Queen Mary
University of London

School of Medicine
Institute of Health Sciences Education

MBBS Year 3: 2024-2025

PROGRAMME HANDBOOK

This handbook (available on QMPlus) should be used together with the Academic Regulations and http://arcs.qmul.ac.uk/students/.

It provides information specific to the School/Institute name, while https://www.qmul.ac.uk/student-handbook/ gives information common to all students at Queen Mary. The Academic Regulations provide detailed information on progression, award and classification requirements.

Nothing in this handbook overrides the Academic Regulations, which always take precedence.

This handbook is available in large print format. If you would like a large print copy, of if you have other requirements for the handbook please contact (student-office-malta@qmul.ac.uk).

DISCLAIMER

The information in this handbook is correct as of August 2024. In the unlikely event of substantial amendments to the material in the School/Institute will inform you of the changes via email.

Queen Mary cannot accept responsibility for the accuracy or reliability of information given in third party publications or websites referred to in this handbook.

Year TYear Year

KEY DATES

Term Dates

The complete MBBS Block Timetable can be found on the Malta QMPlus Year 3 overview: https://qmplus.qmul.ac.uk/course/view.php?id=12459 ;

Term 1	28/08/2024 – 20/12/2024
Holiday	23/12/2024 – 05/01/2025
Term 2	06/01/2025 – 11/04/2025
Holiday	14/04/2025 – 27/04/2025
Term 3	28/04/2025 – 04/07/2025
Revision Week	09/06/2025 – 13/06/2025

Exam Periods and Exam Board Dates

Please refer to the Assessment & Progression Handbook on QMPlus (https://qmplus.qmul.ac.uk/course/view.php?id=12459)

INSTITUTE INFORMATION & FACILITIES

Institute Location

Faculty of Medicine and Dentistry
Queen Mary University of London, Malta Campus
Triq L-Arċisqof Pietru Pace,
Victoria, VCT 2520
Opening hours, working hours 9-5pm, also out of hours (vary during the year)

Finding your way to the teaching rooms

Teaching will mainly take place at the Medical School in lecture theatre and lecture hall A/B.

Facilities & Further Information

1. **Course QMPlus Page**: MBBS Yr3 (Malta)

The online e-learning environment for this programme is located on QMplus, which is based on Moodle. When you start the academic year, you will be able to access QMplus using your IT login and password. The online course pages will contain lecture slides or presentations; tools for communicating such as chat rooms, discussion forums; online coursework and assignments etc.

2. **ID Card**

To access the campus facilities such as teaching rooms, printers and photocopiers as well as for using library resources you will require your photo ID card, therefore please carry it with you at all times. If you lose your card or if your card is stolen, please contact the student office

Email: student-office-malta@qmul.ac.uk

3. **Your IT Account**

You will be provided log-in details to your QMUL account at enrolment (you must be fully enrolled to receive this). Once you're connected, you can log on to campus computers, connect to campus wi-fi and access your university email.'. If you forget your password or passphrase, you can Live Chat with the Service Desk 24/7 https://www.qmul.ac.uk/its/services-channels/its-live-chat/ or call on 020 7882 8888 or raise a ticket via the Self Service portal https://servicedesk.qmul.ac.uk .

4. **Campus Wi-fi**

You have access to wi-fi across all campuses through the 'eduroam' network on your device and use the same log in details as your IT account to connect up. For instructions, please see this link: https://www.qmul.ac.uk/its/our-services/services-for-students/wifi/

5. **Print, copy, scan**

There are printers in the computer rooms and in the Library on site at Gozo Campus. The larger devices in the Library also offer copying and scanning facilities alongside printing. We also offer a wireless printing service.

6. **Student Finances & Fees**

Please see the link for information and services: https://www.qmul.ac.uk/malta/admissions/faqs/
If you would like individual confidential advice about your eligibility for funding, planning your budget or any other financial or practical issue, please contact Student support Student-support-malta@qmul.ac.uk

Safety/Emergencies

You should familiarise yourself with emergency procedures for all areas in which you work, noting the location of emergency exits, assembly points and equipment. On hearing a fire alarm in a QM building, you should immediately leave through the nearest emergency exit, unless redirected by a Fire Marshal. Do not go to any other part of the building for any reason. Proceed to the designated emergency assembly area (outside the Anatomy Centre) and report to the Fire Marshal. Do not leave the assembly area or re-enter the building until instructed to do so. Failure to follow these procedures may lead to disciplinary action.

Tampering with fire alarms or fire-fighting equipment is a serious offence, and disciplinary action may be taken against any student responsible for this.

Please consult the building user guide: https://qmplus.qmul.ac.uk/mod/resource/view.php?id=1404910

YEAR 3 LEARNING OUTCOMES & OBJECTIVES

The focus of Year 3 is:

- to develop the core skills of day-to-day patient interactions:

This centres around the **'clinical method'** – the structured process by which doctors make a diagnosis and the cornerstone of the patient encounter: **history, examination, diagnosis, investigation, and management.**
You will also be developing competency in common clinical practical **procedures** and be introduced to the principles of **prescribing.**

- to develop your understanding of, and to grow in, your professional role of future doctor:

This will involve considering yourself 'as a doctor' (**Professional self**), considering how you will be working with others in the goal of care for the patient (**Patient safety and multidisciplinary teamworking**), and

considering the core values of the profession, placing the needs of the patient at the centre of how you practice (**Ethical, compassionate, and inclusive practice**)

As such the **professional skills and values** outcomes for year 3 are structured to help you meet these aims. The core **professional knowledge** of the year underpins the skills and values and reflects the generalist teaching and placement content of Year 3.

