed)  
Contemporary obstetrics and gynaecology (Butterworths 1980) (A collection of articles from the British Journal of Hospital Medicine, published irregularly) |
| Chamberlain, G. & Lamley, J.  
| Clayton, S.G. et al  
Gynaecology by ten teachers 15th edn (Arnold 1990) |
| Clayton, S.G. et al.  
Obstetrics by ten teachers 15th edn (Arnold 1985) |
| de Swiet, M.  
Medical disorders in obstetric practice 2nd edn (Blackwell 1988) |
| **Surgeal Science** |
| **Introductory Texts** |
| Broad, W. & Wade, N.  
Retrivers of the truth: fraud and deceit in science (Oxford U.P. 1985) |
| Shem, S.  
The house of God (Lodder & Stoughton 1985) |
| **BACHELOR OF MEDICINE TEXTS AND REFERENCE BOOKS** |
| Emery, A.E.H.  
Elements of medical genetics 7th edn (Churchill Livingstone 1988) |
| Fox, H.  
Pathology of the placenta (Saunders 1978) |
| Harper, P.S.  
Practical genetic counselling 3rd edn (Wright 1988) |
| Harris, J.  
The value of life (Routledge & Kegan Paul 1985) |
| Howkins, J.  
Shaw’s Textbook of operative gynaecology 5th edn (Churchill Livingstone 1983) |
| Johnson, M.H. & Everitt, B.I.  
Essential reproduction 3rd edn (Blackwell Scientific 1988) |
| Kuhnle, H. & Singer, P.  
Should the baby live? The problem of handicapped infants (Oxford U.P. 1985) |
| Perpeiner, R.J. (ed)  
The infertile couple 2nd edn (Churchill Livingstone 1987) |
| Singer, P. & Wells, D.  
The reproductive revolution: new ways of making babies (Oxford U.P. 1984) |
| Spofford, L et al  
Clinical gynecologic endocrinology and infertility 4th edn (Williams & Wilkins 1989) |
| Tindall, M.  
Jeffcoat’s Principles of gynaecology 5th edn (Butterworths 1987) |
| Wallers, W.A. & Ross, M.W. (eds)  
Transsexualism and sex reassignment (Oxford U.P. 1986) |
| Williams, J.W.  
| Wynne, R.M.  
Obstetrics and gynaecology: the clinical core 4th edn (Lea & Febiger 1988) |
| **Orthopaedics** |
| McRae, R.  
Clinical orthopaedic examination 3rd edn (Churchill Livingstone 1990) |
| McRae, R.  
Practical fracture treatment 2nd edn (Churchill Livingstone 1989) |
| Sikorski, J.M.  
Understanding orthopaedics (Butterworths 1986) |
| **Reference Texts** |
| Slemen, W.  
Cape’s Diagnosis of the acute abdomen 18th edn (Oxford U.P. 1991) |
| Nardi, G.L. & Zuidema, G.D.  
| Bailey, H. & Love, R.J.M.  
Bailey and Love’s Short practice of surgery 20th edn (Lewns 1988) |
| Polk, H.C. et al  
Basic surgery 3rd edn (Appleton-Century-Crofts 1987) |
| **NURSING AND MIDWIFERY** |
| **Introductory Texts** |
| Potter, P. & Papkin, C.  
Fundamentals of nursing 4th edn (Wright 1987) |
| Zuckerman, R.S.  
The art of midwifery (Greenwood & England 1982) |
| **NURSING AND MIDWIFERY”** |
| **Reference Texts** |
| Kinney, A. & Zuckerman, R.  
The midwife’s guide to obstetric emergency and disaster (Pitman 1985) |
| Zuckerman, R.S. & Potter, P.  
Fundamentals of midwifery 3rd edn (Blackwell Scientific 1988) |
| **Medical Genetics** |
| **Introductory Texts** |
| Emery, A.E.H.  
Medical genetics (Churchill Livingstone 1988) |
| **Reference Texts** |
| Emery, A.E.H.  
Medical genetics (Churchill Livingstone 1988) |
| Fox, H.  
Pathology of the placenta (Saunders 1978) |
| Harper, P.S.  
Practical genetic counselling 3rd edn (Wright 1988) |
| Harris, J.  
The value of life (Routledge & Kegan Paul 1985) |
| Howkins, J.  
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| Johnson, M.H. & Everitt, B.I.  
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The reproductive revolution: new ways of making babies (Oxford U.P. 1984) |
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Clinical gynecologic endocrinology and infertility 4th edn (Williams & Wilkins 1989) |
| Tindall, M.  
Jeffcoat’s Principles of gynaecology 5th edn (Butterworths 1987) |
| Wallers, W.A. & Ross, M.W. (eds)  
Transsexualism and sex reassignment (Oxford U.P. 1986) |
| Williams, J.W.  
| Wynne, R.M.  
Obstetrics and gynaecology: the clinical core 4th edn (Lea & Febiger 1988) |

