CITY ST GEORGE'S
UNIVERSITY OF LONDON

School of Health & Medical Sciences

citystgeorges.ac.uk

MBBS Curriculum Information 2026/27

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City St George's, University of London

City St George's is the University of business, practice, and the professions. Our Tooting campus, formerly St George's, is dedicated to medical and health sciences education, training, and research. We share our site with St George's University Hospitals NHS Foundation Trust, a major London teaching hospital which is on the clinical frontline for our diverse local community and a centre of excellence for specialist conditions, providing an integrated environment for academic and clinical learning. Our research strategy focuses on generating positive social impact through the prevention, diagnosis and treatment of disease. This includes new and emerging healthcare challenges in the fields of population health, infection and immunity, and molecular and clinical sciences – three of the greatest challenges to global health in the 21st century. Through vaccine and treatment trials, City St George's was able to make an immediate and sustained contribution to the international response to the COVID-19 pandemic. Our MBBS programme offers exciting additional opportunities in, for example, clinical genomics, ethics, global health and humanities education. Decades of onsite collaboration between scientists, clinicians, and academics have given rise to a unique learning community, supporting individuals from a broad range of backgrounds to achieve their goals. Come and be part of it!

Welcome from the MBBS course team

Your education here will empower you to shape your future as a confident, resilient doctor—ready to collaborate with colleagues and deliver exceptional, compassionate care to every patient. During your course, you will acquire the scientific and clinical expertise to keep abreast of the changes in diagnostic and therapeutic medicine required for our rapidly changing societies. The skills you will learn will equip you to apply for post-graduate training in any area of medicine you desire and support you to thrive in your careers as future healthcare leaders.

We are dedicated to serving the needs of a diverse local population and to preparing doctors to practise in the UK. We have established successful partnerships at Ulster University and the University of Hertfordshire, and offer medical education which is quality-assured and recognised internationally.

Through our blended learning framework, we are committed to maintaining high-quality face to face, live online and asynchronous education to meet the General Medical Council outcomes in the most pedagogically appropriate way.

Key elements of the curriculum

The MBBS curriculum is made up of core curriculum elements and opportunities for in-depth study in areas of student choice. The early years of MBBS are known as the clinical science years. While these have a strong focus on patient care and include early patient contact, they are based mainly in the academic environment. Subsequent years have increasing amounts of clinical exposure and are known as the clinical practice years. Personal development is an important element of being a doctor and of educational life at City St George's. Project work, particularly student selected components (SSCs), are an opportunity to exercise personal choice in a broad range of science, clinical and humanities topics and develop transferable lifelong learning skills. Students at City St George's are supported throughout their learning journey and have access to additional study skills and support services.

Clinical science years

MBBS has two entry streams: MBBS 5-year stream and MBBS 4-year graduate stream. They have common curriculum principles, themes and modules but differ in the approach to basic and clinical sciences in the early years of the course. MBBS 5 introduces a comprehensive foundation in the basic and clinical sciences, exploring scientific principles in depth and stimulating connections between research and clinical practice as the life modules progress. In MBBS 4, experiential learning is seen as key to engaging the graduate learner's curiosity. Basic and clinical sciences learning arises from the study of clinical cases, stimulating an integrated and practice-orientated understanding of a clinical area.

Life modules

These innovative modules bring together basic and clinical science learning with key clinical cases. There are six life modules which run as sequential units in the clinical science years: life support, life maintenance, life protection, life cycle, life structure, and life control.

Themes

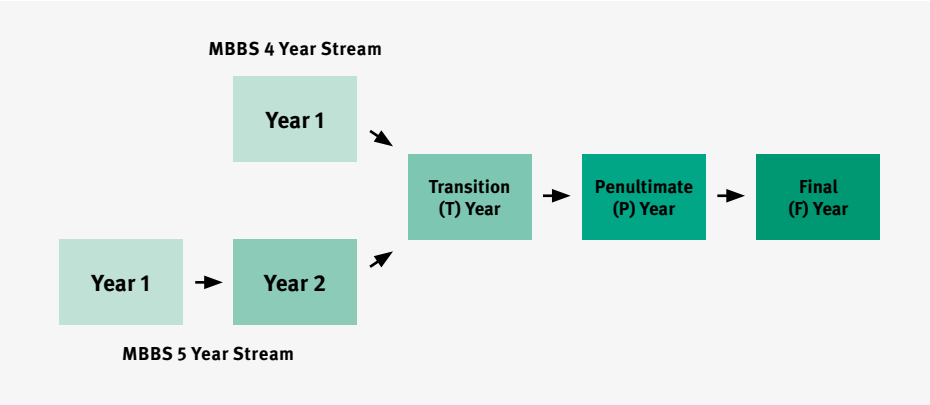
Three curriculum themes represent the breadth of learning in the clinical science years and run in all the life module units: basic and clinical sciences (BCS), professional skills (PS), and patients, populations and society (PPS).

The learning week

In each curriculum week, learning from different BCS subjects and across themes is integrated. This ensures that students grasp the complexities of a topic across academic boundaries, leading to an interdisciplinary and contextualised understanding of the week's content.

Clinical practice years

MBBS 5 and MBBS 4 streams join after two years and one year, respectively, and from that point forward share all clinical and academic teaching. These years are known as the Transition (T), Penultimate (P) and Final (F) Year. The majority of clinical placements are at St George's Hospital NHS Trust, local or regional trusts (see pages 24 & 25) and at primary care providers in the same regions. During the T Year, workplace-based learning on clinical placements alternates with units in the academic setting. P and F years have limited taught components and are largely based in clinical settings. The syllabus during the clinical practice years is based on tasks and activities performed by doctors in the workplace, known as the City St George's clinical practice outcomes.