The outcomes are written with the MLA content map in mind, to support you towards the MLA assessments in final year: the skills and outcomes reflect the *Clinical and professional capabilities*, including *Practical skills and procedures*, and the professional knowledge draws upon the *Patient presentations and conditions* from the relevant *Areas of clinical practice*, plus relevant content from the *Areas of professional knowledge* (public health, immunology, genetics, clinical pharmacology and therapeutics)

You will be supported to achieve these outcomes through formal teaching across the year, however, skills and values will need to be practiced and embedded through your integrated placement and GP, and knowledge content will need to be supplemented by self-study.

Professional Skills and Values

The Clinical Method:

History and examination

- Elicit a full clinical history demonstrating some ability to direct the history to address differential diagnoses for common and important presentations
- Perform core clinical examinations the following systems in a technically correct and patient centered way: cardiovascular, respiratory, abdominal, neurological, thyroid, peripheral vascular
- Perform in a simulated setting and, where opportunity arises, under supervision on patients: digital rectal examination, breast examination
- Integrate the cardiovascular, respiratory, abdominal and neurological examinations into the full core clinical examination for clerking of medical inpatients
- Elicit and interpret common and important pathological signs on examination

Diagnosis

- Give a differential diagnosis for a patient based on information from the history, examination +/- investigations, and explain your reasoning for each differential
- Prioritise a differential diagnosis for a patient based on information from the history, examination +/- investigations, and explain your reasoning to support this choice
- Recognise classical patterns of presentation and identify red flags for common presentations
- Construct a problem list where patients have multiple presenting problems, and/or where patients have significant existing diagnoses, or relevant social circumstances which impact on management
- Recognise that diagnoses can be uncertain, acknowledging that a diagnosis may be reviewed in light of new information, or can have unclear aetiology

Investigation

- Propose investigations for patients giving reasons for your choices
- Interpret common and important laboratory, physiological and radiological tests for patients

Management

Management - Emergency

- Recognise abnormal vital signs, escalating according early warning scoring systems, or where there are concerns
- Apply the ABCDE framework in simulated practice, including recognising and responding physiological derangements/abnormalities in the sick patient (with specific reference to instigating treatment for hypoxia, hypoglycaemia, sepsis and the use of the 'fluid challenge')
- Perform BLS in a simulated setting, and where the opportunity arises in clinical practice

Management – Acute, chronic and prevention

- Suggest management plans for patients which take into consideration conservative, medical and surgical approaches; and where appropriate, monitoring, screening and preventative approaches
- Recognise management plans may need to address more than one diagnosis or problem i.e. uncertainty in diagnosis or multiple issues on a problem list
- Demonstrate an ability to use protocols and evidence-based guidelines effectively to support suggested management plans
- Reflect on how decisions are made around transfer, referral or escalation of care for a patient (e.g. from primary to secondary care; between hospital departments, escalation to high dependency/intensive care)
- Demonstrate an understanding of how decisions are made around discharge planning for inpatients

Procedures

- Demonstrate proficiency in the following GMC practical skills and procedures in simulated settings, and where supervised and with patient consent, with patients in clinical settings:
    - Take, record and interpret vital signs; Record an ECG; Perform urinalysis; Measure capillary blood glucose; Take a swab; Carry out a peak expiratory flow test; Instruct a patient in the use of devices for inhaled medication; Take blood (venepuncture) and blood cultures; Perform venous cannulation; Administer intramuscular and subcutaneous injections[1]; Scrub and gown for theatre; Administer oxygen[2]; Calculate BMI and MUST scores[3]
- Demonstrate increasing confidence with the following GMC practical skills and procedures in simulation, or where supervised and with patient consent:
    - Perform arterial blood gas sampling; Insert a urinary catheter (male and female); Carry out wound care and basic wound closure and dressing; Set up an intravenous fluid infusion
- Demonstrate increasing confidence with simulated procedural competencies:
    - Insert a nasogastric tube, set up and monitor a blood transfusion; Prescribe oxygen; Prepare an injectable; Give an intravenous injection

[1]Preparing an injectable only in simulation
[2]Prescription of oxygen only in simulation
[3]Not a GMC Practical skill, but a Year 3 outcome

Prescribing

- Demonstrate principles of safe prescribing in simulated setting, including written prescriptions and dose calculation
- Use BNF online to check indications, dosing, side effects and interactions

Patient safety and multidisciplinary teamworking

- Demonstrate an understanding of the roles of allied health professionals and multidisciplinary team members in primary and secondary care
- Demonstrate an understanding of the role of multidisciplinary team meetings and how this contributes to patient care
- Treat colleagues with kindness, courtesy and respect and demonstrate behaviour supportive of a positive working environment
- Present summaries of history, examination and/or investigation findings to colleagues
- Communicate with colleagues using the SBAR approach to where efficient handover or escalation of an urgent clinical problem is required
- Demonstrate an understanding of safe written communication (including electronically) and where the opportunity arises, document clearly and efficiently in medical notes under supervision
- Demonstrate familiarity with the systems for safe handover of patients e.g. between shifts, discharge summaries
- Demonstrate familiarity with the systems for quality assurance and improvement, and managing medical error e.g. Incident reporting, morbidity and mortality meetings, audit, WHO surgical safety checklist
- Identify threats to patient care and report using appropriate channel if observed (clinical supervisor, report and support)
- Demonstrate good infection control principles (e.g. hand hygiene, wearing appropriate PPE) and comply with local infection control policies.