**44**
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>300 OR Books or Medical Equipment to that value</td>
</tr>
<tr>
<td>CIBA-GIEGY 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 Copley Mother and Son Prize in Paediatrics

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

The Steele-Douglas Prize in Pathology

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

Margaret Aschmuny Prize for Women Medical Students

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

Andrew Lawson Memorial Prize in Oncology

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

THE DEGREE OF BACHELOR OF MEDICAL SCIENCE

The Bachelor of Medical Science degree is comparable to the additional Honours year taken by candidates for the BSc Honours degree in the BSc 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 insight into their ability to do research, as they see their future career in medical science; and others because they wish to concentrate on just one problem or aspect of a discipline for a year, so as to gain indepth understanding and mastery of the subject.

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

Course Requirements

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

Assessment

The thesis is the major component of the assessment for the degree and is given a weighting of 60%. It is assessed by two examiners appointed by the Faculty Research Committee. Neither examiner can be the student's supervisor.

The final seminar presentation is also assessed by two assessors, neither of whom is the student's supervisor. The seminar counts 10% towards the student's final result.

Students are also assessed by their supervisors. The supervisor's assessment counts 30% towards the student's final result.

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 programs or the availability of projects should contact the Program Co-ordinator, Dr L.A. Chahl.
Regulations Governing the Degree of Bachelor of Medical Science

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

2. Definitions
(a) "degree" means the degree of Bachelor of Medical Science;
(b) "Faculty Board" means the Faculty Board, Faculty of Medicine;
(c) "Program" means a study comprising the investigation of and report on a project; and
(d) "Program Co-ordinator" means the member of the full-time academic staff of the Faculty of Medicine so appointed by the Faculty Board.

3. Admission to Candidature
(1) An application for admission to candidature for the degree shall be made on the prescribed form and lodged with the Secretary to the University by the prescribed date.
(2) To be eligible for admission to candidature an applicant shall have passed the subject Medicine III in the course leading to the degree of Bachelor of Medicine of the University of Newcastle.
(3) Applicants shall nominate the program they wish to undertake and the discipline in which they wish to undertake it.
(4) The Program 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 program;
(c) the adequacy of facilities for the supervision of the proposed program; and
(d) the supervisor or supervisors who should be appointed to supervise the applicant's program.
(5) Applications for admission to candidature shall be considered by the Faculty Board which may approve or reject any application.
(6) An applicant shall not be admitted to candidature unless the Faculty Board, after considering the Program Co-ordinator's recommendations, approves the proposed program and is satisfied that adequate supervision and facilities are available.

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

5. Withdrawal
(1) A candidate may withdraw from the program only by notifying the Secretary to the University in writing and the withdrawal shall take effect from the date of receipt of such notification.
(2) Withdrawal shall be:
(a) without failure, if the candidate's performance is deemed by the Faculty Board to be satisfactory; or
(b) with failure, if the candidate's performance is deemed by the Faculty Board to be unsatisfactory.

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

7. Grading of Degree
(1) The degree shall be conferred as an honours degree only.
(2) There shall be three classes of Honours, namely Class I, Class II and Class III. Class II shall have two divisions, namely Division (I) and Division (II).
(3) The Faculty Board shall determine the grade of honours to be awarded to a candidate after considering the recommendation in that regard which shall be made by the Program Co-ordinator.

8. Admission to Degree
To qualify for admission to the degree a candidate shall in one year complete to the satisfaction of the Faculty Board the program together with such other work and examinations as the Faculty Board may require.

