

LTC11D113

Title: New Course Proposal - MSc Coloproctology
Author: School of Medicine and Health Sciences
Date: July 2012
Circulation: Learning and Teaching Committee – 25 July 2012
Agenda: LTC11A007
Status: Open

Issue

The Faculty of Medicine and Health Sciences is seeking approval for the new MSc Coloproctology course. This course will offer a highly specialist course for Surgical Trainees within the NHS using a method of delivery pioneered within the MSc Oncoplastic Breast Surgery and the MSc Regional Anaesthesia courses.

This MS Degree in Coloproctology is the first higher degree qualification in Coloproctology in the UK. The traditional FRCS in General Surgery does not allow for the specialist recognition in Coloproctology. A recent nationwide survey of the more than 100 surgical trainees was carried out via Association of Surgeons in Training (ASIT) and Dukes Club. This indicated that more than 60% of the trainees thought MS was beneficial for future career in coloproctology.

Due to European Working Time Regulations and shift patterns in work, time is one of the biggest obstacles trainees face in developing skills and competencies in training for a successful career in coloproctology. To complement current training systems and prepare them for a year 1 consultant coloproctologist post, this MS in Coloproctology is being offered.

This course therefore is aimed at a national and in due course international market and will, together with the previously approved MS programmes in Oncoplastic Breast Surgery and Regional Anaesthetics continue to establish the reputation of UEA as a quality provider of postgraduate speciality medical education delivered by online and flexible learning, enhancing accessibility.

Recommendation

The Faculty would recommend that the course be approved.

Resource Implications

As the course will be mostly delivered online teaching space on campus will not be required, it is envisaged that all learning materials will be available online and therefore not impact on library resources. Staffing costs will be minimal as all teaching will be undertaken by qualified surgeons within the NHS or honorary lecturers who are giving their time for free.

There will be a cost in terms of e-learning support. However, this is covered by the already approved business plan for the suite of MED MSc courses.

Risk Implications

There is a risk to the reputation of the university if the course fails or does not provide excellent training for the highly skilled individuals who are the target student group.

Equality and Diversity

The Medical School operates an admissions policy that adheres strictly to the UEA's equal opportunities policy on admissions and access to the University's courses. Accordingly, MS selection process aims to ensure that no applicant receives less favourable consideration on the grounds of gender, age, marital status, race, colour, disability, sexual orientation, nationality, ethnic origin, political or religious belief. We welcome applications from people with disabilities and work within relevant legislation and the guidelines offered by the General Medical Council, the Health Professions Council, the UEA Admissions Policy for students with a disability, UEA/partner NHS Trust Occupational Health and Human Resources Departments, and the UEA Dean of Students office. We aim to achieve this by providing clear, accurate and transparent information regarding all of our admissions policies and processes. All recruitment, selection and marketing policies and procedures are agreed, conducted and reviewed in collaboration with service users and our partner Service Providers via the School Recruitment, Selection and Marketing Committee. The School's Director of Admissions, together with the School's Admissions Officer is responsible for ensuring that equality of opportunity is assured for all applicants and is accountable to the Head of the Medical School. The Recruitment, Selection and Marketing Group support the Admissions Officer in this work. The school's performance in relation to equal opportunities legislation and University policy is monitored continuously by the University's marketing and Communications Office and reported to the School via the School Executive Committee. Equal opportunities policies are monitored and reviewed annually via the School's Director of Admissions and the School's Disability Liaison Officer's annual Report to the School Board.

Further Information

Contact details for FMH: Robert Gray, LTS Co-ordinator, r.gray@uea.ac.uk

Background

The programme is part of a suite of courses which have had their business case approved by the faculty, including the MSc Oncoplastic Breast Surgery and the MSc Regional Anaesthesia. The Faculty's view is that these courses offer an exiting opportunity to enhance the university's reputation as a leader in medical education.

Discussion

Whether the course can be approved or not.

FULL COURSE (route) PROPOSAL

(taught programmes only)

for NEW COURSES & MAJOR COURSE AMENDMENTS (NEW ACADEMIC MODEL)

Please refer to the course proposal Procedure and Guidance CP-2012 to complete this or any other course proposal form: to ensure the correct form is being used; for information on early considerations and timescales; for general guidance on the course approval process; and for notes on completing the form.

| |
|------------------------------------------------------------------------------------|
| Course Title(s) |
| MS in Coloproctology PGDip in Coloproctology |
| School(s) of study & Faculty |
| Norwich Medical School (MED) Faculty of Medicine and Health (FMH) |
| Proposer & proposer's school |
| Prof Jerome Pereira, Hon Prof, MED |
| Proposed course start date <i>note 1</i> |
| 1 ST Jan 2013 |

| Prior approvals <i>note 2</i> | required? | received? |
|-------------------------------------------------------------------------------|------------------|------------------|
| Prior LTC approval | X | |
| Prior Council approval | X | |
| External consultation <i>note 3</i> | | |
| Independent external academic comment | X | |
| External examiner comment | X | |
| PSRB consultation/ input | X | |
| Other external consultation/ input (please list) | X | |
| | | |
| | | |

This form is in 3 parts. Please complete all 3 parts:

- Part 1** **Summary and Rationale**
Part 2 **Business Case**
Part 3 **Academic Case including Programme Specification**

UEA LEARNING & TEACHING SERVICE

FULL COURSE PROPOSAL

Part 1 SUMMARY AND RATIONALE

| Course One | | | | |
|------------------------------|--------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------|------------------------------------------------------|
| S1 | a | SCHOOL(S) OF STUDY | MED | |
| | b | FACULTY or FACULTIES | FMH | |
| | c | JOINT PROGRAMME? (ie owned/taught by more than one School) | YES | |
| | | | NO | X |
| | d | NAME/S OF COURSE DIRECTOR/S (one from each School for Joint Programmes) | Prof Jerome Pereira, Hon Prof, MED | |
| S2 <i>note S2a</i> | a | COURSE TITLE | MS in Coloproctology PGDip in Coloproctology | |
| <i>note S2b</i> | b | COURSE CODE | | |
| <i>note S2c & S2d</i> | c | AWARD | Master of Surgery in Coloproctology | |
| | d | EXIT AWARD(S) AND TITLE(S) | PG Dip in Coloproctology | |
| | e | FULL/PART-TIME (please specify) | Part time | |
| | f | AVAILABLE FROM: | 01/01/2013 | |
| S3 <i>note S3a</i> | a | PROFESSIONAL AWARD (if any) | None | |
| <i>note S3b</i> | b | ACCREDITING/VALIDATING BODY (if relevant) | | |
| | | Date when accreditation/validation may take place | | |
| S4 <i>note S4</i> | LEVEL | Sub-degree (e.g. Cert. Dip.) | | |
| | | Undergraduate | | |
| | | Integrated Masters | | |
| | | Masters | Level 7 | |
| | | Other postgraduate (please specify) | PG Dip Level 7 | |
| S5 <i>note S5a</i> | a | DURATION (years or months) | 36 months | |
| <i>note S5b</i> | b | MODE OF ATTENDANCE (full-time, part-time, distance, other) | Part time Distance Learning | |
| S6 <i>note S6</i> | | PLACEMENT(S)/WORK-BASED LEARNING REQUIRED | YES | X – all to be undertaken at place of work of student |
| | | | NO | |

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| S7 <i>note</i> S7 | RELEVANT SUBJECT BENCHMARK STATEMENT(S) | |
| S8 <i>note</i> S8 | ENTRY REQUIREMENTS | Applicants should already be practicing as surgical trainee (ST5) or above. |
| S9 | CAREER POSSIBILITIES | Improves prospects of advancement for those already training for this speciality. |
| S10 | JACS Subject Level Code(s) To be completed by the Planning Office following approval of the Business Case | |
| S11 | UCAS ADMISSION CODE / COURSE CODE To be completed by the Planning Office following approval of the Business Case | |
| S12 <i>note</i> S12 | FURTHER INFORMATION available via... | |
| S13 | COURSE HIGHLIGHTS (for publication) | |
| <i>note</i> S13 | <p>This MS Degree in Coloproctology is the first higher degree qualification in Coloproctology in the UK. The traditional FRCS in General Surgery does not allow for the specialist recognition in Coloproctology. A recent nationwide survey of the more than 100 surgical trainees was carried out via Association of Surgeons in Training (ASIT) and Dukes Club. This indicated that more than 60% of the trainees thought MS was beneficial for future career in coloproctology.</p> <p>Due to European Working Time Regulations and shift patterns in work, time is one of the biggest obstacles trainees face in developing skills and competencies in training for a successful career in coloproctology. To complement current training systems and prepare them for a year 1 consultant coloproctologist post, this MS in Coloproctology is being offered.</p> <p>This course therefore is aimed at a national and in due course international market and will, together with the previously approved MS programmes in Oncoplastic Breast Surgery and Regional Anaesthetics continue to establish the reputation of UEA as a quality provider of postgraduate speciality medical education delivered by online and flexible learning, enhancing accessibility.</p> | |

****Please copy and paste the above table for additional (related) courses****

| | | |
|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| S14 | RATIONALE FOR PROPOSAL | |
| <i>note</i> S14 | Please explain why you are proposing this/these new course(s) or these course amendments, and why this proposal is being offered at this time. See guidance notes for further indication of what to include in this section. | |

This MS Degree in Coloproctology is the **first higher degree qualification in Coloproctology in the UK**. The traditional FRCS in General Surgery does not allow for the specialist recognition in Coloproctology. A recent nationwide survey of the more than 100 surgical trainees was carried out via Association of Surgeons in Training (ASIT) and Dukes Club. This indicated that more than 60% of the trainees thought MS was beneficial for future career in coloproctology.