Clinical practice outcomes

Clinical practice outcomes range from history taking and examination, investigation, diagnosis and management to patient safety, interpreting evidence and guiding one's own learning. All outcomes are designed to guide actions observable in the workplace. They are informed by knowledge, reflection on performance, values, analytical skills and working with health professionals.

Assessment for learning and progression

A combination of carefully planned and standardised knowledge tests, clinical assessments, project work and workplace assessments are used to inform decisions about student progress from one year to the next. Students are given the experience of all such assessment formats, as an opportunity for learning, before experiencing similar assessments which determine progression. Knowledge tests and clinical assessments are based on the core curriculum, with other assessment formats used for assessing coursework and student-selected projects. As well as City St George's assessments, students take national assessments in their final year: the prescribing safety assessment (PSA) and the medical licensing assessment (MLA) which consists of an applied knowledge test (AKT) and an assessment of clinical and professional skills (CPSA).

Becoming a doctor domain

This is a curriculum and assessment domain which supports students to develop the personal and professional qualities required to be the best doctor they can be. The initial drive to becoming a doctor, which stems from within, requires constant nurturing to practice medicine effectively and with ongoing personal satisfaction. Because medicine is a highly trusted profession that supports people at their most vulnerable and in increasingly complex situations, the General Medical Council — the UK regulator of doctors — expects us to ensure that our students develop the knowledge, skills and attitudes required to meet their statutory obligations and to thrive as professionals.

We rely on a variety of validated tools, including formal lectures, constructive feedback, reflection on practice, knowledge-testing written exams, recording of attendance and conduct in professional situations to verify this longitudinally by formative and summative assessment.

Curriculum themes and modules

Themes

Basic and clinical sciences (BCS)

The aim of the basic and clinical sciences (BCS) theme taken in years 1, 2, and T of MBBS5, and year 1 and T of MBBS 4, is to provide students with core knowledge of the structure, function, and development of the normal human body and the changes that occur as the result of disease, injury, abnormal development and ageing. Consideration will be given to all levels of organisation from the molecular and cellular to organ systems and the whole individual. To achieve this, we use diverse learning opportunities including core-subject lectures, clinical cases studied in small groups, practical anatomy teaching, exam question practice sessions and timetabled independent-learning time. To meet the demands of a constantly evolving medical profession and to introduce the importance of research and implementing change within medicine, the BCS theme also provides opportunities for students to be involved in teaching sessions which highlight recent research innovations and changes in medical practice.

Professional skills (PS)

The professional skills theme equips students with the core patient-centred communication, clinical and procedural skills integral to becoming a doctor. In the early years, clinical and communication skills are developed and integrated through simulated practice involving diverse and authentic clinical scenarios. Opportunities for focused practice, reflection and feedback permit progression and development of these essential skills. Together, this learning works to support the students' transition into the clinical environment, first encountered during the early years clinical experience placements in years 1 and 2 of MBBS 5 and GP and community visits in both streams. The early exposure to patients and healthcare environments in the MBBS course further enhances the acquisition of these skills by fostering a strong patient-centred and contextualised clinical approach, and lays the foundation for continued learning in the clinical practice years. By qualification, City St George's graduates can confidently practise and advance their clinical and communication skills used in the day-to-day encounters in the clinical environment; with patients, carers and other members of the healthcare team.

Patients, populations and society (PPS)

Health behaviours and attitudes, cultural beliefs, and socio-economic factors are significant determinants of health outcomes in individuals and communities. Effective health interventions require a partnership with patients and communities that takes account of these components, a firm understanding of the evidence for harms and benefits of medical intervention and the ability to work professionally in a complex, uncertain and evolving field. This necessitates lifelong learning and development of values, informed by ethical reasoning and guided by the law within transparent and trustworthy professional frameworks. Lectures, seminars with active discussion, workshops, projects and case-based discussion groups support the development of the values, critical, evaluative and reasoning skills required for graduation and beyond.

Life modules

Life support

The lungs, heart and circulation deliver oxygen and other essentials to the body and enable the transport and excretion of certain waste products. Damage or dysfunction involving the heart, lungs or circulation frequently causes serious disease. This module describes such diseases and challenges students to find what has gone wrong. In doing so, students need to discover the normal structure and workings of these vital organs, how organ malfunction causes disease, and how medical therapies work. Students also learn cardiovascular and respiratory history and examination, consider the effects of cardio-respiratory illness on individuals, families and society and study how changes in behaviour might protect against disease.

Life maintenance

The alimentary, renal and endocrine systems have a central role in maintaining the internal environment of the body. The module deals with the mechanisms, clinical manifestations and management of renal, gastrointestinal, liver and endocrine disorders, which are either commonly encountered or illustrate important scientific or clinical concepts. Whilst the clinical science years focus on enabling students to develop a strong understanding of the basic science underpinning medicine, the concepts are consistently framed within their clinical context and such aspects are further emphasised by the clinical nature of the problems studied and by learning activities such as physical examination, history taking, clinical visits and medico-legal discussions.

Life protection

This module develops understanding of the normal mechanisms which defend the human organism and community from environmental and biological attack, and the disease mechanisms which operate when these defenses fail or become inappropriate. The module considers the way that pathological disorders are expressions of specific processes at the molecular level, drawing together apparently unrelated types of disease by elucidating the mechanisms which show their common origins. The module also considers the clinical aspects and social impact of these diseases. The major disease mechanisms covered are inflammation, infection, hypersensitivity including allergy, immunodeficiency, genetic disease, and abnormal growth including cancer.