9. Relating Provision
In order to provide for exceptional circumstances arising in particular cases, the Senate on the recommendation of the Faculty Board may relax any provision of these Regulations.

POSTGRADUATE DIPLOMA AND DEGREE REGULATIONS

Regulations Governing Postgraduate Diplomas

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

2. Definitions
These Regulations unless the context or subject matter otherwise indicates or requires:
(a) "Board" means the "Board of Studies in Clinical Epidemiology and Biostatistics";
(b) "Course Co-ordinator" means the member of the Board appointed by the Board as Course Co-ordinator for the diploma concerned;
(c) "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;
(d) "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 co-requisite studies as it may prescribe.

4. Program of Studies
(1) To qualify for the award of the Diploma a candidate shall in not less than one year nor more than three years of full-time study or in not less than two years but not more than five years of part-time study complete and pass a program of studies comprising subjects totalling 80 credit points as specified by the Board.
(2) A candidate's program 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 a case the Board may prescribe alternative subjects.

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

6. Standing
The Board may grant a candidate standing in the course in recognition of work completed in this University or elsewhere on such conditions as the Board may determine.
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 program of studies for the Diploma shall be pursued in one of the following specialisms:
   (a) Clinical Epidemiology,
   (b) Occupational Epidemiology,
   (c) Pharmacoeconomics,
   (d) Psychiatric Epidemiology.
(2) Applicants for admission to candidature will be required to nominate the specialism in which they wish to pursue their program 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
(b) have satisfied the requirements for admission to the degree of Bachelor of Arts or Bachelor of Science with a major sequence of study in Psychology or Sociology in the University of Newcastle or another University recognised for this purpose by the Board;
(c) have satisfied the requirements for admission to the degree of Bachelor of Applied Science in a field related to health in a tertiary institution recognised for this purpose by the Board;
(d) have other qualifications approved for this purpose by the Board.

3. Related Master Degree
For the purposes of Regulation 11(1) the Diploma is related to the Master of Medical Science degree with either Health Promotion option or Medical Social Science option.

SCHEDULE 3 — POSTGRADUATE DIPLOMA IN MEDICAL STATISTICS
1. Admission to Candidature
(1) To be eligible for admission to candidature an applicant shall:
   (a) have satisfied all the requirements for admission to a degree in the University of Newcastle; or
   (b) have satisfied the requirements for admission to a degree in any other tertiary institution approved for this purpose by the Board; or
   (c) have such other qualifications as may be approved for this purpose by the Board.
(2) An applicant, who does not meet the provisions of sub-section (1), but who is currently enrolled in a course in the University of Newcastle leading to admission to a degree of Bachelor and requires less than one year of full-time study or its equivalent to satisfy the requirements for admission to that degree, may be admitted to candidature by the Board on the recommendation of the Course Co-ordinator subject to the concurrence of the Dean of the Faculty in which the degree is offered.

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

3. Related Master Degree
For the purposes of Regulation 11(1) the Diploma is related to the Master of Medical Statistics degree.
(3) A candidate may appeal to the Vice-Chancellor against any decision made following the review under Regulation 8(3) of these Regulations.

(4) 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.

5. The Committee shall consist of:
   (a) the Dean of the relevant Faculty;
   (b) the Dean of the Faculty of Medicine;
   (c) in the case of a subject offered only in the Faculty of Medicine; and
   (d) in the case of any other subject, the Monday of the fourth week of each trimester.

6. The Committee may require the candidate to undertake such further oral, written or practical examinations as the Faculty Board may prescribe.

7. The Committee may require the candidate to resubmit an amended 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.

8. In the opinion of the Committee the thesis is not of adequate standard or merit to proceed with the examination or the thesis is not of sufficient academic merit to warrant examination.

9. The Committee shall make a decision thereon.

SECTION FIVE

PART II — Examinations and Results

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

11. The Faculty Board shall consider the results in subjects, the reports of examiners and any other recommendations prescribed in the Schedule and shall decide:
   (a) to recommend to the Council that the candidate be admitted to the degree; or
   (b) in a case where a thesis has been submitted, to permit the candidate to resubmit an amended thesis within twelve months of the date on which the candidate is advised of the result of the first examination or within such longer period of time as the Faculty Board may prescribe; or
   (c) to require the candidate to undertake such further oral, written or practical examinations as the Faculty Board may prescribe;
   (d) not to recommend that the candidate be admitted to the degree, in which case the candidate shall be terminated.

