

Scottish Graduate Entry Medicine (ScotGEM)  
MBChB(A101) Programme Guide



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This guide contains information relating to the requirements and expectation of students on the ScotGEM programme. It should be read by all students and in conjunction with the Programme Regulations and relevant policies of both the University of St Andrews and University of Dundee.

Policies relating to the programme can be found in the [Handbook](#) in St Andrews or on [Medblogs](#) in Dundee

## COVID-19 DISCLAIMER

The ScotGEM Programme, like all medical courses, is having to adjust to the challenging and ever-changing situation resulting from the coronavirus pandemic. For academic year 21-22 planning sadly remains unpredictable and the information available even at the time of revising this and related year guides may still be subject to some changes. The academic team is seeking to provide a programme as close as possible to normal but obviously we are required to maintain safety for all and align placements with changes to NHS services. Any changes are minimised as far as possible and approved through due process within both schools' and where relevant universities' quality assurance systems. Please be tolerant and work with us to provide you with the best opportunities we can by following guidance and behaving professionally. We are supported by an extensive network of NHS staff but their first responsibility must always be patient care. We will do our best to communicate with you clearly and effectively.

### Disclaimer

The information in this Guide is given in good faith and is correct at the time of publication. Note that all details regarding Regulations are subject to information provided by the respective institution of primary matriculation which is the arbiter in such matters.

## Summary

This Programme Guide provides an overview of the ScotGEM MBChB (the Programme) to orientate you. It will be supported by four separate, year specific Programme Guides as listed below and includes links to key documents offering more detailed information.

The ScotGEM mission is to:

*Produce top quality, adaptable, compassionate, generalist doctors who will help drive change in the delivery of healthcare across Scotland.*

The Programme capitalises on the existing strengths of medical teaching in the Universities of St Andrews and Dundee along with our other partners to offer you a truly distinctive course. The Programme offers training that is ideal for those interested in a career as a rural generalist practitioner and so includes extended opportunities to train in rural areas. It has been tailored to the specific needs of graduates, taking account of the experience and skills acquired during their initial degree.

### Structure of the Programme

ScotGEM is a shared programme with an MBChB awarded on a joint basis by the Universities of St Andrews and Dundee. Delivery is shared between the partner Universities and Health Boards. Year 1 is based in Fife but components of the course in Years 2, 3 and 4 will include periods of living and studying in other regions of Scotland.

The content of these Programme Guides will be expanded and developed as the Programme progresses and links uploaded as relevant:

[ScotGEM Year One Programme Guide \(St Andrews MD2101\)](#)

[ScotGEM Year Two Programme Guide \(St Andrews MD3101\)](#)

[ScotGEM Year Three \(LIC\) Programme Guide \(Dundee MS30301\)](#)

[ScotGEM Year Four Programme Guide \(Dundee MS40301\)](#)

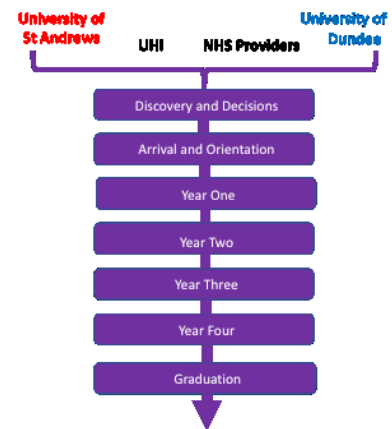
## Overview

The Programme is a four-year long MBChB programme run by the universities of St Andrews and Dundee and health boards in Fife and Tayside, in collaboration with NHS Highland, NHS Dumfries and Galloway, and the University of Highlands and Islands.

ScotGEM will address all core MBChB requirements as stipulated by the General Medical Council (GMC) and will prepare you for any branch of medicine via the normal postgraduate training routes. However, the Programme is specifically designed to enthuse graduates to become generalist practitioners (not necessarily GPs), with experience in rural health care.

The Programme will include a number of innovative features representing some of the cutting-edge developments in medical education internationally. Described in more detail below, these include:

- The use of Case Based Learning (CBL) to anchor learning in a more realistic context.
- Exposure to community based medical practice from the start utilising a dedicated group of Generalist Clinical Mentors (GCMs). These are GP teachers able to access expert patients and a broad range of learning experiences relevant to the CBL scenarios.
- A Clinical Interactions Course (CLIC) which has been developed as a combined programme of consultation, examination and procedural skills integrated with real patient contact.
- A Longitudinal Integrated Clerkship (LIC) for the first predominantly clinical year (Year 3) in which you will be based in a GP practice, learn to participate in care delivery and follow key patients through their hospital and specialist treatment experiences.
- An 'Agents of Change' (AoC) strand in which you will contribute to local communities whilst you train through healthcare improvement projects and other activities.



ScotGEM is an intensive graduate entry programme and you are expected to study and work long terms (around 40 weeks per year). From year two around half of placements will be in Inverness or Dumfries, and most Year 3 practices are in rural areas. Year 4 will include periods of study in Dundee as well as opportunities elsewhere. You must be prepared to live and study in this context so you can benefit from studying within our broad partnership and take advantage of the best elements of two neighbouring medical schools and a wide range of other organisations.

## The ScotGEM Partnership

The Programme was commissioned by the Scottish Government as an equal partnership between the Universities of Dundee and St Andrews. Delivery is in collaboration with the University of the Highlands and Islands and four partner NHS boards: Dumfries and Galloway, Fife, Highland and Tayside. The Programme has access to a wide range of expertise in medical education and to multiple clinical learning environments, including some particularly relevant experiences for Scottish remote and rural practice.

For more information on any of the partner organisations, please see their respective websites.

University of St Andrews School of Medicine

[School of Medicine](#)

University of Dundee School of Medicine

[School of Medicine -Dundee](#)

University of the Highlands and Islands

[Uni Highlands and Islands](#)

NHS Fife

[NHS Fife](#)

NHS Tayside

[NHS Tayside](#)

NHS Dumfries and Galloway

[NHS D+G](#)

NHS Highland

[NHS Highland](#)

## The ScotGEM MBChB Programme

The Programme is the first specifically commissioned generalist focused undergraduate medical course in the UK and has a remit to help address the rural workforce challenges of the NHS in Scotland. It is not a typical medical undergraduate course, something emphasised in both the promotional materials and throughout the selection process.