Due to European Working Time Regulations and shift patterns in work, time is one of the biggest obstacle, trainees face in developing skills and competencies in training for a successful career in coloproctology. To compliment current training systems and prepare them for a year 1 consultant coloproctologist post, this MS in Coloproctology being offered.

This programme will feed into the current NHS QIPP agenda both in terms of developing expertise to improve patient outcomes, and in contributing to substantial savings- see the next section for further details.

Educational Aims of the Programme

(Include any distinctive/innovative features/route pathways)

The key aim of this MS degree course in Coloproctology is to **enhance the knowledge and skills** of Colorectal Surgeons. Colorectal Surgery is the largest sub-speciality in General surgery. We offer **flexible** pathways, one being with the award of a postgraduate diploma after completion of 6 modules including the passing of the practical aspect of the course. Successful completion of a 15,000 word dissertation will make students eligible for the award of MS in Coloproctology.

Enhanced knowledge and practical skills in Coloproctology fits in well with **good surgical practice** by providing superior high quality surgical services. More exposure and skills in laparoscopic colorectal surgery and enhanced recovery programmes would play an important role in decreasing the length of hospital stay for patients undergoing colorectal operations. Other theoretical and practical aspects of coloproctology would help to provide high quality colorectal services providing high quality care to our patients.

Therefore, in providing this programme, it is envisaged that a large pool of trainees and consultants will be developed, delivering **high quality care** which will support the DOH ambition and equate to significant **savings within the NHS** on overnight beds and a satisfied patient population.

Some of the distinctive and innovative features of this course are;

1. **1st E-learning Specialist Mastership degree in Coloproctology in the UK**
2. **Highly evidence based programme** delivered by a **Problem Based Learning (PBL) format**
3. **Assessment of Practical Skills** providing a quality benchmark is a first in the UK
4. **Highest qualification in this field in the UK** and world-wide
5. Delivered by a UK wide **eminent faculty** of nationally recognised experts in the field and UEA
6. **Use of innovative and leading edge assessment tools** including Script

Concordance testing for assessing clinical reasoning and decision-making
7. **Quality assurance** by UEA, and Royal College of Surgeons of England. Some of the Faculty are Fellows of the RCS and play key roles in national training of coloproctology trainees. Mr Andrew Miller is the programme director for coloproctology of the Wessex Region.

8. We provide training in additional competencies including management, clinical leadership, service redesign, research audit and clinical education, which are an integral part of practice and the current NHS policy drivers but not included in national training programmes.

UEA LEARNING & TEACHING SERVICE

FULL COURSE PROPOSAL

Part 2 BUSINESS CASE

| | | | |
|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|---|
| BC1 | ACADEMIC AND RECRUITMENT STRATEGY | Consult with HOS, Faculty Dean, PLN, ARM (including Admissions) | |
| BC1.1 | How does the proposal fit with the University's Corporate Plan? | | |
| <i>note BC1.1</i> | <p>This programme (along with its partner programmes) expands our Masters provision into a unique area which fits with the Corporate Plan.</p> <p>The business case for this programme is included in the business case for the suite of MS programmes being developed by MED, which has been approved separately. All of these programmes offer ground breaking clinical skill development for doctors training in a variety of specialisms. A copy of the financial plan for the 3 programmes currently developed is attached.</p> | | |
| BC1.2 | Proposed Recruitment Strategy | | |
| <i>note BC1.2</i> | <p>Through a survey conducted on clinical trainees (members of the Association of Surgeons in Training, (ASIT) plus Duke's club (coloproctology trainees association) and the surgical oncologists training association, we have raised awareness of the programme and gauged interest in enrolling. We would continue to advertise the programme to clinical trainees via the Course Director or clinical contacts, in addition to more routine UEA programme advertising.</p> | | |
| BC1.3 | Is the proposal commercially sensitive? | YES | |
| | | NO | x |
| <i>note BC1.3</i> | If yes, what are the reasons? | | |
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| BC2 <i>note BC2</i> | MARKET RESEARCH | Consult with Market Research team | |
| BC2.1 | What other and type of institution offers identical and/or similar courses in the UK? | | |
| | This programme is believed to be the first of its kind in coloproctology | | |
| BC2.2 | Are there any likely international competitors? (Please give brief details) | | |
| | None known | | |
| BC2.3 | What is the annual number of applicants currently applying nationally for similar courses? | N/A | |
| BC2.4 | What is the evidence for current and future demands for the course from | | |
| | <ul style="list-style-type: none"> • potential students? • employers (public services, private sector, the professions etc) | | |

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| | A recent nationwide survey of the more than 100 surgical trainees was carried out via Association of Surgeons in Training (ASIT) and Dukes Club. This indicated that more than 80% of trainees indicated they were unhappy with current training programmes and 60% of the trainees thought the MS would be beneficial for future career in coloproctology. | |
| BC2.5 | Can current and projected demand be met from existing provision? | |
| | Nationally: | The survey mentioned above suggests 50 candidates are ready to enrol already. We can enrol 20 in the first cohort. |
| | Regionally: | Not known |
| BC2.6 | Where is/what are the competitive advantage(s) for UEA? | |
| | Course believed to be the first of its kind. | |

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| BC3 <i>note BC3</i> | MARKET DEMAND AND RECRUITMENT | Consult with the Careers Centre |
| BC3.1 | What graduate career opportunities may be available? | |
| | This programme enables students to reach a higher standard of training in their specialism than currently is available. | |
| BC3.2 | Who (externally) has been consulted about the proposals (e.g. Professional Associations, employers' groups, PSRBs)? | |
| | Royal College of surgeons (RCS) Associate of Surgeons in Training (ASIT) | |

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| BC4 | RESOURCES: STUDENT NUMBERS AND TUITION FEES | Consult with HOS, PLN, Faculty Dean, FFM | |
| BC4.1 | Student Numbers | | |
| a | Proposed student target intake | | |
| <i>note BC4.1a</i> | FT (Home/EU) | | |
| | FT (International) | | |
| | PT (Heads) | | |
| | DL (Heads) | | |
| | Minimum viable intake (ftes) | 12 | |
| | Maximum viable intake (ftes) | 20 | |
| b | Are the student numbers: | | |
| <i>note BC4.1b</i> | a) available via redistribution within the School? <i>Consult the Head of School</i> | YES | |
| | | NO | X |
| | b) available via redistribution with the Faculty? <i>Consult the Dean of Faculty</i> | YES | |
| | | NO | X |

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| | c) additional numbers required? | YES | X |
| | | NO | |
| BC4.2 | Tuition Fees | | |
| | Please select the relevant fee schedule: | | |
| | a) Standard Home/EU/International | 6800 / 11,200 | |
| | b) Full-cost <i>Please consult with FFM</i> | | |
| | c) Other <i>Please provide brief details</i> | | |

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| BC5 | IMPACT | | |
| BC5.1 <i>note BC5.1</i> | EQUALITY AND DIVERSITY | Consult with Equality & Diversity Manager | |
| a | Does the course and/or School cover a subject area(s) which traditionally attract(s) a very specific or narrow student profile? | YES | |
| | | NO | N/A |
| b | If yes, what steps will be taken to attract non-traditional students to the course/School? (Aspects to consider include: age, disability, ethnicity (home and international), gender and socio-economic group.) | | |
| | Applicants will be medical professionals and our student base will reflect the diversity of personnel working in surgical speciality care practice. | | |
| | <ul style="list-style-type: none"> The course is designed to accommodate students with a range of knowledge and experience and key concepts will be covered in core study days/ master classes and in learning packages allowing for a shared understanding and core competencies (determined by the Royal College of Surgeons, England) to be achieved. Students will be made aware of the University's Statement of Policy and of Code of Practice on equality of opportunity and will be given copies in the course literature. Students will be allocated a personal advisor with whom they can discuss issues affecting their engagement with the course. | | |
| BC 5.2 <i>note BC5.2</i> | IMPACT ON CURRENT STUDENTS AND/OR APPLICANTS | | |
| a | For changes to existing programmes, will any current students or applicants be affected by these changes? | YES | |
| | | NO (go to 5.3) | x |
| b | Evidence of consultation of current students and written consent obtained Please briefly describe what consultation has taken place and what responses there have been. Is there full support from all members of the relevant student cohort(s)? | | |
| c | Informing applicants What arrangements have been made (for informing applicants who may be affected by any change(s)? Written notification, including advice about any alternative | | |