PART III — Provisions Relating to Theses

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

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

13. The candidate shall give to the Secretary to the University in writing and such withdrawal shall take effect from the date of receipt of such notification.

14. (1) The candidate shall comply with the following provisions concerning the presentation of a thesis:
   (a) the thesis shall contain an abstract of approximately 200 words describing its contents;
   (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 program 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.

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

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 (Comm), may issue it in whole or in part in photocopy 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 andBiostatistics;
   "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 program of studies in a single discipline or a combination of disciplines recognised by the Faculty Board;
   or
   (b) the program 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) Pharmacoeconomics option;
   (f) Psychiatric Epidemiology.

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
   (b) have satisfied all the 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 program of studies comprising subjects totalling 80 credit points as specified for the related diploma in the Regulations Governing Postgraduate Diplomas in the Faculty of Medicine; and
   (b) be in a position to complete the degree of Bachelor of Medical Science as indicated by the Faculty Board.

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

5. The program shall be:
   (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. Examinations 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 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 subsection (1), the Faculty Board on the recommendation of the Board may require an applicant to complete such prerequisite and/or compulsory 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. To qualify for admission to the degree, a candidate shall:

(a) complete and pass a program of studies comprising subjects totalling 80 credit points as specified for the related Diploma in the Regulations Governing Postgraduate Diploma in the Faculty of Medicine; and

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

4. The program shall be completed:

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

(b) except with the permission of the Faculty Board given on the recommendation of the Board, not more than five years.

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

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

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

(b) the report of the Course Co-ordinator on the candidate's performance in the work prescribed under section 3(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.

(2) Regulations 4(2), 5, 6, 7 and 8 of the Regulations Governing the Postgraduate Diploma in Medical Statistics shall apply to the program of studies referred to in subsection (1).

4. The program shall be completed:

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

(b) except with the permission of the Faculty Board given on the recommendation of the Board, not more than five years.

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

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

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

(b) the report of the Course Co-ordinator on the candidate's performance in the work prescribed under section 3(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.

3. (a) These Regulations are made in accordance with the powers vested in the Council under By-law 5.2.1 and shall relate to the degree of Doctor of Engineering, Doctor of Letters, Doctor of Philosophy, Doctor of Medicine and Doctor of Science or to any other degree or qualification that may be vested in the Council under By-law 5.2.1.

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

(c) These Regulations shall not apply to degrees conferred by the University otherwise than as an integral part of a course of studies.

Doctoral Degree Committee

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

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

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

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

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

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

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

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

Functions

3. The Doctoral Degree Committee shall be responsible for:

(a) Admission to Candidature

(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 person is carrying out or is proposing to carry out research; and

(ii) ensuring that adequate supervision of candidates is provided;

(c) Examination of Candidates

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

(ii) recommending to the Senate the theses to be examined, the method of examination either oral, written or practical as the Senate may direct;

(iii) determining the period of time within which a candidate shall complete his thesis or theses;

(iv) recommending to the Senate the theses to be examined;

(d) Reporting to Faculty Board

(i) informing the Faculty Board from time to time of the policies 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 rejecting any recommendation under Regulation 3(c)(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.

Senate Review Committee

5.(a) There shall be a Senate 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.
SECTION FIVE
DOCTORAL DEGREE REGULATIONS

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

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

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

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 a 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.

2. Before approving an admission to candidacy 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 candidacy the candidate shall enrol and shall pursue a program of advanced study and research (which in these requirements shall be referred to as "the program") prescribed by the Doctoral Degree Committee for not less than three nor more than five consecutive years or such different period as the Doctoral Degree Committee may approve, provided that where the candidate has previously been admitted to the degree of Bachelor or another degree or similar qualification the person acting as the Doctoral Degree Committee may approve a period as the Doctoral Degree Committee may approve.