The Programme has at its heart the aims expressed in the summary section above and students joining the Programme are expected to align with these aims and share its aspirations and ethos. This does not mean that all graduates are obliged to become general practitioners or generalists, or indeed work in rural Scotland, however, the aspiration is that many will and the programme is orientated towards that objective.

There is immense interest and enthusiasm for the ScotGEM Programme amongst partners in the collaboration as well as the broader medical education community and NHS in Scotland. Hence, you and your peers will be part of a small cohort of pioneers and have significant expectations upon you.

Joining the ScotGEM community will be a unique experience as a learner, one that we anticipate will be both enjoyable and intellectually challenging. The Programme is introducing some exciting innovations and technologies, amidst a dispersed, community facing course. ScotGEM Programme staff are similarly enthusiastic and focused upon providing an exciting and engaging training programme to you. It is our goal to work closely with you all as a '*community of learners*' to achieve this.

As graduate entrants and adult learners, the Programme will be offering you a more active role in the care of patients from the outset. You will also have an influence on healthcare delivery through the Agents of Change strand, which is explained in more detail below.

As a high degree of autonomy will be present from the outset a commensurate level of professionalism also will be expected. Hence, in accordance with current GMC policy, all medical students are asked, from the outset, to think of themselves as professionals and doctors in training. This means that as of now you are expected to maintain the highest personal and academic standards at all times.

## Elements of the Programme

### *The ScotGEM ethos*

Students entering the ScotGEM Programme may come from any academic background. Such diversity is a recognised strength of clinical courses subsequently undertaken by graduates.

Educationally a '*constructivist approach*' is being employed; one that encourages you to actively manage your learning to address your own needs in the context of your personal previous training and experience. Hence, you will be expected to take responsibility for your learning within the framework of the Programme, which aims to support all students within a collaborative community of learners, including the ability to support and assist each other as colleagues and peers.

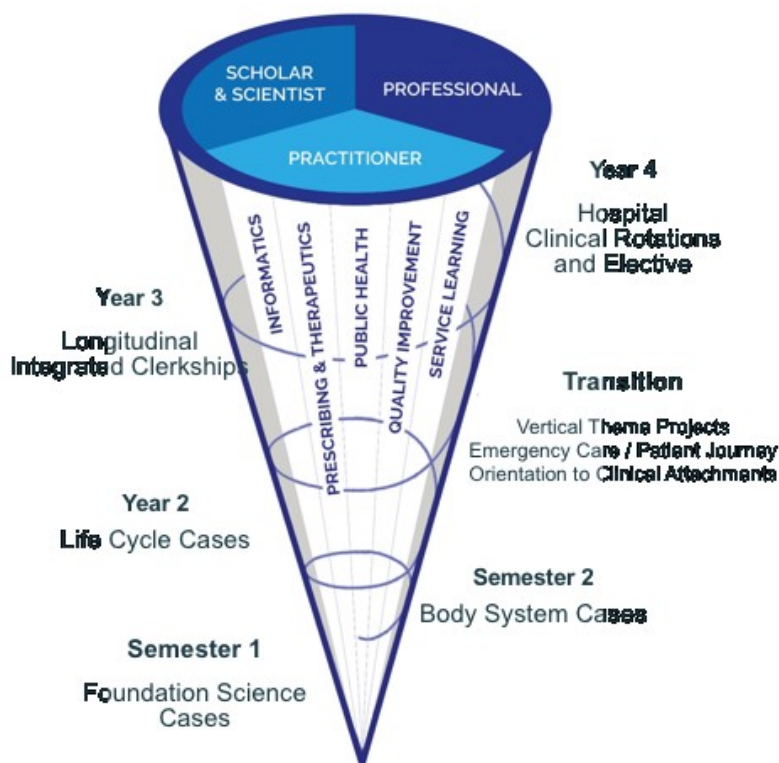
The Programme will provide an appropriate range of learning opportunities and expects you to be responsible for effective engagement with these. In the early years weekly learning outcomes are used to guide your focus with independent learning time available to consolidate lectures, practical and group sessions. It should be noted that, for group sessions such as Case Based learning (CBL) and other tutorials, attendance and active participations is required and is considered a marker of professional development.

### *Case Based Learning (CBL)*

In the CBL element of the course 50 carefully selected case scenarios will be presented between September of Year 1 and February of Year 2. This is a long-established pedagogical method where basic social and clinical sciences are studies in relation to a series of case scenarios. Skills and knowledge are integrated with clinical presentations and conditions from the outset. This approach promotes real life learning.

The learning you will be asked to do around these scenarios has been structured to ensure a wide range of relevant material is covered. Full details of the curriculum including cases is provided in the Year Programme Guides.

The CBL scenarios are supported by some specific courses such as anatomy and the Clinical Interactions Course (CLIC) with select focused lectures (approximately six



per week). The cases act as a scaffold with content revisited within the spiral curriculum rather than being presented as specific subjects or specialities.

Case-based learning has been chosen as an educational approach because it has been found to work particularly well with graduate learners. The increased autonomy it offers appears to be valued and the evidence base shows it is comparable with or superior to more traditional approaches. This, however, means attention must be paid to the learning outcomes; specific bite sized topics or skills you are guided to study at a progressively more complex level (as depicted in the spiral curriculum diagram above).

### *Learning Outcomes*

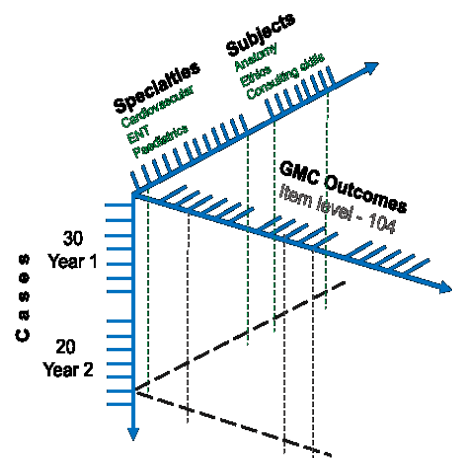
The General Medical Council have revised the core set of outcomes they require medical schools to cover (see Outcomes for Graduates - [GMC Outcomes](#)). In addition, they now offer lists of core presentations and conditions as part of their MLA blueprint. See [GMC website for current information](#)

These outcomes, however, provide insufficient detail on their own, so to address this, each ScotGEM case will have approximately 15 associated learning outcomes to guide your studies. These are derived from the GMC outcomes, enhanced during the curriculum development process and mapped as depicted in the diagram.