Ethical, compassionate and inclusive practice

- Treat patients fairly and with respect, no matter what your own thoughts are about their life choices or beliefs
- Communicate with patients, relatives, carers or advocates clearly, sensitively, and empathetically
- Establish and respect the patient's agenda in a consultation, taking into account their ideas, concerns, expectations, values and preferences
- In simulated settings, demonstrate the following clinical communication skills:
    - Give information to a simulated patient tailored to the patient's level of understanding and/or wishes;
    - Use strategies to discuss diagnosis and management with a patient with unexplained and/or persistent physical symptoms
    - Demonstrate an ability to undertake shared decision making
    - Use techniques with a patient to support health behaviour changes
- Use techniques to challenge discrimination in a simulated setting, and where comfortable, in clinical practice
- Apply an understanding of the social and environmental determinants of health, and health inequalities to clinical scenarios at individual, population, and systems-based levels.

- Analyse clinical ethical scenarios in terms of the principles of autonomy, beneficence, non-maleficence and justice
- Apply principles of consent when clerking patients, performing procedures and using patient data as case material (e.g. SSC projects)
- Ensure confidentiality and data protection is maintained for all patients seen
- Recognise your limitations of practice (e.g. when performing procedures or giving information) and where help or supervision is required

Professional self

- Actively participate in learning activities, demonstrating appropriate attendance, engagement and punctuality
- Develop successful learning behaviours on placement to manage your own learning:
    - Identify and take learning opportunities, recognising that not all learning will be formally scheduled or prescribed
    - Use reflective practice when encountering challenging or unexpected scenarios
    - Use feedback to develop your clinical, procedural and communication skills
    - Use clinical experiences to stimulate your self-directed learning, identifying and addressing gaps in your knowledge and skills, or areas for personal professional development
- Act with honesty and integrity
- Respond to communications in timely way and meet deadlines
- Demonstrate an awareness of the importance of your personal physical and mental wellbeing, seeking help where required
- Recognise the potential impact of your attitudes, values, beliefs, perceptions and personal biases (which may be unconscious) on individuals and groups, and identify personal strategies to address this
- Recognise that the personal and professional selves are not mutually exclusive, and that standards of professional behaviour should be maintained outside of the university and clinical spaces, including online spaces

Objectives for General Practice

General Practice 3 (GP3)

- Meet, consult and examine patients and receive feedback.
- Develop understanding of clinical generalism with respect to patient presentations and their subsequent consultations.
- Explore the concept of compassionate practice, collaboratively, reflectively, creatively.
- Cover the clinical presentation of year 3 themes that will be assessed in summative exams.
- Exposure to the social and environmental factors that shape health.
- Deepen understanding of the lived experience of GPs.

GP Community diagnosis (GPCD)

- Appreciate the social and environmental determinants of health, health inequalities and health inequities.
- Use population sources of health data, interviews and observations of a locality to investigate the health and social care needs of a community.

- Focus on a specific topic to identify major risk factors, including environmental and social factors that might contribute to unequal health outcomes in a community, and suggest actions to address this.
- Deliver a 5-minute presentation to their peers to discuss their findings.

Professional Knowledge

The professional knowledge outcomes for Year 3 encompass:

- clinical presentations and conditions
- public health
- immunology and genetics
- clinical therapeutics and pharmacology

Presentations and Conditions

The lists below contain the MLA presentations and conditions for Year 3. You should consider each with the statements below:

Presentations

For each of the presentations, you should be able to

- Formulate a list of differential diagnoses and demonstrate an understanding of how to differentiate between the diagnoses on your list by applying your knowledge of the conditions
- Recognise red flags and emergency presentations which will require urgent action
- Propose and justify an investigative strategy

Conditions

For each of the conditions, you should be able to

- Demonstrate understanding of how to diagnose the condition by interpreting signs, symptoms +/- investigations
- Give the investigations required for diagnosing +/- screening for the condition
- Give the management for the condition
- Demonstrate understanding of the disease trajectory and outcomes
- Relate the underlying basic clinical science (e.g. anatomy, pathophysiology) to the presentation, investigations and management of the condition

Please note, presentations and conditions may be duplicated in different areas of practice. This is to help indicate the specific contexts you may need to consider that presentation or condition (e.g. Acute and Emergency – you will need to be aware of the emergency presentation and managements).