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| | options that may be given, must be sent to applicants holding unconditional/conditional firm or conditional insurance offers. | | |
| | N/A | | |
| BC5.3 <i>note</i> BC5.3 | WHAT IS THE IMPACT / WHAT ARE THE RESOURCE IMPLICATIONS OF THE PROPOSAL ON ACADEMIC STAFF? | Consult with HOS, Dean of Faculty | |
| | | | |
| a | Please give an indicative number of teaching hours required to deliver the course in any one year | | Via e-learning and non-UEA staff |
| b | Are new appointments required? | YES | |
| | | NO | X |
| c | If yes, how many of what type (eg Teaching and Scholarship, Teaching and Research) and at what level? | | |
| | N/A | | |
| d | What is the source of funding for new academic staff? | | |
| | N/A | | |
| e | Are there any implications outside the sponsoring School/s e.g. service teaching, by other Schools of Studies? | | |
| | None at UEA | | |
| f <i>note?</i> | Are any other teaching adjustments required? For example, will new modules be introduced, other modules withdrawn or combined? (Please include code, credit value and level/year of any new modules and/or modules to be withdrawn or combined). | | |
| | 3 modules are generic across the suite of MS programmes. Five new modules will be introduced of 20 credits each to be taught by honorary colleagues via distance learning | | |
| BC5.4 <i>note</i> BC5.4 | IS ANY COURSE(S) TO BE WITHDRAWN? | YES | |
| | | NO | X |
| | If YES, please specify UCAS Code(s) / Course codes and session from which course(s) withdrawn? | | |

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| BC6 | PHYSICAL RESOURCES | | |
| BC6.1 <i>note</i> BC6.1 | What are the recurrent or non-recurrent expenditure to be incurred in respect of: | | |
| a | Classroom and study facilities? | See below | |
| b | Other equipment? | See below | |
| c | Consumables? | See below | |

| | | | |
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| d | Computer equipment? | See below | |
| e | Other | | |
| Note: | Program income will support IT e-learning technologist and administrative assistance for distance learning and occasional study days usually held in London | | |
| BC6.2 | What additional books/journals/electronic resources other than those already available will be required year by year until steady state is reached? | | |
| | A small number of additional e-journal subscriptions may be necessary | | |
| BC6.3 | Are there any other special arrangements on which this course proposal will depend? (E.g. placements, year abroad). | YES | x |
| | | NO | |
| | If Yes, please give details of likely costs/whether appropriate agreements are in place/have to be drawn up? | | |
| | Placements are required but will be with the applicant's employer | | |
| BC6.4 | Are there any start-up costs (e.g. any initial publicity and promotion?) | YES | x |
| | | NO | |
| | If yes, please give details: | | |
| | A leaflet will be requested from RAM similar to the marketing produced for the Oncoplastic programme and paid for by MED. | | |

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| BC7 note BC7 | IMPACT / RESOURCE IMPLICATIONS FOR OTHER UNIVERSITY SERVICES | | |
| Please circulate Parts 1 & 2 to the following for their comments (if any). Comments to be returned within 10 working days. | | | |
| note BC7 | What is the impact of the proposal on support staff and resources in the office for which you are responsible? | | |
| Date of circulation: | <i>This summary has been retyped from a version on an old form. We believe other departments have already been consulted on this programme, and feedback is likely to be similar to that received from our Regional Anaesthesia programme. I have therefore listed below a brief summary of the responses MED gave to the points raised on that programme, in case it is helpful.</i> | | |
| BC7.1 | Dean of Students (DOS) | | |
| | <i>Students will all be employees of NHS Trust hospitals working part time through e-learning on the course, and are therefore relatively unlikely to wish to make use of campus-based resources as they will be able to access many forms of support through their employer. It is possible that some students on the course could get referred to DOS for academic writing support.</i> | | |
| BC7.2 | Deputy Dean of Students (accommodation) | | |
| | <i>This is a Distance Learning Programme and so students will not need accommodating on campus – either residentially or in class rooms.</i> | | |
| BC7.3 | Director of Information Services (ITCS) | | |

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| | <i>This programme is taught via e-learning and currently funds 90% of an e-learning technology post and one administrative assistant. Funding exists to expand to include additional admin assistant(s) if necessary</i> |
| BC7.4 | Director of Library Services (LIB) |
| | <i>This is a Distance Learning programme for people employed in the NHS and will therefore have full access to NHS journals etc. A small number of additional e-journal subscriptions may be necessary.</i> |
| BC7.5 | Director of Learning & Teaching Service (LTS) |
| | <i>There will be one paper exam at the end of each module, and one OSCE after the 4 compulsory modules. The OSCE will take place at the Royal College of Surgeons in London. There is also a dissertation. In addition, LTS Hub colleagues book events in London for the training days.</i> |
| BC7.6 | Director of Admissions (ARM) |
| NOTE | <i>Planning office is aware and will mark these numbers up in the annual planning process.</i> |

| BC8 | ADDITIONAL COMMENTS |
|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| Please circulate Parts 1 & 2 to the following for their comments (if any). Comments to be returned within 10 working days. | |
| <i>note BC8</i> | Is there anything further to add to the proposal from the perspective of your service and expertise? |
| Date of circulation: | |
| BC8.1 | Market research (on Section BC2) |
| | |
| BC8.2 | Careers (on Section BC3) |
| | |
| BC8.3 | Equality & Diversity Manager (on Section BC5.1) |
| | |
| BC8.4 | Head of Planning (PLN) (on full Business Case) |
| | |
| BC8.5 | Faculty Finance Manager (on full Business Case) |
| <i>note BC8.5</i> | Already approved at Faculty level |

| BC9 | PROPOSER'S RESPONSE TO COMMENTS IN BC7 & BC8 ABOVE |
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| <i>note</i> BC9 | |
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| BC10 | APPROVAL OF THE BUSINESS CASE | | |
|-------------|----------------------------------------------------|-----------------------------|-------------|
| | APPROVAL/SIGNATURES | Approved Yes/No? | Date |
| BC10.1 | School Director of Learning, Teaching and Quality: | | |
| BC10.2 | Head of School (on behalf of School Board): | | |
| BC10.3 | Dean of Faculty (on behalf of Faculty Executive): | | |
| BC10.4 | Council (if relevant) | | |
| BC10.5 | LTC (if relevant) | | |

UEA LEARNING & TEACHING SERVICE

FULL COURSE PROPOSAL

Part 3 ACADEMIC CASE

| | | | | |
|------------|------------------------------------------------------------------------|-----|--|------|
| AC1 | COURSE MANAGEMENT INFORMATION | | | |
| AC1.1 | REGULATORY FRAMEWORK (please tick all that apply) | | | |
| | NAM for Undergraduate Courses | | | |
| | Graduate Diplomas | | | |
| | Integrated Masters | | | |
| | PGCE | | | |
| | NAM for Postgraduate Taught Programmes | | | X |
| | Postgraduate Research | | | |
| | Certificate/Diploma in Continuing Education | | | |
| AC1.2a | Is the course as a whole assessed on a pass/fail basis? | YES | | NO X |
| AC1.2b | Are any modules assessed on a pass/fail basis? | YES | | NO X |
| AC1.2c | If so, how many modules and what is the credit volume for each module? | | | |
| | | | | |

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| AC2 <i>note</i> AC2 | (For undergraduate or integrated masters programmes only) Please select only from the permitted options | | |
| | Weighting for degree classification: | | Exit Award (please indicate: e.g. CertHE, DipHE) |
| | Stage 0 | N/A | |
| | Stage 1 | N/A | |
| | Stage 2 | N/A | |
| | Stage 3 | N/A | |
| | Stage 4 | N/A | |
| | Stage 5 | N/A | |
| | Stage 6 | N/A | |
| | Stage 7 | N/A | |

| | | | | |
|------------|------------------------------------------------------------------|----------------|---|----|
| AC3 | BOARD OF EXAMINERS | | | |
| AC3.1 | Is there an existing Board of Examiners? | YES | X | NO |
| AC3.2a | If YES, which existing board will be responsible for the course? | MS Oncoplastic | | |
| AC3.2b | If NO, please enter details for new board of examiners | | | |
| AC3.3a | Are any new external examiner(s) required? | YES | X | NO |
| AC3.3b | If yes, how many? | 1 | | |