The weekly CBL scenario learning outcomes reflect both GMC and additional outcomes derived from:

- a systematic analysis of the ‘common’ presentations and the GMC UK Medical Licensing Assessment blueprint (to be implemented 2023).
- a review of published subject and speciality society undergraduate medicine learning outcomes.

Each week you are expected to study and achieve each of the specified outcomes and will also be required to focus on 1-2 of these in more depth. You will report on these to your peers and prepare a revision note as a summary learning resource. Assessments are also blueprinted to these same CBL outcomes.



### *Agents of Change (AoC)*

*“We have two jobs: our job, and the job of improving our job”*

*Professor Don Berwick*

The ScotGEM Programme will require and help the you to study, and attempt to bring about changes in health care delivery. You will be asked to become an actual ‘Agent of Change’ (AoC).



AoC takes a wide view to the challenge of 'improving our job' and encompasses five Vertical Themes. The Vertical Themes will run throughout the four years of SCOTGEM and will involve taught materials, inspiring visiting speakers and related project work. These Themes are:

- Informatics
- Quality improvement
- Prescribing and therapeutics
- Public Health
- Voluntary Sector Engagement

AoC offers a novel focus on helping learners understand, develop and practise the skills required to generate change in complex systems.

This represents the majority of the 'student selected' element of the Programme and includes a mix of taught sessions and project work. Typically, each year will involve one individual and one team-based project. These contribute to the end of year grade via the Portfolio.

These learning activities will enable you to see healthcare from a variety of perspectives, to have a toolkit to tackle the quality and safety challenges you observe, and to contribute to local communities whilst training. This contribution will be made principally through healthcare improvement projects but also via voluntary sector placements and outreach activities (such as talks on medical school life to school pupils).

AoC also represents a key opportunity for you to create scholarly outputs that can contribute to your CV. It is expected that meaningful improvements in service delivery as a result of your collective efforts can be showcased as examples of how students can both learn and contribute effectively.

### *Clinical Interaction Course (CLIC)*

The CLIC course is a bespoke programme of integrated consultation/communication, examination and procedural and clinical reasoning skills aligned with the CBL scenarios. The CLIC course will primarily run across Years 1 and 2 of the Programme but with some more complex areas introduced in later years, preparing you to complete a portfolio 'Skills Passport' by graduation.

CLIC sessions will be delivered in controlled clinical skills lab environments offering the opportunity to learn and practise safely. The course will generally be delivered by your GCMs who will then help you to bridge the gap between academic and real-life contexts, enabling you to develop your skills through real patient encounters. In Year 2 activities will build to include secondary care tasks such as 'clerking' patients in a hospital context and attending specialist clinics. In the later years, more advanced skills will be developed in pre-hospital care, acute care, ward management simulation and prescribing exercises.

In St Andrews skill rehearsal is encouraged by video capture outside the scheduled timetable so you can build competency at your own pace. This can be combined with personal or peer review as a powerful learning tool. Banks of both simulated and volunteer patients are available so you can practise your CLIC skills in a simulated environment and also encounter some real physical signs.

## **Staffing and delivery**

The ScotGEM partnership brings access to a wide range of university and NHS staff. In Year 1 the staff involved will primarily be based in St Andrews University or NHS Fife. Thereafter an increasing mix of staff from other NHS boards and Dundee University will participate.

The staff employed to deliver the ScotGEM Programme have bolstered their respective institutions, allowing you to benefit from the full range of expertise available throughout both schools. This will include appropriate university lecturers and NHS specialists.

### **Generalist Clinical Mentors (GCMs)**

The Generalist Clinical Mentors (GCMs) are the backbone of the Programme and one feature that makes ScotGEM unique. They are experienced GPs with an educational focus who have been employed in a combined clinical/teaching role to act as anchors throughout the Programmes' community-based components in Years 1, 2 and 3.

In Years 1 and 2 these GPs will be the access route into the realities of primary care, including arranging expert patients for you to meet, rehearsing skills learned within CLIC and experiencing other elements of care, such as diabetic review clinics or visiting patients at home.

GCM's in all years will also be working as GPs, generally within ScotGEM teaching practices.

In Year 3, during the Longitudinal Integrated Clerkship (LIC) attachment, in addition to a GP practice tutor, groups of students will be supported by a GCM who will run tutorials and ensure clinical learning is appropriately balanced, including accessing relevant hospital-based experiences.

In Year 4 experienced GCMs will be available for more general professional development, career guidance and mentorship.

### **NHS Consultant Staff**

The ScotGEM partner health boards have appointed staff as ScotGEM NHS faculty, generally consultants, to facilitate and deliver secondary care teaching within their regions. These teams will each have a local lead, the Director or Associate Director of Medical Education, to ensure that the learning opportunities required are provided and that the ScotGEM ethos is supported.