Acute and emergency

Presentations
Acute and chronic pain management
Acute kidney injury
Anaphylaxis
Bleeding from lower GI tract
Bleeding from upper GI tract
Breathlessness
Cardiorespiratory arrest
Chest pain
Cyanosis
Decreased/loss of consciousness
Dehydration
Deteriorating patient
Electrolyte abnormalities
Melaena
Post-surgical care and complications
Scrotal/testicular pain and/or lump/swelling
Shock
Vomiting
Wheeze

Conditions
Acid-base abnormality
Acute coronary syndromes
Acute kidney injury
Anaphylaxis
Aortic aneurysm
Arrhythmias
Cardiac failure
Chronic obstructive pulmonary disease
Deep vein thrombosis
Dehydration
Diabetic ketoacidosis
Gastrointestinal perforation
Haemoglobinopathies (Sickle cell anaemia)
Hyperosmolar hyperglycaemic state
Meningitis
Myocardial infarction
Pneumonia
Pneumothorax
Pulmonary embolism
Respiratory failure
Sepsis
Transfusion reactions
Unstable angina

Cardiovascular

Presentations
Blackouts and faints
Breathlessness
Chest pain
Cold, painful, pale, pulseless leg/foot
Cough
Cyanosis
Dizziness
Fever
Heart murmurs
Hypertension
Limb claudication
Low blood pressure
Pain on inspiration
Painful swollen leg
Palpitations
Peripheral oedema and ankle swelling
Wheeze

Conditions
Acute coronary syndromes
Aneurysms, ischaemic limb and occlusions
Aortic aneurysm
Aortic dissection
Aortic valve disease
Arrhythmias
Arterial ulcers
Cardiac failure
Deep vein thrombosis
Essential or secondary hypertension
Infective endocarditis
Intestinal ischaemia
Ischaemic heart disease
Mitral valve disease
Myocarditis
Pericardial disease
Peripheral vascular disease
Vasovagal syncope
Venous ulcers

Clinical haematology

Presentations
Bone pain
Bruising
Fatigue
Fever
Lymphadenopathy
Organomegaly
Pallor

Conditions
Anaemia
Deep vein thrombosis
Haemoglobinopathies
Haemophilia
Hyposplenism/splenectomy
Leukaemia
Lymphoma
Multiple myeloma
Myeloproliferative disorders
Pancytopenia
Patient on anti-coagulant therapy
Patient on anti-platelet therapy
Pulmonary embolism
Sickle cell disease
Transfusion reactions

Endocrine and metabolic

Presentations
Amenorrhoea
Bone pain
Confusion
Decreased/loss of consciousness
Electrolyte abnormalities
Erectile dysfunction
Fatigue
Gradual change in or loss of vision
Hypertension
Nausea
Neck lump
Nipple discharge
Palpitations
Polydipsia (thirst)
Urinary symptoms
Weight gain
Weight loss

Conditions
Addison's disease
Cushing’s syndrome
Diabetes insipidus
Diabetes mellitus type 1 and 2
Diabetic ketoacidosis
Diabetic nephropathy
Diabetic neuropathy
Essential or secondary hypertension
Hypercalcaemia of malignancy
Hyperosmolar hyperglycaemic state
Hyperparathyroidism
Hypoglycaemia
Hypoparathyroidism
Hypothyroidism
Osteomalacia
Peripheral vascular disease
Pituitary tumours
Polycystic ovarian syndrome (PCOS)
Thyroid eye disease
Thyroid nodules
Thyrotoxicosis

Gastrointestinal, including liver

Presentations
Abdominal distension
Abdominal mass
Acute abdominal pain
Ascites
Bleeding from lower GI tract
Bleeding from upper GI tract
Change in bowel habit
Change in stool colour
Chronic abdominal pain
Constipation
Decreased appetite
Diarrhoea
Jaundice
Melaena
Nausea
Organomegaly
Swallowing problems
Vomiting

Conditions
Alcoholic hepatitis
Ascites
Cirrhosis
Coeliac disease
Colorectal tumours
Constipation
Diverticular disease
Gastric cancer
Gastro-oesophageal reflux disease
Haemochromatosis
Hepatitis
Inflammatory bowel disease
Irritable bowel syndrome
Liver failure
Malabsorption
Oesophageal cancer
Peptic ulcer disease and gastritis

General practice and primary healthcare

Presentations
Abdominal distension
Abnormal urinalysis
Acute abdominal pain
Bleeding from lower GI tract
Breast lump
Breast tenderness/pain
Breathlessness
Change in bowel habit
Chest pain
Chronic abdominal pain
Chronic kidney disease
Constipation
Cough
Diarrhoea
Driving advice
Fatigue
Fever
Haematuria
Haemoptysis
Hypertension
Lymphadenopathy
Nausea
Painful swollen leg
Perianal symptoms
Peripheral oedema and ankle swelling
Urinary symptoms
Weight gain
Weight loss

Conditions
Acute bronchitis
Adverse drug effects
Allergic disorder
Anaemia
Anal fissure
Arrhythmias
Asthma
Asthma COPD overlap syndrome
Cardiac failure
Chronic kidney disease
Chronic obstructive pulmonary disease
Constipation
Diabetes mellitus type 1 and 2
Diverticular disease
Essential or secondary hypertension
Gastro-oesophageal reflux disease
Haemorrhoids
Hiatus hernia
Hypothyroidism
Influenza
Irritable bowel syndrome
Ischaemic heart disease
Myocardial infarction
Obesity
Peripheral vascular disease
Pneumonia
Upper respiratory tract infection
Urinary tract infection
Varicose veins
Vasovagal syncope
Venous ulcers
Viral gastroenteritis