Life cycle

Life cycle deals with human procreation, growth, development and ageing – normal physiology, common abnormalities and the profound experiences that these events constitute. The module introduce core obstetric and gynaecological disorders; the differing presentation and management of disease in childhood – with childhood disease being presented as an inseparable and evolving combination of physical, psychological and social components that interact dynamically from birth to adolescence; and the processes of ageing and disease – differentiating between disease and the normal effects of ageing on the body's systems.

Life control

This module deals with the workings of the nervous system and mind as a whole. Problems studied cover a broad range of approaches to nervous system functions, beginning with an examination of basic cellular neurobiology, progressing through a system-based analysis of sensory and motor function, and leading finally to neurobiological and behavioural views of the whole person. The module also provides a developmental understanding of mental processes, introducing the classification and diagnosis of mental disorder and the uncertainties inherent in concepts of mental health and disease. Students also learn some basic skills such as how to do a mental state examination, how to take a neurological history and carry out a full neurological examination.

Life structure

This module aims to provide an understanding of the normal structure and function of the musculoskeletal system and skin at microscopic and macroscopic levels and the causes and consequences of injury and illness through the study of a range of clinical cases. Patient examination, clinical and communication skills, history taking and clinical management in rheumatology, dermatology, orthopaedics and traumatology are introduced in life structure.

Years 1+2 MBBS 5

Clinical science years

Years 1 and 2 of the MBBS 5 programme work together to support and prepare students for learning in the clinical environment. A robust understanding of the scientific concepts underpinning medicine is developed and then integrated with clinical practice through synoptic learning weeks, regular simulated practice and early patient contact. As the course develops, students are encouraged to be increasingly independent in their learning as they transition to the more dynamic learning environment of the clinical practice years.

UNITS	
Year 1	**Year 2**
• **11 weeks:** Introduction to medicine	• **6 weeks:** Life protection
• **7 weeks:** Life support	• **2 weeks:** EYCE
• **1 week:** CCE preparation	• **7 weeks:** Life control
• **2 weeks:** EYCE	• **2 weeks:** EYCE
• **2 weeks:** Genomics	• **5 weeks:** Life structure
• **6 weeks:** Life maintenance	• **1 week:** Population health
	• **6 weeks:** Life cycle

Life modules

Life modules integrate the key BCS principles with common, important clinical cases. In addition, cutting-edge content from genomics (two weeks) and population health and evidence-based practice (one week) are included in dedicated modules. Weekly case-based learning (CBL) weeks form the basis of each life module unit, with each week covering relevant curriculum themes. The CBL case is well supported with expert teaching throughout the week.

Key learning methods

Case-based learning (CBL)

Students tackle a real-world clinical problem, the CBL scenario, as well as having weekly anatomy, supporting lectures and material from experts. The case is specifically chosen to form the basis of the learning week, whereby all lectures and small group teaching are linked to reinforce important concepts raised within the case. Students work in small groups with a facilitator and are encouraged to consider both specific and broader contextual issues. The case forms one to two learning hours per week.

Small group teaching

Wherever possible, teaching and learning occurs in small groups. Weekly clinical skills and communication skills sessions all occur in the small group format allowing a high degree of learner engagement, role play and reflection.

Clinical and community experience (CCE)

Students are supported through three two-week hospital attachments and regular GP visits over two years to develop a familiarity with, and understanding of the clinical environment and multidisciplinary working. Developing an understanding of the patient's experience of illness is actively encouraged by following the patient journey, spending time with different members of the clinical team and in reflective work. Hospital placements currently include medicine, surgery, senior health and radiology. Through community visits and diversity sessions, students hear the patient's perspective and learn to take proper account of the social and cultural background of the patient.

Lectures and seminars

Lecture-based teaching and interactive online content delivered by expert scientists and clinicians are designed to support the depth of learning and the relevance to clinical practice of the BCS subjects emerging from the CBL case of the week. Complementary sociology, psychology, professionalism, ethics and critical appraisal sessions run alongside and offer a more discursive style, aiming to stimulate analysis and critical thinking.

Synoptic learning

In the last week of each life module, students have sessions specifically to allow them to integrate learning and make connections across different subjects. This may include formative assessments, "virtual surgeries" with discussion of clinical vignettes, a clinical case that includes several body systems and team-based learning. These sessions are designed and led by experts.

Intercalation

Students have the opportunity to undertake an additional intercalated year either internally or externally to City St George's, after their second year of study. Students select from a diverse set of learning opportunities with a focus on enhancing their scientific knowledge, critical thinking and evaluation and research skills.

Student selected components (SSC)

Students undertake two SSCs in their first two years of undergraduate medicine. In year 1, the foundation SSC allows exploration of reflective writing and critical appraisal whilst focusing on a topic outside of the MBBS core curriculum. In year 2, SSC 1 allows study of a topic in depth further enhancing literature research skills. Both of these SSC opportunities sit within the becoming a doctor domain which runs vertically through the MBBS curriculum.

Assessment

Knowledge assessments for BCS and PPS content occur at the end of each year for both years 1 and 2. In addition, formative opportunities to practise and get feedback on performance prior to the summative end-of-year exams, are provided during each year. These two themes are tested by single best answer (SBA) and short answer questions (SAQ) respectively. There is a simulated clinical assessment, known as a clinical competency assessment (CCA) at the end of year 2. The becoming a doctor domain assesses professional behaviour at the end of each year.