## Key Programme staff

- Programme Director** Professor Jon Dowell [j.s.dowell@dundee.ac.uk](mailto:j.s.dowell@dundee.ac.uk)  
*Responsible for overall design and direction of ScotGEM in conjunction with students, staff and external partners. Point of contact for concerns or related to Programme design or policy.*
- Year 1/2 Lead** Dr Andrew O'Malley [aso2@st-andrews.ac.uk](mailto:aso2@st-andrews.ac.uk)  
*Responsible for design, content and academic leadership of Years 1 and 2. Point of contact for Years 1 and 2 in general.*
- Year 1 Module Lead** Dr Peter Williamson [pjw21@st-andrews.ac.uk](mailto:pjw21@st-andrews.ac.uk)  
*Responsible for design, content and academic delivery of Year 2 in conjunction with those below. Point of contact for Y1 Case Based Learning scenarios.*
- Year 2 Module Lead** Dr John Winpenny [jpw21@st-andrews.ac.uk](mailto:jpw21@st-andrews.ac.uk)  
*Responsible for design, content and academic delivery of Year Two in conjunction with those below. Point of contact for Y2 Case Based Learning scenarios.*
- Year 3-4 Lead** Dr Gordon McLeay [g.mcleay@dundee.ac.uk](mailto:g.mcleay@dundee.ac.uk)  
*Responsible for academic leadership of Years 3 and 4. Point of contact for Transition Block, LIC and Year 4 in general*
- Year 3 LIC Lead** Dr Lloyd Thompson [l.thompson@dundee.ac.uk](mailto:l.thompson@dundee.ac.uk)  
*Responsible for design, content and academic delivery of the Year 3 LIC .*
- Year 4 Tayside Lead** Dean Williams [dwilliams002@dundee.ac.uk](mailto:dwilliams002@dundee.ac.uk)  
*Responsible for academic delivery of the Year 4 in Tayside.*
- Lead GCM** Dr Robert Scully [rs277@st-andrews.ac.uk](mailto:rs277@st-andrews.ac.uk)  
*Responsible for the Generalist Clinical Mentor team, ScotGEM Y1/2 teaching practices and Patient Journey/Urgent Care.*
- Agent of Change Lead** Dr Heather Shearer [hs202@st-andrews.ac.uk](mailto:hs202@st-andrews.ac.uk)  
*Responsible for design, content and academic delivery of Agents of Change in conjunction with Vertical Theme Leads.*
- CLIC and OSCE lead** Dr Sarath Burgis-Kasthala [sbk3@st-andrews.ac.uk](mailto:sbk3@st-andrews.ac.uk)  
*Responsible for design, content and academic delivery of Clinical Interactions Course in conjunction with Dr Andrew Brown and the GCM team.*
- Professionalism and Portfolio Lead** Dr Siobhan Lynch [sml22@st-andrews.ac.uk](mailto:sml22@st-andrews.ac.uk)  
*Responsible for design, content and delivery of Professionalism and Portfolio across years 1-4.*

**Teaching Ops and Student Support Manager – U of St A** Isla Tabberer [ldmt@st-andrews.ac.uk](mailto:ldmt@st-andrews.ac.uk)  
**Undergraduate Lead – U of D** Kara Knight [k.a.knight@dundee.ac.uk](mailto:k.a.knight@dundee.ac.uk)

*Support the implementation and delivery of the Programme at all levels. Point of contact for administrative concerns not addressed at school office level.*

**Student Support** [medsupport@scotgem.ac.uk](mailto:medsupport@scotgem.ac.uk)

St Andrews Pro-Dean for student Support Dr Ruth Cruickshank

Dundee Academic Mentor Dr Rob Jarvis

*Jointly oversee the provision of pastoral support throughout the Programme.*

**Programme Administration** [scotgem-admin@st-andrews.ac.uk](mailto:scotgem-admin@st-andrews.ac.uk)

*First point of contact for all administrative matters Years 1 and 2.*

[scotgem-placements@st-andrews.ac.uk](mailto:scotgem-placements@st-andrews.ac.uk)

*First point of contact for all placement related matters Year 1 and 2.*

*First point of contact for all administrative and placement related matters Year 3 and 4 is  
Darren Brown, contactable via.*

[ScotGEM@dundee.ac.uk](mailto:ScotGEM@dundee.ac.uk)

A full list of St Andrews School of Medicine staff can be found at [School of Medicine Staff](#)

A full list of Dundee Medical School staff can be found at [School of Medicine Staff](#)

### **NHS Board Contacts**

**NHS Highland ScotGEM Regional Coordinator** [patrycja.nowak1@nhs.scot](mailto:patrycja.nowak1@nhs.scot)

*First point of contact for all NHS Highland administrative matters.*

**NHS Fife ScotGEM Regional Coordinator** [amanda.duff@nhs.scot](mailto:amanda.duff@nhs.scot)

*First point of contact for all NHS Fife administrative matters.*

**NHS Dumfries and Galloway ScotGEM Regional Coordinator** [tracy.macphee@nhs.scot](mailto:tracy.macphee@nhs.scot)

*First point of contact for all NHS D+G administrative matters.*

**NHS Tayside ScotGEM Administration** [craig.butler@nhs.scot](mailto:craig.butler@nhs.scot)

*First point of contact for all NHS Tayside administrative matters.*

## Curriculum Management system (Solas)



'Solas' (Gaelic for light) is a web-based curriculum management system, designed and managed by the St Andrews School of Medicine.

Solas is a bespoke CMS developed specifically for ScotGEM. Its principle is to offer a 'one stop shop' for all aspects of the curriculum, providing a comprehensive delivery platform, timetable and individual student experience record. This record and the related documents will be available to you as you progress to the clinical years.

Solas has a responsive design so will look good and perform well when accessed through all static networked devices and mobile technology such as laptops and smartphones. Clearly important for a dispersed programme.

Solas is personalised for both staff and students, allowing the provision of information specific to each individual, including links to electronic resources for every learning event in years 1 and 2. Functions of Solas include attendance reporting and the recording of fitness to practise issues. In due course it is anticipated that Solas will also include all related clinical placement information. A Dashboard displays announcements, a personal timetable, events and signup opportunities.

Solas also offers a system for discussion forums. This aims to capitalise on your engagement with social networking and uses this to support cooperative and collaborative learning. This is also of particular relevance to ScotGEM in the context of dispersed study. It also acts as a personal timetable and access point for lecture and teaching handouts, videos and any other resources associated with the lectures or classes to be attended. Any required work will be submitted via Solas across all years.

The timetable supports iCalendar meaning that other calendar applications can be added.

You will be given access to Solas the week prior to Orientation Week.

A link to Solas will be uploaded to the School website- [School of Medicine Links](#).

### Learning Technology support

#### **St Andrews/Years 1-2**

[ITServiceDesk@st-andrews.ac.uk](mailto:ITServiceDesk@st-andrews.ac.uk) - Central St Andrews service for students / Staff sponsored account, password reset etc.

[gigb@st-andrews.ac.uk](mailto:gigb@st-andrews.ac.uk) Gary Barclay - 1st line support for escalation of Solas issues (Account Creation, other Admin level issues).

[Medhelpdesk@st-andrews.ac.uk](mailto:Medhelpdesk@st-andrews.ac.uk) - 2nd line support for escalation of Solas issues (Account Creation, other Admin level issues).