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

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

5. The candidate and the supervisor shall submit to the Doctoral Degree Committee annual reports on the candidate's progress. If after considering these reports, the Committee is of the opinion that the candidate is not making satisfactory progress towards the degree then the Committee may terminate the candidate 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 whole of the 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 program every candidate shall submit a thesis which complies with the following requirements
(a) the greater proportion of the work described must have been completed by the candidate subsequent to admission to candidature for the degree;
(b) it must be a significant contribution to the knowledge of the subject;
(c) it must be written in English or in a language approved by the Doctoral Degree Committee and reach a satisfactory standard of literary presentation;
(d) it must consist of the candidate's own account of the research undertaken by the candidate. In special cases work done conjointly with other persons may be accepted provided the Doctoral Degree Committee is satisfied on the candidate's part in the joint research; and
(e) it must not contain all the content any work or material which has previously been published 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 content;
(b) the thesis shall be typed and bound in a manner prescribed by the University;
(c) four copies of the thesis shall be submitted together with

(i) if the candidate so desires, any documents or work published by the candidate whether bearing on the subject of the thesis or not; and
(ii) a report from the supervisor advising that the candidate has completed the prescribed program 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 in part in photostat or microfilm or other copying medium.

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

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

13. The candidate shall submit a thesis for examination to a candidate permitted by the Doctoral Degree Committee to resit an examination for which the thesis is to be examined 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

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 completed at least three years postgraduate 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 candidacy setting out full details of the applicant's academic qualifications shall be lodged with the Senate of the University and shall

(i) be a short descriptive discourse concerning the nature of the work which is proposed would form the basis of the work submitted for examination; and
(ii) written statements from three people as to the work undertaken by the candidate.

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

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

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

6. (1) The candidate shall submit four copies of the thesis, thesis supported by published work or published work alone, complying with the following provisions

(a) the work submitted shall be a record of original research undertaken by the candidate who shall state the 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 investigation, initiation and direction of such conjoint work.

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

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

(f) 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 University may issue the thesis in whole or in part in photostat or microfilm or other copying medium.

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

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

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

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

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

Policy with Respect to Standing Granted to Candidates who Enrol in the Master Degree Program after Completion of the Related Diploma

1. A person permitted to enrol as a candidate for a Master degree after completion of the related postgraduate Diploma shall be granted standing in all subjects comprising the coursework component of the Master degree subject to the following:
   (i) Standing will not be granted to a candidate who:
      (a) is admitted to candidature in the Master degree program in 1992 or after and who has completed the requirements for the award of the related Diploma more than five years prior to enrolment for the Master degree; or
      (b) is admitted to candidature in the Master degree program in 1992 or after and who has completed the requirements for the award of the related Diploma more than five years prior to enrolment for the Master degree.
   (ii) With respect to the Master of Medical Statistics degree, standing will only be granted in cases where the candidate has completed subjects offered by the Department of Statistics totalling at least 30 credit points at the 300 or 400 level.
   (iii) Such standing is granted on condition that upon completion of the requirements for admission to the Master degree, the candidate will surrender the related Diploma.

In dealing with such cases, candidates will be advised in writing that they have been granted standing in the coursework components of the Master degree course subject to the condition that upon completion of the requirement for admission to the degree, they will surrender the Diploma testamur to the University and that their academic record will include a statement to this effect. Upon completion of the requirements for admission to the degree, the candidate will be requested in writing to return the Diploma testamur to the University for destruction.

Clinical Epidemiology

Students wishing to pursue the program of study in Clinical Epidemiology will enrol in either the Postgraduate Diploma in Epidemiology (Clinical Epidemiology specialism) or the Master of Medical Science Degree (Clinical Epidemiology option).
Our aim is to bring these subjects into one program as they are not dealt with in existing undergraduate or postgraduate courses offered in Australia or elsewhere. In future it is likely that the Drug Evaluation Section of the Commonwealth Government will also see an advantage in putting their trainses through such a program.