Year 1 MBBS 4

Clinical science year

The year 1 MBBS 4 graduate medical curriculum draws upon four basic principles in its commitment to learner-centred and patient-centred education. These are experiential learning, interdisciplinarity, community-orientation, and professionalism. It is a fast-paced year, where the essential principles of all three curriculum themes are covered. It begins with the three-week introductory module and progresses through the life modules.

Foundations of clinical science module

This three-week module introduces the curriculum themes, key basic science principles required for the other life modules and the educational methods students will use for the year. Patient contact begins straight away with visits to general practice, community organisations and expert patient sessions – all integrated with the clinical case of the week.

Life modules

Life modules integrate the key basic and clinical sciences principles with common and important clinical cases. Five or six problem-based learning (PBL) weeks comprise each life module unit with each week covering relevant curriculum themes. The PBL case is well supported with expert teaching, including anatomy, throughout the week.

YEAR 1 UNITS

- **3 weeks:** Foundations of clinical science
- **5 weeks:** Life support
- **6 weeks:** Life maintenance
- **5 weeks:** Life protection
- **5 weeks:** Life cycle
- **6 weeks:** Life control
- **5 weeks:** Life structure

Key learning methods

Problem-based learning (PBL)

Students tackle a highly structured, real clinical problem, the problem–based learning case, before they have supporting lectures and material from experts. They work in small groups with a facilitator and are encouraged to consider what they know already and what they need to learn to understand normal structure and function, disease mechanisms, history, examination, investigation, diagnosis and management. The narrative also triggers broader issues such as ethics, social and psychological considerations.

Small group teaching

Wherever possible, teaching and learning occurs in small groups. Weekly clinical skills and communication skills sessions all occur in the small group format allowing a high degree of learner engagement, role play and reflection.

Clinical and community visits

Students meet with people at the medical school and in diverse community settings to hear first-hand experiences of illness, impairment, pregnancy and healthcare. Teaching sessions may be led by experts who have the illness or impairment in question or from professionals allied to medicine. Developing skills and attitudes that take proper account of the social and cultural background of the patient and the human experience of illness is actively encouraged by reflection and small group learning, embedding diversity throughout the curriculum.

Lectures and seminars

Designed to provide a clear steer on the depth of learning required and relevance to clinical practice, BCS, psychology and public health lectures support the PBL case of the week. Sociology, professionalism, ethics and critical appraisal sessions are more discursive in style, aiming to stimulate analysis and critical thinking.

Expert forum

Graduate students grasp the uncertainties in medical practice very quickly with this style of curriculum. A weekly open Q & A session with expert academics, clinicians and patients helps to clarify the issues – and keeps the learning moving.

Student selected components (SSC)

Students choose any area of interest that has engaged their curiosity from a patient case encountered in the first term. The year 1 SSC is a literature review based on this topic.

Assessment

During year 1 knowledge is assessed in two summative written assessments which cover all themes. Testing periods occur at the end of year 1. A formative written assessment is offered in term 1 to prepare students for summative assessments later in the year.

There is a clinical assessment, known as a clinical competency assessment (CCA) at the end of the academic year. A formative CCA is offered in term 2 to familiarise students with the CCA format for the end of year assessment. There is also a summative longitudinal assessment of professionalism in the becoming a doctor domain.

T Year

Transition to practice

During T year, students make the transition from the clinical environment to learning in the workplace. The key outcome of T year is to learn effectively and safely from direct patient contact, thereby establishing the trust of patients and colleagues. Tasks will be set at an appropriate level and include the full history and examination, presenting to colleagues, attempting procedures safely and interpreting basic investigations in the clinical setting.

The MBBS 4 and MBBS 5 cohorts join to form a single cohort. The year begins with a shared three-week essential foundation for clinical practice module after which the cohort rotates between academic and clinical blocks. Throughout the clinical blocks, students support workplace learning with teaching on clinical and communication skills on Wednesday mornings.

T YEAR UNITS

PBL blocks

- **3 weeks:** Essential foundations for clinical practice
- **5 weeks:** PBL Surgery
- **5 weeks:** PBL Medicine
- **5 weeks:** PBL Medical specialties
- **2 weeks:** Together weeks

Clinical placement blocks

- **5 weeks:** Medicine placement
- **5 weeks:** Surgery placement
- **5 weeks:** General practice placement
- **3 weeks:** SSCT

Essential foundations for clinical practice

This three-week module reviews the core body systems, key clinical and communication skills required for the workplace. There is an opportunity to role play scenarios from medicine and surgery prior to starting these placements. A dedicated briefing on what to expect and how to maximise learning on the wards and in general practice settings ensures a strong start to the year.

PBL units

Three PBL units of five weeks alternate with clinical blocks. The PBL units are designed to support complementary experience on the T year clinical placements.

In PBL surgery, students are introduced to pre and post-operative care, safe surgical practice and review cases from breast, GI surgery, urology and vascular surgery. In PBL medicine, students review and extend learning on cardiovascular, respiratory, gastroenterology, neurology and ageing. The PBL specialties block is the last one of the year and contains key cases from oncology, haematology, immunology, infectious disease, paediatrics and obstetrics and gynaecology.

Together weeks

During 2 weeks of T year, the whole cohort come together to learn about patients, populations and society (PPS) topics relevant to clinical practice. Sessions will be discursive and interactive, and feature topics such as patient safety, professionalism and tackling inequalities in health.

Investigation of disease and clinical pharmacology

A weekly half-day lecture and tutorial programme during the PBL units support the development of planning and interpreting core investigations and prescribing common drugs. These sessions are delivered by leading practitioners in their fields and focus on analytical skills and practical know-how.