#### **Dundee/Years 3-4**

[Help4U@dundee.ac.uk](mailto:Help4U@dundee.ac.uk) – Central Dundee service to be used by students for all University of Dundee account issues.

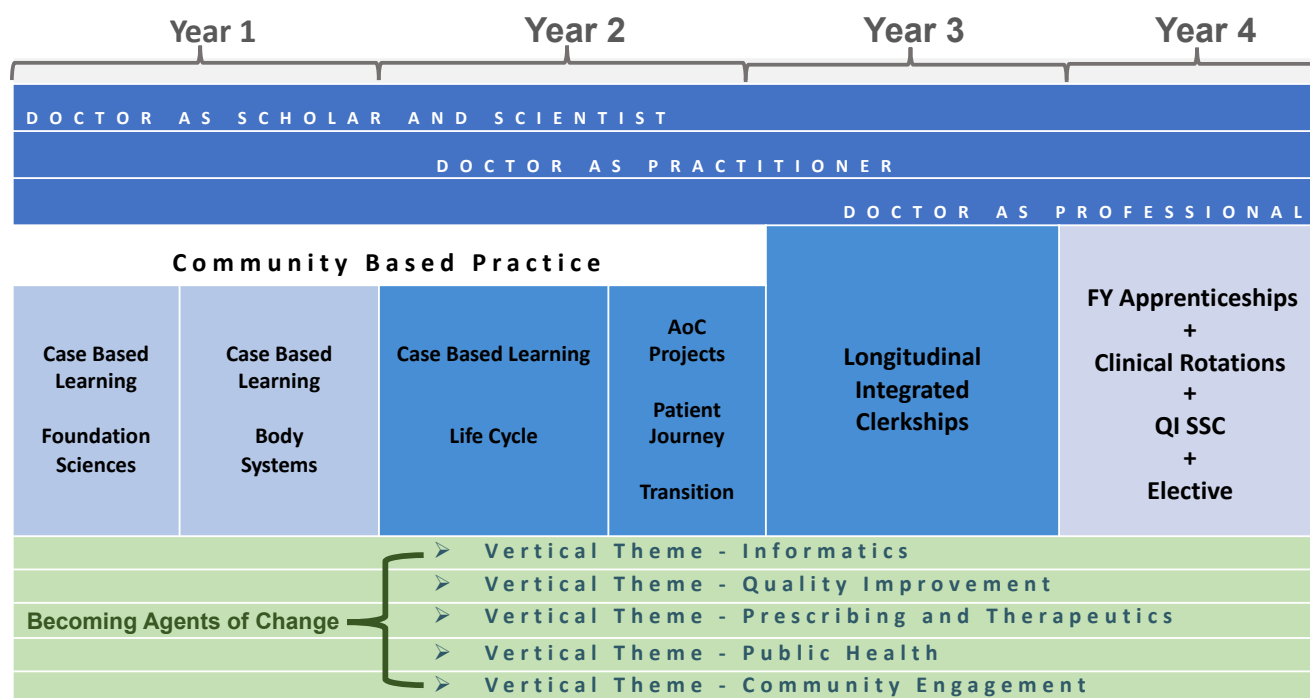
[TILT@dundee.ac.uk](mailto:TILT@dundee.ac.uk) – Medical School support for all IT enquiries about the platforms supporting the delivery of the course including DELTA, Medblogs, MyDundee, Solas.

The majority of queries should be managed directly through the above Dundee sites but for any issues that cannot be resolved contact [ScotGEM@dundee.ac.uk](mailto:ScotGEM@dundee.ac.uk) to be transferred to the relevant group.

## The Programme (4 YRS)

This diagram illustrates a number of elements of the ScotGEM Programme across the four years, specifically:

1. How the three core GMC domains of Scholar and Scientist, Practitioner and Professional will span the entire course but progress from a science focus towards professional practice in the final year.
2. How Community Based Practice is integral from the outset.
3. How the three phases of Case Based Learning progress and lead into a transition period prior to commencing clinical studies proper.
4. The third year as a Longitudinal Integrated Clerkship.
5. The fourth year as a more conventional clinical block rotation system (including an elective opportunity and a Quality Improvement Student Selected Component,).
6. How the AoC strand spans all five years and encompasses the five core Vertical Themes.



The current proposed Academic Calendar for 2021 entrants is reproduced below. Please note that this is provided by way of illustration only and may be subject to change.