Infection

Presentations
Diarrhoea
Fever
Night sweats
Urinary symptoms

Conditions
Acute cholangitis
Breast abscess/ mastitis
Candidiasis
Cellulitis
Covid-19
Herpes simplex virus
Hospital acquired infections
Human immunodeficiency virus
Infectious diarrhoea
Infective endocarditis
Influenza
Lower respiratory tract infection
Malaria
Meningitis
Pneumonia
Sepsis
Surgical site infection
Tuberculosis
Upper respiratory tract infection
Urinary tract infection
Varicella zoster
Viral hepatitides

Perioperative medicine and anaesthesia

Pre-operative assessment

Presentations
Chronic kidney disease
Dehydration
Electrolyte abnormalities

Conditions
Anaemia
Aortic valve disease
Arrhythmias
Asthma
Cardiac failure
Chronic kidney disease
Chronic obstructive pulmonary disease
Dehydration
Diabetes mellitus type 1 and 2
Essential or secondary hypertension
Obesity
Patient on anti-platelet therapy

Post-operative complications

Presentations
Acute and chronic pain management
Acute kidney injury
Breathlessness
Confusion
Decreased/loss of consciousness
Dehydration
Electrolyte abnormalities
Post-surgical care and complications
Shock

Conditions
Acute kidney injury
Anaemia
Deep vein thrombosis
Dehydration
Sepsis
Surgical site infection

Renal and urology

Presentations
Abnormal urinalysis
Acute kidney injury
Chronic kidney disease
Dehydration
Electrolyte abnormalities
Erectile dysfunction
Haematuria
Hypertension
Loin pain
Oliguria
Peripheral oedema and ankle swelling
Scrotal/testicular pain and/or lump/swelling
Urinary symptoms

Conditions
Acute kidney injury
Benign prostatic hyperplasia
Bladder cancer
Chronic kidney disease
Dehydration
Diabetes insipidus
Diabetic nephropathy
Nephrotic syndrome
Prostate cancer
Testicular cancer
Urinary incontinence
Urinary tract calculi
Urinary tract infection

Respiratory

Presentations
Breathlessness
Cardiorespiratory arrest
Chest pain
Cough
Cyanosis
Fever
Haemoptysis
Pain on inspiration
Pleural effusion
Wheeze

Conditions
Asbestos-related lung disease
Asthma
Bronchiectasis
Chronic obstructive pulmonary disease
Fibrotic lung disease
Lower respiratory tract infection
Lung cancer
Metastatic disease
Obstructive sleep apnoea
Pneumonia
Pneumothorax
Pulmonary embolism
Respiratory failure
Sarcoidosis
Tuberculosis

Surgery

Presentations
Abdominal distension
Abdominal mass
Acute abdominal pain
Bleeding from lower GI tract
Bleeding from upper GI tract
Breast lump
Breast tenderness/pain
Change in bowel habit
Change in stool colour
Haematuria
Lump in groin
Nipple discharge
Post-surgical care and complications

Conditions
Acute cholangitis
Acute pancreatitis
Anal fissure
Aortic aneurysm
Aortic dissection
Appendicitis
Breast abscess/ mastitis
Breast cancer
Breast cysts
Cholecystitis
Colorectal tumours
Gallstones and biliary colic
Gastrointestinal perforation
Haemorrhoids
Hernias
Intestinal ischaemia
Intestinal obstruction and ileus
Oesophageal cancer
Pancreatic cancer
Perianal abscesses and fistulae
Peritonitis
Surgical site infection
Varicose veins
Volvulus

Immunology and Genetics learning outcomes

- Describe the mechanism of antimicrobial resistance and factors predisposing to increased resistance.
- Explain the process by which hematopoietic stem cells in the bone marrow differentiate into different types of blood cells.
- Name the key cells and mediators of the immune system, describe their specific functions, their role in named diseases and how they can be targeted for treatment.
- Describe how the cells and mediators of the immune system act to protect against different pathogen groups.
- Define autoimmune disease and identify key features distinguishing these diseases from other pathologies (i.e., autoantibodies, specificity, genetic predisposition).
- Explain the concept of immune tolerance and its breakdown in autoimmune diseases.
- Define the five types of hypersensitivity reactions and describe the underlying immune mechanisms that mediate each reaction.
- Interpret common laboratory test results associated with immunological disorders.
- Explain the principles of treatment of immunological disorders with immunomodulatory drugs.
- Differentiate between primary and secondary immunodeficiency disorders and explain the mechanisms by which these disorders impair the immune system, with a focus on affected immune cells and mediators, and the consequences for host defence.
- Describe the principles of management of immunosuppressed patients, including immunoglobulin replacement, hematopoietic stem cell transplantation and gene therapy.
- Explain the role of HLA variants in immune disease risk and how these can be identified.
- Explain how variations in HLA lead to problems in transplantation of solid organs and hematopoietic stem cells.
- Differentiate between monogenetic diseases and complex genetic diseases.
- Explain techniques for gene mapping in complex diseases and discuss examples of complex traits with identified genes.
- Describe how genetic material is altered in named single and multi-gene disorders and explain the molecular and biological consequence of these mutations.
- Describe common patterns of inheritance and interpret pedigree charts to predict genetic risks.