Medicine placement

Students maximise learning opportunities by participating in the work of their assigned clinical team. In addition, bedside teaching, supervised and self-directed learning provide the stimulus for learning about cases from the T year common condition list. This includes cases from all core body systems: cardiovascular, respiratory, gastrointestinal (GI), renal, endocrine, musculoskeletal and neurological systems. Interpretation of basic investigations such as ECGs (electrocardiograms), chest x-rays and common blood tests is practised at the bedside.

Surgery placement

Students maximise the learning opportunities available by participating in the work of their assigned clinical team. This includes ward rounds, attending operating theatres, radiology and pathology meetings. In addition, bedside teaching, supervised and self-directed patient contact provide the stimulus for learning about common and important surgical conditions. For T year, the main topics include pre- and post-operative care, breast, vascular, gastrointestinal (GI) and urological conditions.

General practice placement

This innovative placement uses seminars that blend medicine, the humanities, and role play with experiential learning in the clinical setting. Themes covered include using approaches from the humanities to focus on understanding the patient experience, clinical reasoning skills required for the first/early presentation of illness, patient-centred consultation skills, therapeutic relationships, and the impact of the ever-changing health care system on the patient journey.

Student selected components and projects

Two projects are supported during the year - the case analysis project (CAP) and SSCT. The in-depth analysis of a clinical case in the CAP allows students to consolidate their critical appraisal skills. For the SSCT, students choose a project from audit, data-set analysis and service evaluation or from a variety of discursive, arts and humanities-based projects.

Assessment

The GP placement has two formative consultation skills assessments where one-to-one developmental feedback on student performance is given. Workplace-based supervision of tasks and activities undertaken during clinical placements is an opportunity for students to receive feedback through assessment and reflect on and discuss key events from their work in the real clinical environment. Together with attendance, behaviour and projects, this forms part of the becoming a doctor domain summative assessment. There is a summative end-of-year knowledge assessment known as the year specific knowledge test (YSKT) and a clinical competency assessment (CCA).

P Year

Developing clinical practice

The year features rotation through a series of clinical attachments in acute, primary care and dermatology, cardiovascular and geriatric medicine, palliative care, surgical specialties, neurology, neurosurgery and neurorehabilitation, psychiatry, obstetrics and gynaecology, and paediatrics. Placements may be at St George's University Hospitals NHS Foundation Trust, local or regional trusts. The attachments are grouped into four ten-week blocks, each including introductory lectures which are delivered from City St George's. Students extend the scope and depth of their learning in specialty placements and senior medicine and surgery. Clinical interviewing and examination increasingly support hypothesis generation, differential diagnosis skills and management planning. Students are supported to achieve their outcomes and receive feedback.

Acute, primary care and dermatology

This block comprises introductory teaching, a week of medical assessment unit, a week of surgical assessment unit, and two weeks of primary care. Students are encouraged to witness the pathways between primary care and acute services. Students will also have a week of dermatology.

P YEAR UNITS

- **5 weeks:** Acute, primary care and dermatology
- **5 weeks:** General medicine and palliative care
- **5 weeks:** Cardiology and geriatric medicine
- **5 weeks:** Surgical specialties
- **5 weeks:** Neuro plus
- **5 weeks:** Psychiatry
- **5 weeks:** Obstetrics and gynaecology
- **5 weeks:** Paediatrics

General medicine and palliative care

This attachment involves 4 weeks of general medicine, 1 week of lectures, and seminars run by specialists in palliative care from St George's Hospital and Royal Trinity Hospice. During the palliative care rotation, each student will spend a day at a hospice as well as having the opportunity to spend time with a hospital palliative care team reviewing patients and discussing cases. Learning focuses on end-of-life care, identifying patients who would benefit from palliative care involvement, communication with patients and carers, assessing holistic needs, managing common symptoms, and understanding how multidisciplinary care is organised and delivered across different settings.

Cardiology and geriatric medicine

During cardiology placements students receive ECG teaching, attend clinics, the catheter labs (coronary angiography, pacemaker implantation). and observe cardiac investigations including echocardiography and cardiac MRI. During geriatric medicine placements, the emphasis shifts to holistic assessment of multiple clinical problems in the elderly patient and includes functional assessment, working with carers, evaluation of social support, and multidisciplinary working.

Surgical specialties

This block comprises introductory teaching, rotations in ear, nose and throat (1 week), ophthalmology (1 week), and orthopaedics, trauma and rheumatology (3 weeks). During the attachments, there will be tutorials (which may be virtual online teaching) to discuss clinical cases and develop knowledge of surgical and musculoskeletal conditions, their investigation and management.

Neuro plus

This placement prepares students for assessing and managing patients with neurological conditions. It comprises neurology, neurosurgery, stroke and rehabilitation medicine and consists of introductory lectures, outpatients and ward exposure, group teaching on core topics, clinical skills sessions, clinical demonstrations, bedside teaching and case-based learning. Students are attached to a neurology consultant in a district general hospital and/or community clinic, attending outpatient clinics, observing and participating in consultations, clerking patients and viewing procedures there once a week with allocated tutors for smaller group teaching and case discussions. At the regional neuroscience centre, students are assigned mentors, do on-call shifts in neurology/stroke, attend neurosurgical meetings, observe neurosurgical procedures, join additional specialist clinics and attend multidisciplinary teaching on neuro-rehabilitation.