ACADEMIC CALENDAR (2021-22)																			
Year 1					Year 2					Year 3					Year 4				
Date	Week				Date	Week				Date	Week				Date	Week			
26-Jul-21	-6				26-Jul-21	-6	Resit			26-Jul-21	-6	Resit			26-Jul-21	-6	Vacation		
02-Aug-21	-5				02-Aug-21	-5	Induction			02-Aug-21	-5	Transition Block			02-Aug-21	-5			
09-Aug-21	-4				09-Aug-21	-4				09-Aug-21	-4				09-Aug-21	-4			
16-Aug-21	-3				16-Aug-21	-3				16-Aug-21	-3				16-Aug-21	-3			
23-Aug-21	-2				23-Aug-21	-2				23-Aug-21	-2				23-Aug-21	-2			
30-Aug-21	-1				30-Aug-21	-1				30-Aug-21	-1				30-Aug-21	-1			
06-Sep-21	0				06-Sep-21	0				06-Sep-21	0				06-Sep-21	0			
13-Sep-21	1				13-Sep-21	1				13-Sep-21	1				13-Sep-21	1			
20-Sep-21	2				20-Sep-21	2				20-Sep-21	2				20-Sep-21	2			
27-Sep-21	3				27-Sep-21	3				27-Sep-21	3				27-Sep-21	3			
04-Oct-21	4				04-Oct-21	4				04-Oct-21	4				04-Oct-21	4			
11-Oct-21	5				11-Oct-21	5				11-Oct-21	5				11-Oct-21	5			
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06-Dec-21	13				06-Dec-21	13				06-Dec-21	13				06-Dec-21	13			
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27-Dec-21	16				27-Dec-21	16				27-Dec-21	16				27-Dec-21	16			
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10-Jan-22	18				10-Jan-22	18				10-Jan-22	18				10-Jan-22	18			
17-Jan-22	19				17-Jan-22	19				17-Jan-22	19				17-Jan-22	19			
24-Jan-22	20				24-Jan-22	20				24-Jan-22	20				24-Jan-22	20			
31-Jan-22	21				31-Jan-22	21				31-Jan-22	21				31-Jan-22	21			
07-Feb-22	22				07-Feb-22	22				07-Feb-22	22				07-Feb-22	22			
14-Feb-22	23				14-Feb-22	23				14-Feb-22	23				14-Feb-22	23			
21-Feb-22	24				21-Feb-22	24				21-Feb-22	24				21-Feb-22	24			
28-Feb-22	25				28-Feb-22	25				28-Feb-22	25				28-Feb-22	25			
07-Mar-22	26				07-Mar-22	26				07-Mar-22	26				07-Mar-22	26			
14-Mar-22	27				14-Mar-22	27				14-Mar-22	27				14-Mar-22	27			
21-Mar-22	28				21-Mar-22	28				21-Mar-22	28				21-Mar-22	28			
28-Mar-22	29				28-Mar-22	29				28-Mar-22	29				28-Mar-22	29			
04-Apr-22	30				04-Apr-22	30				04-Apr-22	30				04-Apr-22	30			
11-Apr-22	31				11-Apr-22	31				11-Apr-22	31				11-Apr-22	31			
18-Apr-22	32				18-Apr-22	32				18-Apr-22	32				18-Apr-22	32			
25-Apr-22	33				25-Apr-22	33				25-Apr-22	33				25-Apr-22	33			
02-May-22	34				02-May-22	34				02-May-22	34				02-May-22	34			
09-May-22	35				09-May-22	35				09-May-22	35				09-May-22	35			
16-May-22	36				16-May-22	36				16-May-22	36				16-May-22	36			
23-May-22	37				23-May-22	37				23-May-22	37				23-May-22	37			
30-May-22	38				30-May-22	38				30-May-22	38				30-May-22	38			
06-Jun-22	39				06-Jun-22	39				06-Jun-22	39				06-Jun-22	39			
13-Jun-22	40				13-Jun-22	40				13-Jun-22	40				13-Jun-22	40			
20-Jun-22	41				20-Jun-22	41				20-Jun-22	41				20-Jun-22	41			
27-Jun-22	42				27-Jun-22	42				27-Jun-22	42				27-Jun-22	42			
04-Jul-22	43				04-Jul-22	43				04-Jul-22	43				04-Jul-22	43			
11-Jul-22	44				11-Jul-22	44				11-Jul-22	44				11-Jul-22	44			
18-Jul-22	45				18-Jul-22	45				18-Jul-22	45				18-Jul-22	45			

### Year 1 in outline (MD2101)

Based at the University of St Andrews and within NHS Fife, your learning will be focused around CBL scenarios, related structured teaching and a day based in a local general practice with a GCM.

These CBL scenarios will be presented to you via Solas in GCM facilitated groups.

The case will act as a prompt, for example, a case of 'Tired all the time' might lead into examination of the throat and neck, venepuncture skills with related anatomy, haematology, pharmacology and psychosocial issues.

Each case will have approximately 15 learning outcomes which you will be asked to address within the planned taught elements of the course (lectures, anatomy practicals, the CLIC course and within the 15 hours of self-directed learning time).

Students will be expected to divide up and focus in particular on around two of these learning outcomes and produce a written summary and presentation on these to their group. All students will consider each outcome and benefit from more detailed work of their peers. Each CBL case will be rounded off with a plenary meeting at which relevant subject experts will help address any outstanding issues. The complexity and challenge of the cases builds as learning develops.

An example of a Year 1 weekly timetable might be:

	Monday	Tuesday	Wednesday	Thursday	Friday
9-10 am	Anatomy Practical	Consultation Skills	Self-Directed study	Clinical Practice Day including review of cases for week	Plenary Case Conclusion
10-11 am					
11-12 noon	Lecture/Lab Practical				Lecture
12-1 pm	Lecture/Lab Practical				Lecture
1-2 pm					
2-3 pm	Lecture	Agents of Change	Sports/project/half day		Self-Directed Study
3-4 pm	Lecture				
4-5 pm	Self-Directed Study			New CBL Launch	

## Semester 1

Will use cases that focus on foundational medical sciences.

This knowledge will subsequently underpin more challenging scenarios.

Consultation skills will be introduced alongside topics such as biochemistry, pharmacology and anatomy.

You will also have weekly clinical experience in the community.

## Semester 2

Concentrates on the body systems; where examination skills in particular can be learnt in conjunction with the relevant anatomy and imaging.



## Year 2 in outline (MD3101)

This year introduces a further 20 CBL scenarios largely structured around the lifecycle.

You will continue to work for a day each week with a GCM but also spend half a day in a specialist clinical environment to offer contrasting and additional learning opportunities (such as how to clerk or admit a patient). Year 2 also includes a six-week Agent of Change project and a six-week Patient Journey and Emergency Care block.

Year 2 will be delivered using a dispersed approach throughout, involving three health boards. At any one time, approximately half of the class will be in Fife, with a quarter each based in Inverness and Dumfries. This will involve asynchronous online lecture materials or other learning and some whole class video conferenced sessions. Accommodation will be provided when you are away from Fife.

Year 2 closes by providing a unique insight into medicine in a remote and rural context with experience of unscheduled care (prehospital emergency care, GP, emergency department, ambulance etc.) and other work related to the course's main mission of rural generalist practice.

An example of a Year 2 weekly CBL timetable is given below. Note the speckled sections denote flexible timing so that different services can be accessed flexibly. Only the teaching on a Wednesday and Tuesday afternoons is fixed. It cannot be assumed self-study time is as depicted.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9-1	Asynchronous centrally organised Teaching	Self Study	Clinical Practice Day (GCM) including review of CBL for week	Plenary Case Conclusion	Outpatient/secondary care Day including Vertical Theme placements	Out of Hours experience. Evening or weekend, once per block
10-	Asynchronous centrally organised Teaching					
11-	Asynchronous centrally organised Teaching			Synchronous centrally organised teaching		
12-	Asynchronous centrally organised Teaching			Synchronous centrally organised teaching		
1-1	Self study	Consultation Skills	New CBL Launch	Self study		
2-3						
3-4						
4-5						

## *Year 3-Longitudinal Integrated Clerkship (LIC)*

Year 3 will commence with a short Transition Block designed to prepare you for study in a clinical environment using the LIC approach. Following an orientation to Dundee medical school and select core elements best delivered in Dundee, you will complete the Transition Block in the region in which you will be studying, so that you become familiar with secondary care services and staff locally.