Public Health learning outcomes

- **Understand the Determinants of Health**: Identify and analyse social, commercial and environmental, determinants of health and their impact on population health.
- **Principles of Epidemiology:** Apply the basic principles of epidemiology, including study design, data collection, and interpretation of epidemiological data.
- **Health Promotion and Disease Prevention:** Develop and evaluate strategies for health promotion and disease prevention, including vaccination programs, screening, and lifestyle interventions.
- **Health Systems and Policy:** Analyse the organization, financing, and delivery of health care services, and understand the role of health policy in shaping health outcomes.
- **Public Health Interventions:** Design, implement, and evaluate public health interventions such as targeted taxation, screening programmes and food fortification programmes, aimed at improving population health.

Clinical Pharmacology and Therapeutics learning objectives

Learn about the medicines commonly used in each hospital and GP placement

Observe, access, and learn about the electronic and paper prescribing systems used in hospital and GP placements

Learn how to:

- Communicate important / priority medicines information to patient / carer / professional colleagues
- Conduct clinical case patient medication reviews, understanding the medicines prescribed for that particular patient, indication/s, mechanism/s of action
- Do drug dose calculations
- Interpret data / tests in the context of medication needs / therapeutic adjustments
- Monitor drug / therapeutic effects
- Recognise and manage prescribing errors, potential adverse drug effects and drug interactions
- Work with inter-professional colleagues in the health arena of therapeutics, understanding especially the roles of nurses and pharmacists
- Write evidence-based, safe, accurate, appropriate prescriptions for patients with commonly encountered disorders.

PROFESSIONAL EXPECTATIONS

The core professional values of a Year 3 student are articulated in the Year 3 Outcomes (professional self; ethical, compassionate and inclusive practice; and patient safety and multidisciplinary team working). You should supplement your understanding of these by reading and becoming familiar with the GMC and Medical Schools Council guidance for medical students on Achieving Good Medical Practice. Note, the GMC Good Medical Practice guidance for doctors has been recently updated, but the information given in the documents still holds true and is essential reading.

In order to help you navigate the professional expectation outcomes, further guidance is given below.

Attendance and Engagement

The key information for Year 3 students is given below. The full attendance policy for 2024-25 can be found on QMPlus (*Link to policy to be added once confirmed*)

Attendance includes both physical or synchronous online presence and is mandatory where that presence is essential to achieve the required learning.
For Year 3, this includes:

- All placement activities as determined by the hospital/GP at induction, including case-based learning and skills sessions
- All onsite Clinical, Communication and Practical skills, and any synchronous online sessions (Introduction to clinical methods and Clinical and Communication Skills 1)
- Online synchronous presence for GPCD week activities (note, the project must also be done in the UK for London Students)

Attendance onsite or online is also strongly recommended for the Foundations for Clinical Practice afternoon 'Case-based discussions' and for live lectures during Public Health and the Introduction week, for the best learning experience and to pace your learning.

Placement activities are typically scheduled between **8:00 a.m. and 6:00 p.m., Monday to Friday, excluding Wednesday afternoons**. You should anticipate a requirement to be present during these days and times until a timetable is provided and you should not make other personal plans (e.g. personal appointments, paid work) unless permitted an authorised absence from the Head of Year (see below).

In small group online synchronous sessions, it is expected that students will have their cameras on. For further guidance, please see the Online teaching: Cameras on or off? guide

We understand that some students wish to work part-time alongside their studies. You must ensure however, that work schedules do not conflict with scheduled teaching or placements. We recommend limiting these commitments to no more than 20 hours per week to be able to maintain the academic requirement of the MBBS course.

Attendance monitoring

For university-based mandatory activities, attendance will be monitored via QR code or paper register when onsite and digital register when online.

Whilst on placement, you should comply with the local procedures for monitoring attendance – this can involve **QM app** sign in, local registration systems (**written sign in sheets/signed diaries**) or a mixture of these. This information will be provided at your induction.

Where this process does not include QM app sign-in, you will additionally need to sign in once a day via the App. If you do not already have the QMUL app installed on your phone, then you must do so as soon as possible.

To use, you simply need to navigate to the app's 'MBBS Placement' tile when you are on site. Click this to check in at the venue (this will work for Trust sites). The app will only record your attendance when you check in.

We appreciate this can be frustrating on placements where you need to sign in through multiple mechanisms and we are actively looking to improve this process.

It is your responsibility to make sure that you have registered your attendance and have flagged to the placement and university teams if you are having problems with this.

Signing in when you are not in attendance (e.g. by asking someone to sign in on your behalf) or signing in on behalf of someone to cover their absence, including sharing a QR code, would trigger a referral for action under the Professional Capability & Fitness to Practise regulations.