Occupational Epidemiology

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

The approved program 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>20</td>
</tr>
<tr>
<td>MED611 Biostatistics I</td>
<td>20</td>
</tr>
<tr>
<td>MED661 Research Protocol Design</td>
<td>10</td>
</tr>
<tr>
<td>MED621 Health Social Science I</td>
<td>10</td>
</tr>
<tr>
<td>MED630 Health Economics I</td>
<td>10</td>
</tr>
</tbody>
</table>

Pharmacoepidemiology

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

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

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

Psychiatric Epidemiology

This program is designed to prepare candidates for careers in:

a) Mental health administration, health care policy and program 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 program of study in Psychiatric Epidemiology under this proposal would enrol in either the Postgraduate Diploma in Epidemiology (Psychiatric Epidemiology specialism) or the Master of Medical Science Degree (Psychiatric Epidemiology option).

The approved program of study in Psychiatric Epidemiology is:

<table>
<thead>
<tr>
<th>Subject</th>
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<tbody>
<tr>
<td>MED601 Epidemiology I</td>
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<td>20</td>
</tr>
<tr>
<td>MED661 Research Protocol Design</td>
<td>10</td>
</tr>
<tr>
<td>MED602 Epidemiology II</td>
<td>10</td>
</tr>
<tr>
<td>MED624 Social Psychiatry</td>
<td>10</td>
</tr>
<tr>
<td>MED626 Sociocultural Studies I</td>
<td>10</td>
</tr>
<tr>
<td>or MED621 Health Social Science I</td>
<td>10</td>
</tr>
</tbody>
</table>

Health Promotion

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

Medicare Statistics

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

The approved program is:

<table>
<thead>
<tr>
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<tbody>
<tr>
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<td>10</td>
</tr>
<tr>
<td>MED622 Health Social Science II</td>
<td>10</td>
</tr>
<tr>
<td>MED626 Sociocultural Studies I</td>
<td>10</td>
</tr>
<tr>
<td>MED627 Sociocultural Studies II</td>
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</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 program structure and process, 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).

Policy with Respect to Admission to Candidature of Arts Graduates

Persons who have satisfied the requirements for admission to the degree of Bachelor of Arts in the University of Newcastle or to an equivalent degree in another University approved for the purpose of admission to candidature shall be eligible for admission to candidature in the Master of Medical Science degree program in Medical Social Science if their Arts degree is with Honours Class I or Class II in the Disciplines of Sociology or Psychology.

Medical Statistics

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

The approved program of study in Medical Statistics is:

<table>
<thead>
<tr>
<th>Subject</th>
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</tr>
</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>MED661 Research Protocol Design</td>
<td>10</td>
</tr>
<tr>
<td>MED672 Health Promotion II</td>
<td>10</td>
</tr>
<tr>
<td>or MED663 Research Project</td>
<td>10</td>
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</tbody>
</table>

The remaining 40 or 30 credit points to be selected from the subjects listed below. For the Master of Medical Statistics Degree at least 30 credit points must be selected from subjects marked "y".

<table>
<thead>
<tr>
<th>Subject</th>
<th>Credit Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>STAT101 Statistical Inference</td>
<td>10</td>
</tr>
<tr>
<td>STAT201 Mathematical Statistics</td>
<td>10</td>
</tr>
<tr>
<td>STAT202 Regression Analysis</td>
<td>10</td>
</tr>
<tr>
<td>STAT203 Queues and Simulation</td>
<td>5</td>
</tr>
<tr>
<td>STAT204 Non-parametric Statistics</td>
<td>5</td>
</tr>
<tr>
<td>STAT301 Study Design *</td>
<td>10</td>
</tr>
<tr>
<td>STAT302 Generalised Linear Models *</td>
<td>10</td>
</tr>
<tr>
<td>STAT304 Time Series Analysis *</td>
<td>10</td>
</tr>
<tr>
<td>STAT401 Probability Theory *</td>
<td>10</td>
</tr>
<tr>
<td>STAT402 Analysis of Categorical Data *</td>
<td>10</td>
</tr>
<tr>
<td>STAT403 Demography and Survival Analysis *</td>
<td>10</td>
</tr>
<tr>
<td>STAT404 Robust Regression and Smoothing *</td>
<td>10</td>
</tr>
<tr>
<td>STAT405 Statistical Consulting *</td>
<td>10</td>
</tr>
<tr>
<td>STAT406 Methods for Quality Improvement *</td>
<td>10</td>
</tr>
</tbody>
</table>
Diploma Subject Descriptions

**MED641 DRUG EVALUATION** 10cp

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

**Time requirement** Approx. 30 hours

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

**MED601 EPIDEMIOLOGY I** 20cp

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-controlled 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.