Psychiatry

The psychiatry placement prepares students for evaluating and managing patients with mental health disorders holistically when undertaking generalist roles during the foundation year. This includes exposure to out-of-hours psychiatry and liaison services. Students are offered additional learning opportunities in subspecialty areas such as eating disorders, addictions, forensic psychiatry and perinatal psychiatry to extend their experience beyond the generalist level. During the attachment, students are expected to spend time with different members of the multidisciplinary team and attend clinical meetings such as ward rounds and outpatient clinics, guided by a consultant. Students attend regular case-based learning tutorials with an allocated tutor.

Obstetrics and gynaecology

The attachment prepares students for evaluating and managing patients with common obstetric and gynaecological conditions. It starts with introductory lectures. Students are then allocated in small groups for their clinical placements, during which time, students gain experience of a range of obstetric and gynaecological conditions including antenatal care, intra-partum care, postnatal care, acute gynaecology, benign gynaecological conditions, gynaecological cancers, hysteroscopy, colposcopy, surgery and post-reproductive health care. Students will also spend one day in a sexual health clinic. These experiences are complemented by case discussions, patient-based tutorials, bedside teaching and simulation skills sessions. The placement empowers students to gain insight into a full range of conditions related to women's health.

Paediatrics

The paediatric attachment prepares students for competently assessing infants, children and teenagers, to begin management of common conditions in readiness for placements in foundation, GP vocational or paediatric training. The emphasis is on the clinical assessment of children. After a three-day introduction to placement at St George's, students are allocated in small groups to clinical placements, where students gain experience of a range of paediatrics, from premature babies, toddlers and young children, up to adolescents in many different settings such as paediatric wards, neonatal units, outpatients and the paediatric emergency department. These experiences are complemented by patient-based tutorials, bedside teaching and clinical skills sessions.

Assessment

During the year, students perform workplace –based assessments in all their placements as required by the becoming a doctor domain. There is also a separate summative reflective practice exercise, consisting of six written reflective pieces on set topics which are further discussed in two meetings with a tutor. There are also formative quizzes at the end of placements, and an end of year summative YSKT and CCA.

F Year

Advanced clinical practice

This is an exciting year where students are supported to achieve the standard required for foundation practice, and expand their horizons with the public health block, final-year SSCF1 and SSCF2. Assistantships in medicine, surgery and general practice are 1:1 apprenticeships during which students work as an F1 under the supervision of a Consultant or GP, which allows them to achieve the standard of teamwork and clinical practice expected in foundation years. Rotations in anaesthetics and critical care, and emergency medicine complete the F year programme.

F YEAR UNITS

- **3 days:** Advanced clinical practice course
- **4 weeks:** Emergency medicine
- **4 weeks:** Anaesthetics and critical care
- **2 weeks:** Public health
- **5 weeks:** Medicine assistantship
- **5 weeks:** Surgery assistantship
- **5 weeks:** General practice assistantship
- **5 weeks:** SSCF1
- **5 weeks:** SSCF2

Advanced clinical practice course

This three-day course covers core foundation year duties such as organising ward rounds and handovers, presenting patients to enable the clinical team to make key management decisions and recognising and initiating management of the unwell patient. Sessions are practically orientated and involve active learning in groups. The course also has sessions on preparing for the foundation years with information on GMC registration.

Emergency medicine

This attachment is aimed at the recognition of the sick patient and early management of medical emergencies. This placement is generally split into two-week blocks, with students allocated to St George's for two weeks and to a local district general hospital for two weeks. However, some students will complete the full four-week emergency department (A&E) rotation at a regional hospital. The placement features time within a trauma centre.

Anaesthetics and critical care

During this placement, recognition and early management of the sick patient is taken further and the principles of preoperative evaluation, intraoperative care and postoperative management of surgical patients is revisited. The first week of the rotation is based at St George's, and all students complete four courses that prepare them for managing the challenges of foundation year in the safety of simulated settings – intermediate life support (ILS), simulator training, blood transfusion, and breaking bad news. For the remaining three weeks, students are allocated to anaesthetics and an intensive care unit at a local or regional hospital.

Public health

The two-week final year attachment in public health medicine introduces the scope of public health practice, describes how public health action impacts on the role of clinical practitioners, develops basic public health skills and gives an understanding of global public health issues. These skills come together with a presentation where students pitch a 'Dragons' Den' style funding bid for a proposed local or global public health initiative!

Medicine and surgery assistantships

Students evaluate clinically stable new admissions and shadow foundation year doctors on-call, following these patients through the cycle of admission, clinical assessment, investigation and discharge, attending relevant procedures with patient consent. In addition, students fully participate in ward rounds, clinical meetings, triage and discharge planning meetings, and shadow other members of the multidisciplinary team (MDT). Prescribing skills are carefully supported during this year through simulated prescribing for real patients. During each of these placements, students collect and reflect on feedback from multiple sources within the MDT. These placements are based locally and across the south of England.

General practice assistantship

This five-week placement offers the breadth of clinical, communication, knowledge enhancing, ethics and interprofessional learning opportunities in general practice and tailors learning and feedback to the needs of individual final year students. Students are immersed in a spoke practice, joining GPs and multidisciplinary team members in clinical practice, performing supervised self-conducted surgeries and receiving feedback on diagnostic, clinical management, communication and reflective practice skills. Hub tutors deliver weekly small group tutorials providing peer contact and a valuable formative clinical competency assessment opportunity to prepare for Finals.

Student selected component final year (SSCF1)

All students will undertake a five-week SSCF1 in an approved clinical or non-clinical placement of their choice. This provides opportunities for students to expand and consolidate knowledge, skills and attitudes for confident clinical practice as a future doctor. This is not a research project, but rather an opportunity to explore individual career interests and develop confidence in preparation for becoming a foundation doctor.