Absences and non-attendance

The expected attendance for mandatory activities is 100%. We recognise however that this will not always be possible due to ill-health and other life circumstances.
In the event that you are unable to attend a mandatory learning activity, it is your responsibility to notify:

- the Medical School by completing a self-certified absence form (located on QMPlus), and
- If on placement, the hospital or GP practice

Where an absence may be known in advance, authorised absence should be requested from the Head of Year.
Where you are not in attendance at any teaching or learning activity, including lectures, it is your responsibility to engage with and catch-up the content at the earliest convenience.
Should your attendance fall below the expected standards, you may be asked to speak with the year lead or your attendance may be discussed at the Academic Review Groups (ARG) (see below), and where significant (typically over 20 days), can result in barring from assessments or failure of Paper A.

Occupational health

You should have been cleared for clinical placement in your first year of the course and this includes providing copies of all your mandatory vaccinations. However, if there has been a change in your health you may need further clearance. If you are unsure if this applies to you should contact Student Support Student-support-malta@qmul.ac.uk

Plagiarism

Plagiarism in relation to assessment is addressed in the Academic Misconduct policy (below). Please be aware plagiarism includes presenting any material provided by the university (e.g. PowerPoint slides) as your own, or without attribution.

Governance and declarations

What happens if concerns are raised about my professionalism?

Professional behaviour concerns may be raised through a number of routes including from our Malta healthcare and GP partners. Our position in the Medical School team is first and foremost, supportive: We recognise that we all can make mistakes, misunderstand expectations, or fail to recognise the impact of our behaviours. Our role is to help you develop as a professional, including supporting you to understand the professional behaviour expected of a doctor.

'Low level' concerns
A 'low-level' concern is a professionalism concern which is important enough to require intervention with the student and recording, but not so serious to merit a formal professionalism investigation under the Professional Capability Committee process (see below). These will usually align with one or more of the four domains set out in the GMC's Achieving Good Medical P ractice. For example, lateness, disruptive behaviour during a teaching session, failure to attend scheduled occupational health appointments and failure to complete declarations and disclosures in a timely manner.

The main purpose of recording and monitoring low-level professionalism concerns is to enable the medical school to identify any unprofessional behaviour and to address it, such that it doesn't lead to more-significant fitness to practice issues. The process is intended to support students to develop the behaviours expected of them as a qualified doctor and is not intended to be punitive. Most concerns will be managed through developmental and supportive measures with support from a relevant member of staff e.g. academic adviser or Head of Year.

Low-level concerns are recorded for the Medical School's internal records to build up a picture of a student's professionalism over the duration of the programme and to identify any repeated patterns of behaviour that need to be addressed. Low-level concerns (that do not escalate to a formal process) will **not** need to be reported to the GMC when applying for provisional registration.

Academic review groups (ARGs)
The ARG for each MBBS year exists to oversee the academic progress of individual students undertaking the MBBS programme, and includes reviews of a student's professionalism, attendance and engagement. The group can discuss and make recommendations for students as part of their Paper A portfolios. Further information can be found in the MBBS Assessment and Progression handbook.

Academic misconduct
Academic misconduct is cheating or attempting to cheat in relation to any assessment. Details on the processes in relation to this are found in the QMUL Academic Integrity & Misconduct Policy 2024-25
Please note for MBBS, as you are studying for a professional degree, you may also be referred to the Professional Capability Committee (PCC) under the Professional Capability and FItness to Practice Regulations 2024

Professional Capability Committee (PCC) and Fitness to Practice
Higher level or persistent low-level professionalism concerns can be referred to the Professional Capability Committee (PCC) by members of staff in the University and on placement. Referrals to PCC are made where there is a question over professionalism and fitness to practice, and these will include more serious professionalism concerns and situations where students are not managing their health. The PCC will investigate the concerns, including hearing from the student and any other relevant parties and the PCC Chair will decide on actions and outcomes following this. The most serious concerns, where there is evidence the student is not safe to practice, may eventually lead to referral to a Fitness to Practice Hearing. A full

description of the process and outcomes available can be found within the Professional Capability and Fitness to Practice Regulations here: Professional Capability and FItness to Practice Regulations 2024

Findings under the Code of Student Discipline, and the Academic Integrity and Misconduct Policy are also automatically referred to the PCC In these cases, the matter is not reheard but the PCC consider the implications on the student's professionalism and whether there is the need for any further work on their part, or further sanctions on the part of the medical school.

As with low level concerns, the purpose of referral to PCC is primarily supportive, and in the vast majority of cases students are able to remediate and reflect on what has happened and learn from it so that it can be evidenced that professionalism concerns have been dealt with. Unlike with low level concerns, outcomes from PCC, except for dismissal and a referral back to low-level concerns for developmental and supportive work, do need to be declared to the GMC at the point of applying for provisional registration in Year 5.

Deregistration

In accordance with the Academic Regulations, a student who does not meet the published requirements for engagement through one or more of persistent absence, failure to participate, or failure to submit assessments by the relevant deadlines without good reason may be deregistered from the programme of study.

In advance of deregistration, you will be sent a formal, written warning and a specified period in which you must improve your attendance, participation, or submission of assessment before deregistration from your programme of study occurs.