The LIC works especially well for graduates and has been shown to develop more patient-centred doctors with improved decision-making skills. Placements will be offered in all four partner boards with an emphasis on rural sites where possible.

This style of learning allows you to join a general practice team, and gradually learn to diagnose and help manage patients under supervision. You will contribute to patient care and over the course of a year follow a number of patients through their illness journeys.

The overarching principle of the LIC is that of continuity of relationships between students, patients and clinicians in which learning is centred on their patients and integrated across the disciplines. Learning is enhanced by your active participation in care provision over time.

### **The aims of the LIC**

Students participate in the comprehensive care of patients over time to

- Develop and apply consultation skills to their clinical practice: clinical communication, clinical assessment, clinical decision making, management planning, prescribing, and evidence-based practice
- Develop and apply clinical and scientific knowledge across a broad range of clinical areas including multi-morbidity and frailty
- Develop an understanding of realistic and generalist medicine
- Develop knowledge and understanding of healthcare systems
- Develop an understanding of population health and how it applies to individuals
- Engage with the community and participate in service learning and quality improvement activities
- Develop and apply the skills of educational self-direction
- Progress towards meeting the outcomes set out in [Outcomes for Graduates \(2018\)](#)
- Prepare for the relevant parts of the GMC's Medical Licensing Assessment

### **Key features**

- Students are based in their general practice base for around 50% of each week and in secondary care settings for around 30%. Self-study and Agents of Change project make up the remainder.
- Learning is based on patients the students see and is organised in two ways; opportunistic, based on supervised consultations, and planned, based on an individual analysis of learning needs. The ethos of learning through an immersive LIC will be supported through
  - A review of presentations and conditions specified within the MLA blueprint / within the 50 CBL case scenarios to suggest areas students might seek to focus
  - A group of around 25 'key patients' stratified to reflect diversity and give a breadth of experience. For instance, those with acute and long-term conditions across

specialties, those with multi-morbidity, complex social circumstances and those unable to care for themselves.

- A weekly GCM tutorial programme aligned to students' learning priorities
- A combination of planned secondary care learning (where learning is organised in advance – 'Hospital Sprints') and patient linked learning experiences (where individuals are followed through their care process).

### *Year 4 Preparation in Practice*

As a Year 4 ScotGEM student, you will be immersed in the hospital environment for much of the year to prepare you for work as a junior doctor. This year will be integrated with the final year of the Dundee MBChB with a shared range of clinical options available. Students on both courses will have the option of electing to be 'regionally based', being based in Fife, Dumfries or Inverness as opposed to Dundee.

You will complete two months of foundation apprenticeship as well as other hospital-based clinical attachments in final preparation for practice as a foundation doctor. In addition, there are structured one-month specific acute care and Healthcare Improvement project blocks, to ensure competence in managing the acutely unwell patient in a hospital context and complete your Agents of Change strand. Additional clinical placements or 'SSCs' are available to complete the year and you may request clinical areas of particular interest to you, but these cannot be guaranteed.

The elective period (**still subject to COVID-19 restrictions currently**) normally allows you to arrange an eight-week period of clinical practice which can take place anywhere in the world and be focused on your own objectives. At present these are replaced by an online Global Health module and an additional clinical SSC option.

# Assessment and Progression

## 1. Overview

All ScotGEM students will be required to demonstrate the knowledge, skills, attitudes and behaviours required for GMC accreditation. ScotGEM students graduating in 2024 will be the first cohort of UK students to sit the planned GMC Medical Licensing Assessment. The detail of this continues to evolve, see [GMC website for current information](#).

### Summative Assessment

The results of Summative Assessments contribute to module grades and progression. Summative Assessments are based around specified learning outcomes that are associated with course elements (such as CBL scenarios or CLIC components). Note, as ScotGEM does not provide courses per se but utilises guided self-study the assessments are blueprinted to the weekly learning outcomes, not purely direct teaching. The details of requirements are presented within the relevant year guides.

There will be three elements to Summative Assessments in each year:

- Knowledge and application of knowledge - Written assessments using single best and short written answer papers (in Years 1 and 2) and an Integrated Anatomy Practical Paper in Year 1. Year 3 utilises the Dundee MBChB SBA, currently three 120 item papers. There is no knowledge assessment at the end of Year 4.
- Skills – Objective Structured Clinical Examinations (OSCE) which will include not only examination skills but also procedural, consultation and clinical reasoning skills.
- Professional development - Portfolio of course work and record of behaviours including attendance and engagement markers. See below for more detail.

Each year will require you to separately pass each element of the Summative Assessment; an excellent result in one does not compensate for not meeting the pass grade in another. Students must pass all of their elements each year in order to progress to the subsequent year.

Medical professionals are required to become life-long learners and, once qualified, this is monitored through an online portfolio. Students therefore need to develop and evidence professional attitudes and behaviours at the early stages of their medical career.

As such you will be required to maintain an electronic portfolio (the Portfolio) containing evidence of such professional attitudes and behaviours as well as reflecting on significant learning experiences and skills acquisition. This will be hosted on Solas. The Portfolio will include measures of engagement, such as attendance at compulsory sessions and completion of key tasks by the deadlines set. It will also be the platform for logging project work or case reports to be marked.

More detail on the portfolio and the assessment process can be found in the Year Guides.

## 2. *Appeals, Reasonable Adjustments, Academic Adjustments and Deferred Assessments*

There is a system by which you can, if and when relevant, apply for adjustment to be made or assessments deferred. There is also a system for appeals on grounds of exam process. The details of these can be found in the [Programme Regulations](#).

## Practical Matters

### 1. Dual Matriculation

ScotGEM students are required to matriculate with both universities throughout. In Years 1 and 2 the University of St Andrews will be the Institution of Primary Matriculation. In Years 3 and 4 the University of Dundee will fulfil this role. This enables you to access facilities offered by each institution, from accommodation to libraries and student societies. Note that you will require the relevant details or email and password for the respective university, they will not recognise your @scotGEM details.