Student selected component final year (SSCF2)

Students have an opportunity to broaden their experiences in any area that may be relevant to their future career in medicine. Students can choose an area already covered in the curriculum, but they are encouraged to undertake their SSCF2 in a different environment and at a greater depth than the core curriculum. Students may use their SSCF2 as an opportunity to observe a healthcare system in a different country, subject to any travel restrictions in place at the time. The SSCF2 occurs in late April to June after final assessments.

Assessment

Assessments for progression include workplace-based assessments in the clinical placements, the medical licensing assessment (MLA) which consists of an applied knowledge test (AKT) and the clinical and professional skills assessment (CPSA) and the national prescribing safety assessment (PSA). The CPSA will be in the same format as the clinical competency assessments taken in previous years. Competence in all foundation year clinical procedures must be achieved on at least one occasion.

The learning journey

From curriculum themes to clinical practice outcomes

Over the whole course of MBBS, the curriculum is designed to cover and revisit the common and important clinical conditions required of foundation year practice. This list of conditions is known as the 'core conditions list'. The range and setting of teaching and learning activities differ according to the year of the course. In the clinical science years, the clinical cases are studied in CBL and PBL each week. The breadth of academic learning around these cases is organised around the curriculum themes with supervised early patient contact to bring this learning alive. As well as understanding core principles, students gain skills to learn the breadth of subjects required for medical practice.

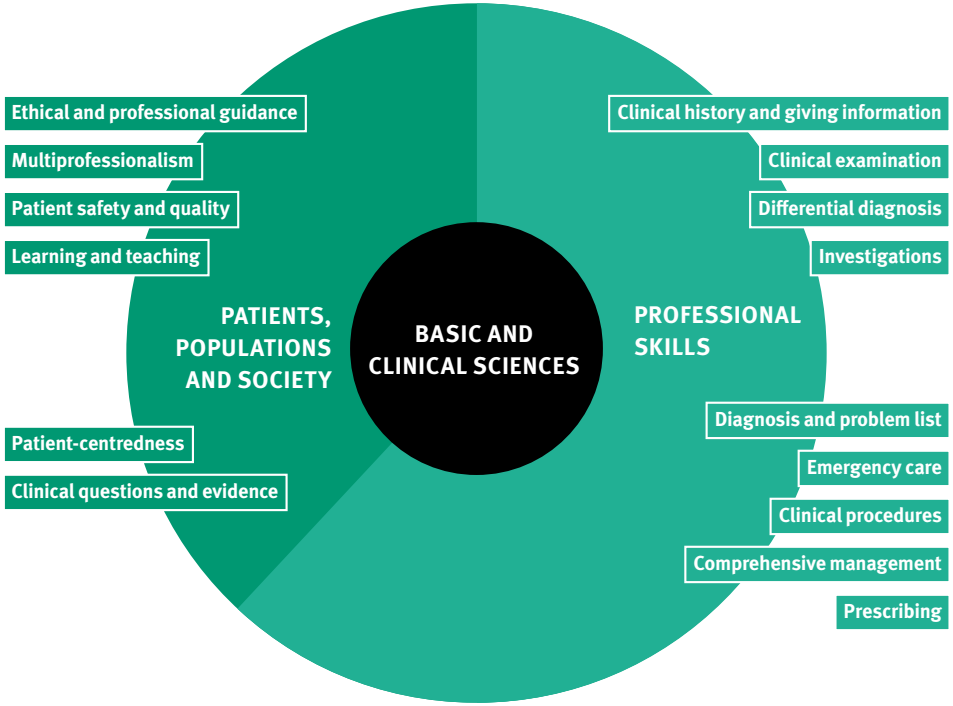
In the clinical practice years, the cases are patient-based in the clinical setting. Activities involve participation in clinical teams, bedside teaching, and self-directed patient-based activities supplemented by a limited formal teaching programme. Learning is organised around the tasks and activities that are required of doctors, known as 'clinical practice outcomes'. Both prior and continuing academic learning, modelled by theme-based learning in the clinical science years, inform these tasks.

Clinical practice outcomes

1. Demonstrate awareness of oneself as a learner, developing professional knowledge, resilience and compassion
2. Elicit a clinical history and give information
3. Perform a clinical examination
4. Prioritise a differential diagnosis following a clinical encounter
5. Formulate a plan of investigation and interpret the results of investigations
6. Synthesise information from the history, examination and investigation, define the likely diagnosis and draw up a problem list
7. Recognise a patient requiring emergency care, and initiate evaluation, management and handover
8. Observe, assist and perform clinical procedures appropriate to the stage of training
9. Demonstrate patient-centred consultation and management skills
10. Negotiate a comprehensive plan for prevention, treatment and management of acute and long-term conditions, taking account of the patient's wishes and social context
11. Plan, prescribe and adjust medical treatment*
12. Communicate and collaborate in a multi-professional healthcare environment, demonstrating the ability to lead and to follow
13. Integrate professional, legal and ethical guidance and standards into the care of patients
14. Form clinical questions and interpret evidence to inform the sustainable care of patients and populations
15. Critically evaluate systems of care and contribute to a culture of continuous quality improvement and patient safety

*All prescription writing is simulated until after graduation

Curriculum themes and clinical practice outcomes



With support and supervision, students develop the ability to direct their own learning and safely demonstrate the outcomes within the limits of competence. We are committed to enabling students to begin working life fully prepared for practice and national surveys of our graduates show we are getting this right.