**MED602 EPIDEMIOLOGY II** 10cp

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

**Content**
- Natural history and prognosis
- Clinical disappearance
- 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** 10cp

An introduction to occupational epidemiology. Areas covered include:
- Measuring the environment
- Cross sectional studies
- Longitudinal studies
- Risk and Cause
- Case-control studies
- Measurement of dust and fibres
- The structure of an epidemiological study
- Epidemiology in practice

**Time requirement** Approx. 30 hours

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

**Text**
Christie, D.
A Guide to Occupational Epidemiology (CCH Press, 1988)

**MED631 HEALTH ECONOMICS I** 10cp

An introduction to Clinical Economics.

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

**Time requirement** Approx. 30 hours

**Assessment** Assignments

**MED632 HEALTH ECONOMICS II** 10cp

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 economic analysis of dust and fibres. The use of qualitative field methods in questionnaire construction

**Time requirement** Approx. 30 hours

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

**MED604 BIOSTATISTICS II** 10cp

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

**Time requirement** Approx. 30 hours

**Assessment** Written assessment.

**MED642 CLINICAL PHARMACOLOGY** 10cp

This subject is concerned with ways in which the human body handles and responds to drugs in health 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.

**MED603 BIOSTATISTICS I** 20cp

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
- Binomial and Poisson Distributions
- 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

**Time requirement** Approx. 75 hours

**Assessment** Written assessment.

**Text**
Bland, M.
An Introduction to Medical Statistics (Oxford U.P. 1987)

**MED631 HEALTH SOCIAL SCIENCE I** 10cp

An introduction to Health Social Science and Behavioural Change.

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

**Time requirement** Approx. 30 hours

**Assessment** Small group research project, essays on selected topics

**MED671 HEALTH PROMOTION I** 10cp

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

**Time requirement** Approx. 30 hours

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

**MED672 HEALTH PROMOTION II** 10cp

This subject covers the following topics:
- Individual and structural strategies
- Mass media strategies
- Legislative action
- Economic strategies
- Community development
- Health care provider interventions for patient behaviours
- Interventions for modifying health care providers' behaviour
- School and work-based strategies
- Strategies for addressing inequality
- Politics and ethics of health promotion

**Time requirement** Approx. 30 hours

**Assessment** Written and/or oral assessment.
MED622 HEALTH SOCIAL SCIENCE II 10cp

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

2. The following topics from Health Economics I:
   - Introduction to clinical economics
   - Cost of illness, including economic costs and discounting
   - Cost analysis
   - Cost minimisation analysis
   - Cost effectiveness analysis

Time requirement: Approx. 30 hours
Assessment: Small group research project

MED623 HEALTH SOCIAL SCIENCE III 10cp

Content
1. The following topics from Clinical Economics I:
   - Introduction to clinical economics
   - Cost of illness, including economic costs and discounting
   - Cost analysis
   - Cost minimisation analysis
   - Cost effectiveness analysis

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

   The attachments will consist of 30 hours with health agencies involved in health promotional activities. Students will visit two agencies for 15 hours each; they will undertake a critical review of one of the agency’s programs including assessing:
   - target agencies for 15 hours each; they will
   - undertake a critical review of one of the agency’s programs including assessing:
   - the impact of these on drug distribution and utilisation within communities.

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

MED624 SOCIAL PSYCHiATRY 10cp

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

Topics to be covered:
- Methods of measurement
- Sociodemography of mental illness
- Genetic and biological factors
- Formative experiences in childhood
- Concepts of stress
- Adverse life events
- Social consequences of mental illness
- Primary care services
- Specialist psychiatric services
- Social management
- Preventive strategies
- Service evaluation

Time requirement: 30 hours
Assessment: Critical Appraisal Exercise. Written and/or oral assessment.