University of East Anglia
LEARNING & TEACHING SERVICE

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| PS | PROGRAMME SPECIFICATION |
| <i>note</i> <i>PS</i> | This part of the form will serve a dual purpose. Please read the guidance note carefully before completing |

PROGRAMME SPECIFICATION FOR AN AWARD OF THE UNIVERSITY OF EAST ANGLIA

(NEW ACADEMIC MODEL)

NOTE: Whilst the University will make every effort to offer the modules listed, changes may sometimes have to be made for reasons outside the University's control (e.g. illness of a member of staff) or because of low enrolment or sabbatical leave. Where this is the case, the University will endeavour to inform students.

| | |
|----------------------------------------------|-----------------|
| PS1 COURSE PROFILE - <i>continued</i> | <i>note PS1</i> |
|----------------------------------------------|-----------------|

| STAGE 1 profile | | | | | This column will be deleted prior to publication |
|---------------------------------------|----------------------------------------------|----------------|--------------------------------------------------|---------------------------------------------|--------------------------------------------------|
| Module Code (TBA if not known) | Compulsory? - or name of Option range | Credits | Module Title | Teaching period, eg Sem 1, Year-long | New / amended / existing |
| TBA | Core | 20 | Module 1. Colorectal Emergencies | Autumn | New |
| TBA | Core | 20 | Module 2. Neoplasia | Winter Term (semester 2) | New |
| TBA | Core | 20 | Module 3. Inflammatory Bowel Disease | Summer | New |
| TBA | Core | 20 | Module 4 Proctology | Autumn | New |
| TBA | Optional | 20 | Module 5 Functional bowel | Winter | New |
| MED-M66F | Core for MS, Optional for PGDip | 20 | Module 6. Research, Audit and Service Evaluation | Summer | Exists |
| MED-M68D | Optional | 20 | Module 7. Management and service delivery | Autumn | Exists |
| MED-M67D | Optional | 20 | Module 8 : Clinical Education | Winter | exists |
| MED-M60X | Core for MS | 60 | Research Dissertation | Year | exists |
| | | | | | |

PS2 MAPPING LEARNING OUTCOMES

note PS2

| Mapping learning outcomes – please list learning outcomes and enter module code against assessment type STAGE 1 learning outcomes | Assessment type | | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------|-------------------------------------------|-------------------------------------|-------------------------------------|----------------------|---------------------------|---------------------------------|-------------------------------------------------------------------|
| | | Essay | Course test | Exam | Project/ Dissertation/ Report | Oral Presentation | Assessment of practice | Other | Other |
| Below are the OVERALL learning outcomes mapped against assessment. More detailed learning outcomes for each module can be found within the attached Programme Specification. | | | | | | | | | |
| Provide theoretical and evidence based underpinning for the Coloproctology competencies expected from the Colorectal trainees embedded with in the Intercollegiate Surgical Curriculum (ISCP). By the end of the course the trainee will be able to provide services to patients suffering from colonic and rectal diseases as year one consultant level both in elective and emergencies. | Modules 1-4 | | Formative assessment via MCQ, fortnightly | MCQ/ EMQ Exam at end of each module | | | OSCE at end of mod 4 | Via online discussion board | Via VLE Materials & Script Concordance test of clinical reasoning |
| | Module 5 | | Formative assessment via MCQ, fortnightly | MCQ/ EMQ Exam | | | | Via online discussion board | Via VLE Materials & Script Concordance test of clinical reasoning |
| Be accessible and to attract practitioners from the national pool through on line blended learning. | All Modules | | | | | | | Via discussion board engagement | |

| | | | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------------|-------------------------------------------|--|--------------|--------------------------------------------------------|----------------------|--------------------------------------------|-----------------------------------------------|
| Enhance skills required for critical evaluation of literature and suitable treatment decisions based on best available evidence. | All Modules | 4,000 word written asst mod 6 | Formative assessment via MCQ, fortnightly | | Dissertation | | OSCE at end of mod 4 | Via discussion board engagement | Script Concordance test of clinical reasoning |
| Enable trainees to set up, conduct and analyse research and audit in Coloproctology. | Modules 6/7 & Disstn | 4,000 word written asst mods 6/7 | | | Dissertation | | | | |
| Enhance management and service development and patient care in coloproctology. | All modules | 4,000 word written asst mod 6/7 | | | | | OSCE at end of mod 4 | | |
| Enable flexible work place and work-based learning taking account of current impact on European Working Time Directive (EWTD). | All Modules | | | | | | | Via online discussion board and VLE | |
| Enable students to develop teaching, training and assessment skills in Coloproctology. | MED-M67D | | | | | Oral presentation. Peer and tutor assessed (summative) | | Develop series of lesson plans (formative) | |
| | | | | | | | | | |
| Other: please give details | | | | | | | | | |

PS3 PROGRAMME COHERENCE AND FEEDBACK CYCLES*note PS3***PS3.1 vertical and horizontal integration**

Please explain how this programme is designed to deliver a coherent body of knowledge, skills and understanding. Comment on vertical and horizontal integration, in terms of complementarity and progression of modules within and across stages.

note PS3.1

Students will complete basic sciences modules first ,which follow horizontal themes (e.g. radiology, pathology, decision making etc) but all modules are integrated in terms of applied anatomy, physiology and clinical sciences in the clinical cases presented in PBL scenario learning outcomes each week, through which students demonstrate learning outcomes have been met.

Later subject specialist themed modules on horizontal plans (radiology, oncology, pathology, communication skills and decision making) will integrate vertically on the spiral curriculum across themes and subjects

PS3.2 feedback cycle

Please explain how assessments and feedback / feed forward support the coherence of the programme. Comment on number and types of assessment, both formative and summative; the types and format of feedback students will receive; and their sequencing. How will assessments and feedback impact on subsequent modules?

note PS3.2

Students complete formative tasks over the VLE each week. Every 16 weeks, e-tutors feedback on this work and the individual's contributions on the discussion boards.

Oral and written feedback is also provided to students by mentors after OSCEs.

| PS4 | EXAMINATIONS | | <i>note PS4</i> |
|---------------------------------------------------------|-----------------------|-------------------------------------------------------------|-----------------|
| | Written | Practical (e.g. OSCEs and OSPEs) | |
| How many modules will include an exam element? | 6 | 1 hour OSCE for whole course. Plus dissertation viva | |
| How many hours of exams are there in Stage 1? | 6 @ 1 hour per module | | |
| How many hours does the programme (as a whole) include? | 6 | 1 + dissertation viva | |

| PS5 | EQUALITY | <i>note PS5</i> |
|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| PS5.1 | <p data-bbox="241 284 1245 319">How do the admissions criteria ensure equality of opportunity for all applicants?</p> <p data-bbox="241 360 1245 427">Applicants will be medical professionals and our student base will reflect the diversity of personnel working in surgical speciality care practice.</p> <ul data-bbox="241 430 1245 769" style="list-style-type: none"> <li data-bbox="241 430 1245 593">• The course is designed to accommodate students with a range of knowledge and experience and key concepts will be covered in core study days/ master classes and in learning packages allowing for a shared understanding and core competencies (determined by the Royal College of Surgeons, England) to be achieved. <li data-bbox="241 596 1245 699">• Students will be made aware of the University's Statement of Policy and of Code of Practice on equality of opportunity and will be given copies in the course literature. <li data-bbox="241 702 1245 769">• Students will be allocated a personal advisor with whom they can discuss issues affecting their engagement with the course. | |
| PS5.2 | <p data-bbox="241 810 1245 845">What steps have been taken to ensure an inclusive curriculum?</p> | |
| PS5.3 | <p data-bbox="241 1040 1245 1107">In what ways do learning and teaching and assessment methods ensure inclusivity and equality of opportunity?</p> <p data-bbox="241 1117 1245 1219">All reasonable adjustments will be made to accommodate the needs of students with disabilities. Assignments will be marked and moderated and will be scrutinised by an external examiner in accordance with the Rules the Board of Examiners.</p> | |

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|--------------------|-----------------------------------------------------------------|-----|
| AC4 | MODULE OUTLINES FOR EXISTING CORE AND COMPULSORY MODULES | |
| <i>note</i> AC4 | Number of existing CORE AND COMPULSORY modules | 3 |
| | Module outlines attached? (Appendix 1) | YES |

| | | |
|------------------------------------------------------------|------------------------------------------|---|
| AC6 | NEW MODULES | |
| <i>note</i> AC6 | How many new modules are being proposed? | 5 |
| Please complete a table AC6.x for each proposed new module | | |

| | | | |
|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--|
| AC6.1 | NEW MODULE | | |
| Module Title | Colorectal Emergencies | | |
| Level | M | | |
| Credit Value | 20 | | |
| Teaching period, eg Semester 1, Year-long | Semester 1 | | |
| Likely Module Organiser | TBC | | |
| Module Type (eg EX/CW/WW/PR etc) | | | |
| Does the Module include an Exam? Yes/No | Yes | How long will the exam be? (ie 1, 2 3 hours) | |
| Module Marking Scheme (Please tick as appropriate) | Pass/Fail? | Percentage marking? | |
| Proposed Module Code | | | |
| Module Delivery (eg distance-learning campus based, work placement) | Distance Learning. | | |
| Brief Description | To understand the physiological derangement in colorectal emergencies Demonstrate understanding of managing patients with large bowel obstruction, massive lower GI bleeding, colorectal trauma, colonic perforation, ano rectal emergencies, anastomotic leak, toxic megacolon and diverticular complications | | |
| Aims | See attached Programme Specification document. | | |

| | |
|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| Key Reading (2-5 key texts or resources for targeted Library expenditure/purchase) | Reading materials will be provided online via the VLE. Impact on library resources is likely to be very small |
|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