MBBS 5 curriculum plan

KEY	
	Clinical Sciences
	Transition to Practice
	Developing Clinical Practice
	Advanced Clinical Practice

Modules	
Life Support	Respiratory, Renal and Cardiovascular
Life Maintenance	Gastrointestinal and Endocrine
Life Protection	Mechanisms of Disease
Life Control	Mind and Brain
Life Structure	Skin and Musculoskeletal
Life Cycle	Reproduction, Growth, Ageing

Abbreviations - Clinical Practice	
PBL	Problem-based learning blocks
IOD	Investigation of Disease
EYCE	Early Years Clinical Experience

1/CS		Introduction to medicine	Life Support	CCE preparation	EYCE	Genomics	Life Maintenance	Revision and Assessment	Resit Period
		Professional Skills							
		Patients, Populations and Society							
2/CS		Life Protection	EYCE	Life Control	EYCE	Life Structure	Population Health	Life Cycle	Revision and Assessment	Resit Period
		Professional Skills							
		Patients, Populations and Society							
3/T	Essential Foundations of Clinical Practice	PBL Surgery	Clinical Placement Medicine	PBL Medicine	Clinical Placement Surgery	PBL Medical Specialties	Clinical Placement General Practice	Revision and Assessment	Resit Period	Student Selected Component
		IOD		IOD		IOD				
4/P	Acute, Primary Care and Dermatology	General Medicine and Palliative Care	Cardiology and Geriatric Medicine	Surgical Specialties	Neurology	Psychiatry	Paediatrics	Obstetrics and Gynaecology	Revision and Assessment	Resit Period
5/F	Advanced Clinical Practice course	Surgery Assistantship	Medicine Assistantship	General Practice Assistantship	Student Selected Component	Emergency Medicine	Anaesthetics and Critical Care	Public Health	Revision and Assessment	Elective Period	Resit Period	Preparation for F1

Length of curriculum units and placements is indicative. Students may undertake clinical placements in a different order within the year from that shown and introductory weeks may be split between specialties and occur just prior to the relevant specialty.

T year also includes Together Weeks x2.

MBBS 4 curriculum plan

KEY	
	Clinical Sciences
	Transition to Practice
	Developing Clinical Practice
	Advanced Clinical Practice

Modules	
Life Support	Respiratory, and Cardiovascular
Life Maintenance	Gastrointestinal Renal and Endocrine
Life Protection	Mechanisms of Disease
Life Cycle	Reproduction, Growth, Ageing
Life Control	Mind and Brain
Life Structure	Skin and Musculoskeletal

Abbreviations - Clinical Practice	
PBL	Problem-based learning blocks
IOD	Investigation of Disease

1/CS		Foundations of Clinical science	Life Support	Life Maintenance	Life Protection	Life Cycle	Life Control	Life Structure	Revision and Assessment	Resit Period
		Professional Skills								
		Patients, Populations and Society								
2/T	Essential Foundations of Clinical Practice	PBL Surgery	Clinical Placement Medicine	PBL Medicine	Clinical Placement Surgery	PBL Medical Specialties	Clinical Placement General Practice	Revision and Assessment	Resit Period	Student Selected Component
		IOD		IOD		IOD				
3/P	Acute, Primary Care and Dermatology	General Medicine and Palliative Care	Cardiology and Geriatric Medicine	Surgical Specialties	Neurology	Psychiatry	Paediatrics	Obstetrics and Gynaecology	Revision and Assessment	Resit Period
4/F	Advanced Clinical Practice course	Surgery Assistantship	Medicine Assistantship	General Practice Assistantship	Student Selected Component	Emergency Medicine	Anaesthetics and Critical Care	Public Health	Revision and Assessment	Elective Period	Resit Period	Preparation for F1

Length of curriculum units and placements is indicative. Students may undertake clinical placements in a different order within the year from that shown and introductory weeks may be split between specialties and occur just prior to the relevant specialty.

T year also includes Together Weeks x2.

Placement map

	Trust	Hospital
1	St George's University Hospitals NHS Foundation Trust	St George's Hospital Queen Mary's Hospital, Roehampton
2	Southwest London and St George's Mental Health NHS Trust	Springfield Hospital and various other locations
3	Epsom and St Helier University Hospitals NHS Trust	St Helier Hospital
4	Croydon Health Services NHS Trust	Croydon University Hospital
5	Kingston Hospital NHS Foundation Trust	Kingston Hospital
6	Epsom and St Helier University Hospitals NHS Trust	Epsom General Hospital
7	Moorfields NHS Foundation Trust	St George's Hospital and various other locations
8	Surrey and Sussex Healthcare NHS Trust	East Surrey Hospital
9	Ashford and St Peter's Hospitals NHS Foundation Trust	St Peter's Hospital
10	Dartford and Gravesham NHS Trust	Darent Valley Hospital
11	Royal Surrey NHS Foundation Trust	Royal Surrey County Hospital

	Trust	Hospital
12	Surrey and Borders Partnership NHS Foundation Trust	Various locations
13	Frimley Health NHS Foundation Trust	Frimley Park Hospital
14	Maidstone and Tunbridge Wells NHS Trust	Maidstone Hospital
15	Hampshire Hospitals NHS Foundation Trust	Basingstoke Hospital
16	East Kent Hospitals University NHS Foundation Trust	William Harvey Hospital
17	University Hospitals Sussex NHS Foundation Trust	St Richard's Hospital
18	East Kent Hospitals University NHS Foundation Trust	Queen Elizabeth The Queen Mother Hospital
19	Somerset NHS Foundation Trust	Yeovil Hospital

Primary care placements are not shown here.

Notes

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