### 2. The Working Week

On average students should expect around 22 hours of timetabled activities per week in Year 1 and 2. It is suggested that, in addition, students will need to spend at least 15 hours per week engaged in independent learning. This means that, at a minimum, students should aim to work approximately a 40-hour academic week. **Students are strongly advised that you not engage in more than 8 hours of additional paid or voluntary work per week.**

### 3. Placements

The ScotGEM Programme is designed to promote generalist medical practise in a rural context and includes multiple opportunities to live and study in the west coast health boards: Highland, and Dumfries and Galloway. All students will be expected to rotate through such placements. Student choice will be accommodated as far as is compatible with the capacity available but cannot be guaranteed. Details of the placement allocation system and funds available to support travel and accommodation can be found in the year guides.

### 4. Learning Groups

In Years 1 and 2 much of student's learning will be as a "GCM Group" of 5-8 students. Students will be allocated to groups but these will change during the ScotGEM academic year to enable you to work with a range of peers and gain from being taught multiple GCMs.

As learning to work effectively in a healthcare team is itself a key GMC learning outcome changing group on an individual basis will not typically be allowed. Group sizes may transiently increase if a GCM or another member of staff is absent. **Note COVID-19 may continue to disrupt practice-based learning opportunities in Years 1 and 2.**

### 5. Student Support

Student Support within ScotGEM will utilise a combination of a traditional Personal Tutor system alongside an 'asset based' approach that seeks to help learners develop insight and skills that enhance professional development, including resilience and wellbeing. This will integrate with other aspects of professionalism, largely through your personal portfolio.

In the first year, Personal Tutors will each support small group of students and, it is hoped, will be available to students throughout their studies. Their prime remit is for pastoral care and some elements of administration to support academic progress. The first point of contact for students with a pastoral problem should be their Personal Tutor, although students are advised they may approach other members of staff within the School or the University, or NHS, including GCMs.

Personal Tutors can also act as advocates for students. They can liaise with Student Services on their behalf or refer the student to the St Andrews Pro-Dean for student Support/Dundee Academic Mentor. Student support should be accessed via [medsupport@scotgem.ac.uk](mailto:medsupport@scotgem.ac.uk)

## 6. Student Services

The Universities each have established services which are readily accessible to students, and Student Support staff work closely with both medical schools.

Student Services offer a comprehensive range of support including advice on:

- Accommodation
- Finance
- Personal and relationship issues
- International student issues
- Sexual and other health issues

## 7. Physical Facilities

Whilst based in St Andrews, ScotGEM students will spend the majority of their teaching time within the School of Medicine, North Haugh and NHS Fife premises.

As you progress through ScotGEM you will encounter an increasing range of university and NHS facilities through the ScotGEM partnership. For each facility students will be given relevant introductory materials as appropriate.

## 8. Emails and accounts

It is expected that all students will own and maintain a mobile device suitable to access necessary learning resources including the curriculum management system, Solas. If this is a problem please contact either your Personal Tutor or Student Support staff.

**Email and communications regarding the course will be conducted via a unique @scotgem.ac.uk address.** However, students will also be assigned University of St Andrews and University of Dundee e-mail addresses which will be required to access each university's resources. (It is hoped that 'federated access' will in time allow a single log on for online access.) In later years an NHS email will be provided for any patient related communications.

Students will be given clear guidance as to the arrangements in place during Orientation Week each year.

# Programme Governance, Administration and Information

## 1. Programme Regulations

The Programme is governed by the Scottish Graduate Entry Medicine ([ScotGEM](#)) MB ChB Programme [regulations](#).

The Programme Regulations contain detail unique to the ScotGEM Programme, and covers important regulatory information such as:

- Governance (including the cross-institutional boards and committees that oversee the programme)
- Administrative processes (e.g. admissions and registration, definitions of primary matriculation, tuition fees, location of study)
- Information and communication (e.g. data protection and information sharing)
- Quality assurance (e.g. how we monitor and review the programme)
- Academic progression (e.g. programme requirements, assessments/reassessments, deferred assessments, academic adjustments, leave of absence)
- Non-academic requirements (e.g. protection of vulnerable group screening, occupational health, professionalism and Fitness to Practise)
- Academic awards (e.g. degree classification, exit awards, credit transfer, educational performance measure)

Students are also expected to familiarise themselves with the relevant regulations and policies applicable to all students at each institution and ensure they follow the appropriate requirements. These can be accessed via:

- The main University of St Andrews Website -<https://www.st-andrews.ac.uk> policies, current students.
- The student information pages of the University of Dundee website <https://www.dundee.ac.uk/students/>

## 2. The ScotGEM Student Contract

The ScotGEM Student Contract applies to all years of the Programme. It is based on the 4 domains of professionalism outlined in the GMC/Medical Schools Council publication, [Achieving good medical practice: guidance for medical students](#).

The contract forms the basis of expected behaviour for medical students and must be signed by entrants to the Programme. This will be done with your tutor early in Semester one and is required yearly thereafter. It can be found [here](#).

The Dundee Student Charter can be found [here](#):

Students should note the policy links in the contract to other relevant policies detailed in the St Andrews School of Medicine handbook which are relevant to ScotGEM students, specifically:

- Incidental findings
- Patient safety
- Data information for students
- Dissecting room code of practice.

### 3. The School of Medicine Handbook (The School Handbook), University of St Andrews

The St Andrews School of Medicine Handbook is the handbook for school staff and all current students. It is the online repository of school policy advice and information and you can find the Programme regulations and other related policies/information in the ScotGEM MBChB section.

The St Andrews School of Medicine Handbook also provides comprehensive information and guidance on the following:

- School organisation (e.g. management and staff structures, personnel policies, finance, minutes/reports), Academic issues (e.g. appeals, management of students, teaching support, quality assurance of teaching).
- Advice for Undergraduate Students which includes:
  - ScotGEM student journey
  - Student societies
  - Health
  - Welfare
  - Professionalism and standards – including good medical practice, Outcomes for Graduates, promoting excellence, professionalism , good academic practice and dress code with links to relevant university policies, notably [Good Academic Practice](#)
  - Fitness to Practise
  - Disclosure
  - Communication for Medical students
  - Student Finance and Project opportunities.

The handbooks can be accessed online via the School of medicine [website](#)