*****Please copy and paste the above table for additional (related) courses*****

| | | | |
|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------|
| AC6.1 | NEW MODULE | | |
| Module Title | Neoplasia | | |
| Level | M | | |
| Credit Value | 20 | | |
| Teaching period, eg Semester 1, Year-long | Summer Semester | | |
| Likely Module Organiser | TBC | | |
| Module Type (eg EX/CW/WW/PR etc) | | | |
| Does the Module include an Exam? Yes/No | | How long will the exam be? (ie 1, 2 3 hours) | |
| Module Marking Scheme (Please tick as appropriate) | Pass/Fail? | | Percentage marking? |
| Proposed Module Code | | | |
| Module Delivery (eg distance-learning campus based, work placement) | Distance Learning | | |
| Brief Description | <p>To understand the patho physiology of colorectal neoplastic conditions including polyp and colorectal cancer and iphysiological es</p> <p>Demonstrate understanding of managing patients with colonic polyps, familial polyposis, Colon cancer, Rectal cancer, anal cancer and recurrent colorectal cancer</p> | | |
| Aims | See attached Programme Specification document. | | |
| Key Reading (2-5 key texts or resources for targeted Library expenditure/purchase) | Reading materials will be provided online via the VLE. Impact on library resources is likely to be very small | | |

| | | | |
|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------|
| AC6.1 | NEW MODULE | | |
| Module Title | Inflammatory Bowel Disease | | |
| Level | M | | |
| Credit Value | 20 | | |
| Teaching period, eg Semester 1, Year-long | Autumn Semester | | |
| Likely Module Organiser | TBC | | |
| Module Type (eg EX/CW/WW/PR etc) | | | |
| Does the Module include an Exam? Yes/No | | How long will the exam be? (ie 1, 2 3 hours) | |
| Module Marking Scheme (Please tick as appropriate) | Pass/Fail? | | Percentage marking? |
| Proposed Module Code | | | |
| Module Delivery (eg distance-learning campus based, work placement) | Distance learning | | |
| Brief Description | The module covers all aspects of treatment for inflammatory bowel disease. | | |
| Aims | See attached Programme Specification document. | | |
| Key Reading (2-5 key texts or resources for targeted Library expenditure/purchase) | Reading materials will be provided online via the VLE. Impact on library resources is likely to be very small | | |

| | | | |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------|
| AC6.1 | NEW MODULE | | |
| Module Title | Proctology | | |
| Level | M | | |
| Credit Value | 20 | | |
| Teaching period, eg Semester 1, Year-long | Autumn Semester | | |
| Likely Module Organiser | TBC | | |
| Module Type (eg EX/CW/WW/PR etc) | | | |
| Does the Module include an Exam? Yes/No | | How long will the exam be? (ie 1, 2 3 hours) | |
| Module Marking Scheme (Please tick as appropriate) | Pass/Fail? | | Percentage marking? |
| Proposed Module Code | | | |
| Module Delivery (eg distance-learning campus based, work placement) | Distance learning | | |
| Brief Description | <p>The module will cover all aspects of the anatomy and physiology of the rectum, anal canal and pelvic floor.</p> <p>And how to manage patients with perianal disorders including benign anorectal conditions, fistula in ano, rectal prolapse and sexually transmitted disease</p> | | |
| Aims | See attached Programme Specification document. | | |
| Key Reading (2-5 key texts or resources for targeted Library expenditure/purchase) | Reading materials will be provided online via the VLE. Impact on library resources is likely to be very small | | |

| | | | |
|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------|
| AC6.1 | NEW MODULE | | |
| Module Title | Functional Bowel | | |
| Level | M | | |
| Credit Value | 20 | | |
| Teaching period, eg Semester 1, Year-long | Spring Semester | | |
| Likely Module Organiser | TBC | | |
| Module Type (eg EX/CW/WW/PR etc) | | | |
| Does the Module include an Exam? Yes/No | | How long will the exam be? (ie 1, 2 3 hours) | |
| Module Marking Scheme (Please tick as appropriate) | Pass/Fail? | | Percentage marking? |
| Proposed Module Code | | | |
| Module Delivery (eg distance-learning campus based, work placement) | Distance learning | | |
| Brief Description | The module provides an understanding of the management of patients with faecal incontinence, constipation, solitary rectal ulcer and internal intussusceptions. | | |
| Aims | See attached Programme Specification document. | | |
| Key Reading (2-5 key texts or resources for targeted Library expenditure/purchase) | Reading materials will be provided online via the VLE. Impact on library resources is likely to be very small. | | |

| | |
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| AC 7 <i>note</i> AC7 | DEFINED CHOICE |
| How do you envisage 'Defined Choice' working for the programme in question? Please specify for each year of the programme. | |
| | |

| | | | |
|----------------------------------|-----------------------------------------------------|------------|--|
| AC8 <i>note</i> AC8 | JOINT COURSES | | |
| | Is the proposed course is a joint course? | YES | |
| | | NO | |
| | If YES, how will the student experience be managed? | | |
| | | | |

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| AC9 | COMMENTS/FEEDBACK FROM EXTERNAL PROFESSIONALS |
| <i>note</i> AC9 | Please provide a summary of external professional feedback received. Append full reports as Appendix 2 |
| | |

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|-------------|--------------------------------------------------------------|
| AC10 | COMMENTS ON ACADEMIC CASE AND PROGRAMME SPECIFICATION |
|-------------|--------------------------------------------------------------|

| | | |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <i>note</i> AC10 | Please circulate Parts 1, 3 & 4 to the following for their additional comments (if any). Comments to be returned to proposer within 10 working days. | |
| Date of circulation: | | |
| AC10.1 | Head of Learning & Teaching Service (LTS) | |
| | | |
| AC10.2 | Equality & Diversity Manager | |
| | | |

| | | |
|---------------------|----------------------------------------------------------------|--|
| AC11 | PROPOSER'S RESPONSE TO COMMENTS IN AC9 & AC10 ABOVE | |
| <i>note</i> AC11 | | |

| | | |
|---------------------|--------------------------------------------------|----------------------------------|
| AC12 | APPROVAL OF THE ACADEMIC CASE | |
| <i>note</i> AC12 | APPROVALS | PRINT NAME, SIGN AND DATE |
| AC12.1 | Head of School | |
| | Approved: | |
| | Approved with amendments: | |
| | Rejected: | |
| AC12.2 | Faculty Associate Dean (for Faculty LTQC) | |
| | Approved: | |
| | Approved with amendments: | |
| | Rejected: | |

| | | |
|---------------|-------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Year 3 | <p>Core, Compulsory and Optional Units</p> <p>Dissertation 60 credits (core)</p> | <p>List pre- and/or co-requisites and any professional body requirements</p> <p>Completion of core modules from years 1 and 2</p> <p>Progression Requirements or Award</p> |
|---------------|-------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|



| | | |
|-----------------------------|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| Year 4 (if relevant) | <p>Core, Compulsory and Optional Units</p> | <p>List pre- and/or co-requisites and any professional body requirements</p> <p>Progression Requirements or Award</p> |
|-----------------------------|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|

Note: Sections E, F, G and H are for internal approval purposes and should NOT be placed on the intranet

SECTION E: EQUAL OPPORTUNITIES (including students with disabilities and students from ethnic minority groups)

Please indicate

- a) How the admissions policy will aim to preserve and promote equality of opportunity for all applicants.