Declarations

MBBS students are expected to disclose all criminal punishments and investigations to the School immediately and within a month at most. The School additionally requires you to submit a declaration and disclosure questionnaire on an annual basis, even if you have nothing to declare. This allows you to declare matters which you may ultimately need to declare to the GMC and UKFPO in your Final year in a timely fashion. To submit a disclosure outside of the annual process, please use the non-annual declaration and disclosure form which can be found here - Non-annual declaration and disclosure form.

Guidance on what you should declare can be found here - Disclosure & Declaration STEP guidance 24-25 If you have any queries about this, please contact the governance team (smd-pcc@qmul.ac.uk)

For further information on Professionalism and Governance please refer to the dedicated QMPlus pages in the Core information for all MBBS students module which can be found here - Core information for all MBBS students.

ASSESSMENT

THE ASSESSMENT AND PROGRESSION HANDBOOK

This provides all the information about your course exams including a more detailed description of the written and practical examinations and the rules you must comply with to pass your clinical placements. It is published on QMPLUS under the assessment tab (https://qmplus.qmul.ac.uk/course/view.php?id=21073)
The handbooks provide detailed information about your assessment across the MBBS Programme. Items covered include:

- Marks and grades definitions
- Standard setting
- Exam Dates
- Exam board dates
- Academic Review Group
- Results release dates
- Rules on late submission and penalties
- Extenuating Circumstances
- Turnitin
- Plagiarism
- Appeals

PEBBLEPAD

PebblePad is the e-portfolio and is used for your clinical placement assessment. You will also share this with your clinical supervisor for work-based place assessments and sign off at the end.
Available on QMPlus under the assessment tab (link above).

COMMUNICATIONS- KEEPING IN TOUCH

The university (including QMUL registry and the various agents of FMD) will communicate with you in a variety of ways. Formal correspondence will be sent to you by letter, and it is important that you keep you registered personal details and address up to date. However, it is most common for contact to be by QMUL e-mail. You are assigned an e-mail address when you enrol. Please note if you have not enrolled by the deadline your name will not be included in the mailing list. You are strongly advised to check your e-mail account daily and to ensure that junk mail filters and the like do not intercept emails from the QMUL domain.

It is important that you keep Queen Mary up to date with your personal details and address. You can do this online via the MySIS record system: http://www.arcs.qmul.ac.uk/students/mysis-record/index.html

Email

You can access your email account by logging on to a QMUL computer or, if you are not on campus, through the university webmail service at:

https://mail.qmul.ac.uk

If you are experiencing problems with your QMUL email account please contact the computing services helpdesk by email on its-helpdesk@qmul.ac.uk or by phone on 020 7882 8888.

QMplus

Information regarding your course will be posted on QMplus virtual learning environment (VLE) which can be accessed via the FMD website. Please ensure you visit the Year 3 area in QMplus on a regular basis at http://qmplus.qmul.ac.uk/. If you have problems accessing QMplus please contact the computing services helpdesk as above.

Text

We also use a text messaging service for urgent updates. If you would like to be included in this service, please ensure your mobile telephone number is included on your student record & updated via SITS if you change it.

Special events and meetings

Throughout the year specific meetings are held for all students. Often, information from the meetings will be placed on QMplus however, where possible you should always try to attend the meeting. These meetings usually end in question-and-answer sessions for students.

SUPPORT SERVICES

There are various sources of support available for you. We take student support very seriously and everyone in the medical school will do their best to help you achieve the goals of your course.

IHSE Student Support Service

As in previous years, the IHSE Student Support Team will be available to provide advice, support and guidance for those of you who experience difficulty with personal matters such as bereavements, personal health and financial crisis. Please contact the Student Support Team via Student-support-malta@qmul.ac.uk to arrange an appointment or for more information about all of the support services available see the Student support area on the QMPlus Year 3 homepage.

RAISING CONCERNS

The GMC standards framework "Promoting excellence: standards for medical education and training" (GMC 2016) instructs UK medical schools amongst other things to ensure that:

"organisations must demonstrate a culture that allows learners … to raise concerns about patient safety"

If you come across arrangements, events or behaviours on placement that lead you to be concerned about a risk to patient safety, you should use the single point of access QMUL Report and Support tool (https://reportandsupport.qmul.ac.uk/). Students are welcome to contact a member of staff to discuss their concern first. This may be a trusted supervisor, one of the senior members of the trust education team, module lead or Head of year.

The Queen Mary Report & Support tool should be used if you experience or witness concerning behaviour such as bullying, harassment, hate incidents or gender-based discrimination in relation to any aspect of your university life.

The School endeavors to ensure that all students feel safe when raising concerns and speaking up. The School will support you in every stage of this process, either internally or with other Queen Mary departments such as Advice & Counselling or the Disability & Dyslexia Service.

MAKING A COMPLAINT

Separate to this process the Queen Mary Student Complaints Policy is for students to raise concerns about matters which affect the quality of a student's learning opportunities or student experience. Poor quality teaching should be reported via Evasys online student survey feedback and the Staff Student Liaison Committees before it is necessary for a formal complaint to be submitted. The formal policy can be found on the QMUL website. Please refer to http://www.arcs.qmul.ac.uk/students/student-appeals/complaints/