MED625 SOCIOCULTURAL STUDIES I 10cp

Qualitative Methods: Topics covered include:

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

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

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

- Studying Social Structures and Relationships: Ethnography and Political-economy
  - Approaches to the study of inequalities in health care
  - Studying community health and primary health care and the Third World
  - Ethnography and ethnomedicine, medical systems and pluralism
  - Ethnography and indigenous healers — their relationships with ‘clients’, families and community

Time requirement: Approx. 40 hours
Assessment: Written and/or oral assessment.

MED626 SOCIOCULTURAL STUDIES II 10cp

Health Surveys, Policy Analysis and Ethics

Content
- Measurement of health beliefs, attitudes and behaviours
- Fundamentals of health program evaluation
- Health planning and policy analysis
- Distributive justice and rationing
- Values, ideology and health ethics

Time requirement: Approx. 40 hours
Assessment: Written and/or oral assessment.

STAT101 INTRODUCTORY STATISTICS 10cp

Offered Semester II

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

Hours: 3 lecture hours per week, 1 laboratory hour and 1 tutorial hour per week

Content
- Study design, including surveys and controlled experiments.

Texts
- To be advised

References
- MINITAB Reference Manual

STAT201 MATHEMATICAL STATISTICS 10cp

Offered Semester I

Prerequisite(s): In 1990 Mathematics I and from 1991 either MATH110 or Introductory Statistics (STAT101) and MATH102 or a level of mathematics equivalent to MATH102.

Hours: 3 lecture hours and 1 laboratory/tutorial hour per week

Content
- Probability theory, random variables, probability distributions.
- Sampling distributions, parameter estimation, confidence intervals. Hypothesis testing, significance levels, power, t- and chi-squared tests. Quality control.

Text

STAT202 REGRESSION ANALYSIS 10cp

Offered Semester II

Prerequisite(s): In 1990 Mathematical Statistics (STAT201) and from 1991 Mathematical Statistics (STAT201) or Introductory Statistics (STAT101) and MATH102 (or equivalent).

Hours: 2 lecture hours, 1 laboratory and 1 tutorial hour per week
Statistics

Simple linear and multiple regression: Linear Models. Variable selection. Diagnostics. Regressions approach to analysis of variance. Non-linear regression. This course covers the practical and theoretical aspects of multiple regression analysis, including the 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. 

Texts

To be advised

References


STAT203 QUERIES & SIMULATION

Sect

Offered Semester I

Prerequisite: In 1990, Mathematics I or Mathematics II and from 1991 MATH102. For the BSc degree STAT204 would also have to be taken. This course covers topics specifically required for Computer Science but is also relevant for Statistics and other disciplines.

Hours: 2 lecture/labouratory hours per week

Content

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

Text

Nil

References


STAT204 NON-PARAMETRIC STATISTICS

Sect

Offered Semester II

Prerequisite: In 1990, Mathematical Statistics (STAT210) and from 1991 Mathematical Statistics (STAT210) or Introductory Statistics (STAT101) and MATH102 (or equivalent).

Corequisite: STAT203 for the BSc degree

Hours: 2 lecture/labouratory hours per week

Content

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

Texts

To be advised

References

Keyfitz, N
Introduction to the Mathematics of Population (Addison-Wesley 1968)
Pollard, JH

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, L1-, M- and high breakdown estimation in linear regression, scatterplot smoothers (eg. ACE, LOESS and splines), kernel regression and methods for choosing the amount of smoothing, and radical approaches (eg. CART and projection pursuit).

References
Eubank, RL
Spline Smoothing and Nonparametric Regression (M Dekker 1988)
Hampel, FR, Ronchetti, EM et al
Robust Statistics; the Approach Based on Influence Functions (Wiley 1986)
Rousseeuw, PJ & Leroy, AM
Robust Regression and Outlier Detection (Wiley 1987)

STAT405 STATISTICAL CONSULTING 10cp

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

Texts and References
To be advised.

STAT406 METHODS FOR QUALITY IMPROVEMENT 10cp

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 program in an organisation will be addressed.

Texts and References
To be advised.

MEDICINE SUBJECT COMPUTER NUMBERS

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

BACHELOR OF MEDICINE

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POSTGRADUATE DIPLOMAS AND DEGREES

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

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<td>MED 642</td>
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<td>MED 641</td>
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Subjects offered by the Department of Statistics

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<td>Demography and Survival Analysis</td>
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