The Medical School operates an admissions policy that adheres strictly to the UEA's equal opportunities policy on admissions and access to the University's courses. Accordingly, MS selection process aims to ensure that no applicant receives less favourable consideration on the grounds of gender, age, marital status, race, colour, disability, sexual orientation, nationality, ethnic origin, political or religious belief. We welcome applications from people with disabilities and work within relevant legislation and the guidelines offered by the General Medical Council, the Health Professions Council, the UEA Admissions Policy for students with a disability, UEA/partner NHS Trust Occupational Health and Human Resources Departments, and the UEA Dean of Students office. We aim to achieve this by providing clear, accurate and transparent information regarding all of our admissions policies and processes. All recruitment, selection and marketing policies and procedures are agreed, conducted and reviewed in collaboration with service users and our partner Service Providers via the School Recruitment, Selection and Marketing Committee. The School's Director of Admissions, together with the School's Admissions Officer is responsible for ensuring that equality of opportunity is assured for all applicants and is accountable to the Head of the Medical School. The Recruitment, Selection and Marketing Group support the Admissions Officer in this work. The school's performance in relation to equal opportunities legislation and University policy is monitored continuously by the University's marketing and Communications Office and reported to the School via the School Executive Committee. Equal opportunities policies are monitored and reviewed annually via the School's Director of Admissions and the School's Disability Liaison Officer's annual Report to the School Board.

- b) How the course will aim to preserve and promote equality of opportunity for all students.

The course will aim to preserve and promote equality of opportunity for all students through its teaching, learning and assessment methods. It is also the case that the concepts of equality and diversity are embedded in the course content and explicit within the module Managing Yourself and Leading Others as well as within portfolio-based assessment activities. Where a student needs support or reasonable adjustments due to a disability the School has a system, linking with appropriate central University services and service provider partners, for ensuring this is achieved promptly and effectively. The Strategic Health Authority monitors a range of metrics including criteria related to equality and diversity in accordance with current legislation. This is reviewed quarterly and formally. Wherever possible within the learning and teaching strategy students are encouraged to work with as wide a range of their peers as possible to develop understanding of co-operation within a diverse population. A range of group work and assessment styles is employed within the teaching framework to ensure all students have the

opportunity to succeed. The academic culture in the School encourages the on-going development and review of programmes to establish curricula that are inclusive of knowledge contributing to the subject area from an international perspective.

- c)** How teaching and learning and assessment methods will aim to preserve and promote equality of opportunity.

The School aims to create an atmosphere of learning that welcomes differences and encourages all staff and students to value diversity. We seek to ensure fair treatment for all students in accessing learning opportunities, teaching, assessment, support and welfare. This is achieved by using a wide variety of teaching, learning and assessment methods to meet the needs of a diverse student population. In addition all staff work in close association with the Dean of Students office and Occupational Health to provide individualised learning plans and support where needed. The use of a faith calendar is also used in planning the assessment strategy to ensure that these meet the diversity of students from a diverse range of cultural backgrounds can be accommodated as far as is operationally reasonable. There is careful monitoring of the student experience to ensure that any reported discrimination is followed up and staff regularly receive briefings and training on equality matters (e.g. within the NHS).

[For any resource implications, please see Section G4c).]

**SECTION F: STRATEGY, MARKET DEMAND, ADMISSIONS AND COURSE MANAGEMENT
DETAILS (for all new course proposals)**

| |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>F1 Academic Strategy</p> |
| <p>a) How does the course fit in with:</p> <ul style="list-style-type: none"> • your School's academic plan? <p>This course fits with the strategy of the Norwich Medical School to develop e-learning specialist Mastership programmes in various specialities. The development of this MS is closely linked with the recently developed and successfully executed MS in Oncoplastic Breast and Reconstructive Surgery programme which is more up to date and flexible in order to meet the specific educational needs and competencies in the field of Coloproctology. A number of e-learning Masterships are planned to fulfil the vision to make the UEA a centre of excellence for Post Graduate Medical Education.</p> <p>The programme will be accessible to a National European and International audience once we have successfully completed the first course. The way the course has been designed and costed and fits with the proposed more business-orientated focus for the planned 'Educational Design Unit'. The programme fits with the faculty's aspiration to offer innovative and flexible programmes of learning and to embed blended learning and e-learning</p> <ul style="list-style-type: none"> • UEA's corporate plan? <i>(Please refer to the UEA intranet http://www.uea.ac.uk/ueanetwk/vco/welcome.html)</i> <p>The course is 'enterprising' and 'engaging' in its approach from design/development, through to implementation/delivery and then embedding the learning in the workplace. It will enhance practitioner career development and enrich the patient experience and patient safety.</p> |
| <p>b) Does the course contain any overlap of material with existing courses at UEA? If so, please give details, naming the School of Studies concerned, identifying the course code and title, and summarising the outcome of prior consultations with that School(s) and the appropriate Faculty on the overlap issue.</p> <p>Yes, the modules on Clinical Education, Research and Management are overlapping with other Mastership Programmes</p> |
| <p>c) Are there any related dormant course(s) that the School proposes permanently to discontinue? (Please give award, title of course, UEA course code and effective date of discontinuation and indicate Faculty support.)</p> <p>No</p> |
| <p>d) Are there any related course(s) that the School wishes to make dormant? (Please give award, title of course, UEA course code and effective date of dormancy and indicate Faculty support.)</p> <p>No</p> |

- e) Are there existing students on any courses affected by actions in d) above? If so, please state how the School will manage the 'exit' strategy?

No

F2 Market Demand

- a) Are identical or similar courses offered elsewhere in the UK? If so, please give details of the number, title(s), institution(s) etc and indicate why you think your course has a comparative advantage over its competitors:

No, nothing identical within the NHS or the UK

- b) i) What is the evidence of current and future demand for the course from employers (industry, commerce, government agencies, the professions etc.), broadly defined national needs, students, developments in the subject area?

A recent nationwide survey of the more than 100 surgical trainees was carried out via Association of Surgeons in Training (ASIT) and Dukes Club. This indicated that more than 60% of the trainees thought MS was beneficial for future career in coloproctology

- ii) What are the career opportunities for students successfully completing the course?

Promotion within NHS/health service provider organisations (e.g. to Consultant Posts within the NHS); access to senior leadership posts. CPD and service development for coloproctology practitioners.

- c) (For UG proposals only):

- d) Is there evidence that current and projected demand for such a course cannot be met from existing provision (a) nationally and (b) regionally? If so, please give details:

Yes, nothing similar currently exists. Viability of this course requires 12 Students and the projected numbers are 20 students

- e) What external bodies (e.g. professional associations and relevant employers or employers' groups) have been consulted about the course and what views have they expressed?

Strong support from The Royal College of Surgeons of England and Association of Cancer surgeons at the British association of surgical oncology (BASO)

f) How will the School/Faculty ensure that the views and/or requirements of professional bodies and of employers are taken into account during the lifetime of the course?

By inclusion of important national leaders in Coloproctology in the curriculum design and development team and making amendments in line with changes made to the national ISCP Curriculum in coloproctology.

g) Does the course require/imply any external accreditation? If so, by whom and when might this occur?

N/A

F3 Admissions

a) Admissions Criteria (please specify)

GMC accredited Post, ST5 and Staff Grade Specialists with 2 yrs experience in Coloproctology

b) Proposed student intake target

FT Home/EU...10.....FT INTL.....PT(heads)...20
.....DL(heads).....

c) Minimum viable intake (FTEs).....10 heads per cohort.....

d) Maximum viable intake (FTEs).....20 heads per cohort.....

e) (For UG proposals only): Are any particular Access programmes relevant to this course (and if so which)?
FRCS (Gen Surg)

f) Student Targets

i) Are the intake targets given in Section E3 additional to the currently approved student targets of the sponsoring School(s) of Studies or will the course involve a redistribution of current targets between courses? Please give details:

No redistribution of current targets

ii) If the intake targets are additional, have the additional numbers been authorised by the Planning Office (Deputy Academic Registrar)?

| | |
|-----|--|
| YES | |
| NO | |

F4 Course Management Details

1. Faculty MED

| | | | | | | |
|-----|-------------------------------------------------------|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|---|------|--------------|
| 2. | i) | Teaching Institution (UEA or elsewhere) | UEA Norwich and UEA London also, NHS Trust premises country wide | | | |
| | ii) | Placement(s)/Work-based Practice required | YES | X | | |
| | | | NO | | | |
| | iii) | Please indicate type (e.g. year in industry) | All students will be employed as registered practitioners or equivalent and will undertake learning activities within their current workplace. | | | |
| 3. | i) | Exit Awards below final award | YES | X | | |
| | | | NO | | | |
| | ii) | If YES, please specify (e.g. Diploma of Higher Education, Certificate of Higher Education) | Postgraduate Certificate in RA | | | |
| 4. | Length of Programme | | 3 years | | | |
| 5. | Mode(s) of Attendance (Please tick as appropriate) | | Full-time | | | |
| | | | Part-time | X | | |
| | | | Distance Learning | X | | |
| 6. | Course Director(s) Jerome Pereira | | Course Code | | | |
| | | | Course Code | | | |
| | | | Course Code | | | |
| | | | Course Code | | | |
| | | | Course Code | | | |
| | | | Course Code | | | |
| | | | Course Code | | | |
| 7. | Relevant Subject Benchmarking Statements | | N/A | | | |
| 8. | Start date (for new course proposals) | | Course Code | | Date | January 2013 |
| | | | Course Code | | Date | |
| | | | Course Code | | Date | |
| | | | Course Code | | Date | |
| | | | Course Code | | Date | |
| | | | Course Code | | Date | |
| | | | Course Code | | Date | |
| 9. | i) | | Accreditation/Professional Body (where applicable) | | | |
| | ii) | | Date of original accreditation/recognition by Profession Body (if relevant) | | | |
| | iii) | | Most Recent Accreditation Date (if relevant) | | | |
| 10. | Board of Examiners | | | | | |
| | i) | | Is a new Board of Examiners to be responsible for the programme(s)/course (please tick) | | YES | X |
| | | | | | NO | |
| | ii) | | If NO, please specify which Board of | | | |

| | | | |
|-----------------------------------------------------------|--------------------------------------------------------|-------------------|---|
| Examiners will be responsible for the programme(s)/course | | | |
| iii) | Is (are) any additional external examiner(s) required? | YES | X |
| | | NO | |
| | | If YES, how many? | 1 |
| 11. (For existing programmes) | | | |
| i) | Date of most recent University periodic review | N/A | |
| ii) | Date of next University periodic review | N/A | |

SECTION G: RESOURCES

Preamble

The introduction of new courses/programmes involves the commitment of additional resources and/or the redistribution of existing resources. The full resource implications of a new course are sometimes not immediately obvious: some costs (e.g. the additional demands on teaching accommodation) are "hidden" and are not always recognised by course proposers. This section of the approval form is therefore designed to address the full range of resource issues associated with a new course.

G1 Tuition Fees

Please specify whether the income to be generated by the course is to be from:

- a) tuition fees at the standard home/EU rate plus any HEFCE recurrent grant for teaching that the student numbers may generate
- b) some other source (e.g. full cost fees, teaching contract)

£6800 per student (2 years part time; 6 modules) - plus dissertation at normal cost (i.e. for a 180 credits) (2012/3)

The course has been costed by Helen Latham taking account of the following:

Modules 1, 2 and 3 in year 1:

Development of online resources

E - tutorials: approximately 6 hours per module

Marking/assessment 1 hour per student per module

Follow-up of Practical Assessments 2 hours per module
(Log-books, PBA)

Year 2:

E - tutorials: approximately 6 hours per module

Follow-up of Practical Assessments 2 hours per module
(Log-books, PBA)

c) Has the Fees Officer in the Planning Office of the Academic Division (ext 2205) been consulted?

YES

NO

X

G2 Units of Teaching

- a) Does the course require the provision of additional units of teaching not currently available (if so, please complete the section below)?

**For new programmes involving new units:
Please complete as far as possible the section below for each new module**

- b) Please specify which/whether any existing Modules are to be withdrawn from the Course.

None

| | |
|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Module Code | |
| Module Title | Module 1. Colorectal Emergencies |
| Credit | 20 |
| Term (Autumn) | Autumn |
| Pre-requisite(s) | This is the 1st module of the programme, which commences in September of each year. |
| Co-requisites(s) | |
| Convenor | Mr Kamal Aryal |
| Date of Approval | |
| Brief description (aims, objectives, content, teaching and learning method(s), learning outcomes) | <p>Aim:</p> <p>The aim of this module is to demonstrate understanding of applied basic sciences including patho- physiological derangements in patients presenting with colorectal emergencies. They should demonstrate competency in managing patients with large bowel obstruction, massive lower GI bleeding, colorectal trauma, colonic perforation, ano-rectal emergencies, anastomotic leak, toxic megacolon and complications of diverticular disease.</p> <p>Learning outcomes:</p> <p>Large bowel obstruction:</p> <ol style="list-style-type: none"> 1. Demonstrate management of fluid and electrolyte abnormalities resulting from intestinal obstruction. 2. Demonstrate knowledge of causes, presentation, investigation and management of pseudo obstruction. 3. Discuss causes of mechanical large bowel obstruction. 4. Explain pre operative preparation of patient with large bowel obstruction. 5. Justify appropriate investigation for large bowel obstruction 6. Discuss appropriate selection for colonic stents. 7. Demonstrate knowledge of principles of operative management options for large bowel obstruction. <p>Colonic perforation:</p> <ol style="list-style-type: none"> 1. Demonstrate understanding of resuscitation and initial management of a patient with acute abdomen. 2. Demonstrate in depth the understanding of various causes of peritonitis and pathophysiology of intra abdominal sepsis. 3. Evaluate the role of conservative, laparoscopic and open surgical options in patients with perforated diverticular disease. 4. Evaluate the role of surgical options (resection with or without |

anastomosis) pertaining to the degree of contamination following colonic perforation.

5. Anticipate and manage various post op complications including sepsis, multi-organ failure and stoma related complications.

Toxic megacolon:

1. Demonstrate understanding of resuscitation and initial management of acute colitis including medical therapies.
2. Critically evaluate the physiology, nutrition and electrolyte imbalance in IBD patients.
3. Discuss the rationale for daily monitoring and joint management.
4. Evaluate indications and implications of surgical treatment.
5. Demonstrate your understanding of principles behind various surgical options in acute severe colitis.
6. Demonstrate understanding of psychosocial factors affecting IBD patients and impact of stomas.
7. Demonstrate your understanding the role of importance of IBD MDT.

Anastomotic leak:

1. Demonstrate understanding of physiological derangements in patients with anastomotic leak and sepsis.
2. Discuss resuscitation of patient with anastomotic leak and enterocutaneous fistula.
3. Organise suitable investigation in patients with anastomotic leak.
4. Perform suitable surgical intervention in patients with anastomotic leak.
5. Critically evaluate physiology of small bowel and colonic function pertaining to the absorption of fluid, electrolyte and nutrients.
6. Explain etiopathology of intestinal failure in different types of short bowel syndrome (functional or anatomical).
7. Demonstrate full understanding of resuscitation in enterocutaneous fistula patients associated with sepsis.
8. Organise early management according to the acronym SNAPP.
9. Demonstrate understanding of indications for early surgery.
10. Critically evaluate timing and steps of reconstructive surgery in patients with enterocutaneous fistula.
11. Evaluate the reasons for non-healing of the enterocutaneous fistula. Understand the role of multidisciplinary team and organise home TPN.

Lower GI bleeding:

The trainee will be able to do the following:-

1. Assess haemodynamic stability and institute appropriate resuscitation.
2. Describe and relate the possible aetiologies of massive lower GI bleeding.
3. Outline an algorithm for the evaluation of lower GI bleeding including:
 - Exclusion of Coagulopathy.
 - Upper Gastrointestinal Endoscopy.
 - Colonoscopy.
 - Selective Mesenteric Angiography.
 - CT angiography.
 - On Table Colonoscopy with Antegrade Lavage.
4. Compare and contrast the utility, specificity, and sensitivity of colonoscopy, angiography, and CT angiography in evaluation of lower GI bleeding
5. Describe the angiographic treatment of lower GI bleeding including coagulation, injection therapy and laser ablation.
6. Describe the indications for surgery, appropriate surgical procedures, and their possible complications based upon cause, location, patient

age, and medical condition.

7. Evaluate and management of post-operative/post colonoscopy lower GI bleeding.
8. Describe the intraoperative evaluation and management of persistent massive lower GI bleeding without an identified site.
9. Evaluation of recurrent lower GI bleeding, including use of enteroscopy, video capsule, radionuclide scanning (Meckel's scan) and intraoperative endoscopy:-
 - Discuss the aetiology of angiodysplasia.
 - Describe the clinical presentation and endoscopic findings of angiodysplasia.
 - Discuss indications for intervention, and the operative and nonoperative management of angiodysplasia.

Colon and anorectal trauma:

The trainee should be able to manage the following conditions:

Colon trauma

- Evaluate use and limitations of diagnostic modalities in abdominal trauma (X ray, CT, fast scan, DPL)
- Apply appropriate evaluation and management in penetrating trauma pertaining to observation (in knife injuries in stable patients), wound exploration, laparotomy.
- Select the most appropriate option from following – primary repair, resection and anastomosis, faecal diversion in the context of the severity of associated injuries and stability of medical condition.
- Relate patterns of colonoscopic and laparoscopic perforation and explain appropriate management.

Rectal trauma

- Describe the clinical evaluation of rectal trauma.
- Discuss various methods for diagnosis of rectal trauma and associated injuries.
- Analyse different aspects of the surgical management of rectal trauma in the context of faecal diversion, rectal washout and primary repair
- Discuss the management of Anal Trauma.
- Classify and clinically evaluate obstetric anal injury.
- Justify treatment of traumatic anal injuries in the context of primary repair, delayed repair or faecal diversion.
- Evaluate and manage patients with rectal foreign bodies.
- Demonstrate understanding of various methods of extraction of foreign bodies and indications for surgery.

Diverticular complications

- Understand the pathophysiology of colonic diverticular disease.
- Describe the incidence and epidemiology of colonic diverticular disease.
- Describe and recognise the clinical patterns (including right sided diverticular disease), presenting symptoms, physical findings, and natural history of colonic diverticular disease.
- Apply understanding of medical and dietary methods in the management of colonic diverticular disease.
- Critical evaluation of possible complications of diverticular disease
- Discuss the classification of perforated diverticular disease and its impact on surgical management.
- Organise suitable investigations in patients with diverticular disease and complications.
- Perform appropriate surgical procedures for dealing with

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| | <p>complications -fistula, stricture and recurrent episodes of acute diverticulitis.</p> <ul style="list-style-type: none"> • Select appropriate surgical strategy for diverticular disease pertaining to the extent of resection, use of ureteral stents and indications for diversion. • Select patients and techniques appropriately for reversal of Hartmann's procedure • Defend case selection for elective surgery in diverticular disease <p>Anorectal emergencies</p> <p>The trainee will be able to do the following:</p> <ul style="list-style-type: none"> • Explain the anatomy of anorectal spaces. • Discuss the anatomical basis of classification of anorectal abscesses and fistula. • Plan appropriate management in patients with anorectal abscess • Describe cryptoglandular hypothesis for origin of anorectal abscess • Select appropriate management of other types of abscesses – necrotising fasciitis, haematological conditions, IBD, hidradenitis suppurativa. • Demonstrate understanding of pathophysiology, signs, symptoms, treatment and sequelae of pilonidal abscess. • Enumerate and justify appropriate management strategy for thrombosed haemorrhoids <p>Learning methods:</p> <p>The main learning method will be on-line case discussions with a peer group of 5 -10 students based on 7 selected case scenarios which are chosen to trigger weekly learning outcomes that relate to the overall outcomes for the module. In addition, each week students will be presented with a Dilemma of the Week which is designed to develop their skills in critical thinking and decision making. This will incorporate the scriptconcordance approach as a self-assessment of their analytical skills. The case discussions are supported by an e-learning tutor who is supplied with a guide indicating the important learning points that the student should achieve. A reference list and on-line learning resources are available for each weekly case.</p> |
| <p>Method(s) of assessment</p> | <p>Formative assessment EMQ and Single Best Answer MCQ at end of each case (fortnightly).</p> <p>Summative assessment The student will sit an EMQ and MCQ paper. There will also be an OSCE which will examine clinical aspects of the learning outcomes. Coursework- For the Theory:</p> |

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| Module Code | |
| Module Title | Module 2. Neoplasia |
| Credit | 20 |
| Term (Winter) | Winter Term (semester 2) |
| Pre-requisite(s) | None |
| Co-requisites(s) | |
| Convenor | Mr Andrew Miles |
| Date of Approval | |
| Brief description 1. (<i>aims, objectives, content, teaching and learning method(s), learning outcomes</i>) | <p>Aims:</p> <p>Trainees will be competent in the appropriate diagnosis, evaluation and management of neoplastic diseases of the small bowel, colon and rectum. (anal cancer included in proctology module).</p> <p>Learning outcomes:</p> <p>Trainees will be able to do the following.</p> <p>Polyps:</p> <ol style="list-style-type: none"> 1. Discuss epidemiology of colorectal cancer and polyps including incidence and prevalence, influence of socioeconomic, racial and geographic factors. 2. Describe aetiological factors in the development of colorectal neoplasia. 3. Critically evaluate literature for evidence of adenoma to carcinoma sequence 4. Categorise adenomas into low risk, intermediate and high risk and its rationale in surveillance colonoscopy. 5. Discuss significance of metaplastic polyps. 6. Describe bowel preparation for colonoscopy and analgesia/sedation 7. Demonstrate competency in performing colonoscopy and snare polypectomy, hot biopsy 8. Describe endoscopic mucosal resection (EMR), Endoscopic submucosal dissection and combined technique with laparoscopy in the management of colonic polyps. 9. Describe the management of malignant change within an adenomatous polyp. <p>Familial cancer, Hereditary non polyposis colorectal cancer (NPCC) and familial adenomatous polyposis coli (FAP):</p> <ol style="list-style-type: none"> 1. Describe genetic pathways for colorectal carcinogenesis. 2. Identify people at risk based on family history, personal past history (CRC, Polyps, Other Cancers). 3. Discuss Amsterdam criteria and Modifications, extra-colonic cancer risk, genetic basis, genetic testing/counselling and surveillance options/limitations in HNPCC. 4. Describe genetic basis, clinical definition, extra-colonic lesions, cancer risk, genotype/phenotype correlation, genetic testing and variants (Gardner, Turcot, Attenuated) in FAP. 5. Discuss evolution of surgical management, surgical technique, management of desmoid disease and post surgery surveillance in FAP 6. Define Haemartomas and describe management of juvenile polyposis and Peutz-Jeghers syndrome <p>Colon cancer:</p> |

1. Evaluate current colorectal screening strategies for the general population.
2. Describe the clinical signs and symptoms of patients presenting with colorectal cancer.
3. Describe the distribution of CRC within the colon.
4. Discuss staging, prognostic factors, spread of disease in colorectal cancer.
5. Critically evaluate current evidence behind uptake of laparoscopic colorectal surgery in colorectal cancer.
6. Describe the role of Enhanced Recovery in Surgery (ERAS) programmes in the post op recovery of patients undergoing colorectal surgery.
7. Describe the indications and contraindications, operative technique, pre- and postoperative care, outcomes and the complications of colon cancer.
8. Describe the following operations in the management of Colon cancer:
 - Segmental resection
 - En-bloc resections of adjacent organs
 - Extended resections to include total abdominal colectomy
 - Stomas/mucous fistula/Hartmann's procedure

Rectal Cancer:

1. Describe anatomy of pelvic organs and mesorectal plane.
2. Evaluate the evidence in the role of MRI and transrectal ultrasound in the local staging of rectal cancer.
3. Discuss the evolution of sphincter sparing surgery.
4. Describe the indications and contraindications, operative technique, pre- and postoperative care, complications and outcomes of rectal cancer and the following operations in its management:-

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Local treatment

- Transanal endoscopic microsurgery (TEM)
- Transanal resection of tumour (TART)
- Fulguration
- Laser
- Endocavitary irradiation

Sphincter-sparing resections

- High Anterior resection (above the peritoneal reflection)
- Low Anterior resection (below the peritoneal reflection)
- Total mesorectal excision
- Coloanal anastomosis with or without colonic J pouch

Abdomino-perineal resection

Pelvic exenteration

Adjuvant treatment

Discuss role of pre operative radiotherapy and postoperative radiotherapy in rectal cancer

Discuss the rationale and indications for the use of adjuvant chemotherapy and radiotherapy.

Describe role of radiotherapy, chemotherapy, resection and ablation in recurrent colorectal cancer

Recurrent disease, metastatic disease

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| | <p>Identify patterns of recurrence in colorectal cancer Discuss the role of serum CEA, imaging (CT/PET CT) and colonoscopy in identifying recurrent disease Critically evaluate management of colorectal liver secondaries Discuss palliative treatment for carcinomatosis and metastatic disease including pain management</p> <p>Miscellaneous conditions, Stoma complications, counselling, medico-legal issues</p> <p>Discuss various immediate and late complications of stoma formation. Demonstrate the surgical technique and marking for the perfect stoma. Discuss management options for the persistent high output stoma. Discuss treatment options for a large parastomal hernia Critically appraise the role of prophylactic mesh for stoma to prevent para-stomal hernia. Demonstrate understanding of social, psychological issues with regards to stoma in a patient Discuss the clinical presentation, and outline the appropriate management of carcinoid tumour, lymphoma, GIST and tumours metastasizing to the colon. Discuss management of patients with presacral tumours Discuss medico-legal issues, counselling and consenting a patient for a permanent stoma.</p> <p>Learning methods:</p> <p>The main learning method will be on-line case discussions with a peer group of 5 -10 students based on 7 selected case scenarios which are chosen to trigger weekly learning outcomes that relate to the overall outcomes for the module. In addition, each week the students will be presented with a „Dilemma of the Week, which is designed to develop their skills in critical thinking and decision making. This will incorporate the „script concordance approach as a self-assessment of their analytical skills. The case discussions are supported by an e-learning tutor who is supplied with a guide indicating the important learning points that the student should achieve. A reference list and on-line learning resources are available for each weekly case.</p> |
| <p>Method(s) of assessment</p> | <p>For the Theory:</p> <p>Short Answer Questions MCQ's EMQ's Script Concordance Questions on module content</p> |

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| Module Code | |
| Module Title | Module 3. Inflammatory Bowel Disease |
| Credit | 20 |
| Term (Spring/Summer) | Summer |
| Pre-requisite(s) | |
| Co-requisites(s) | |
| Convenor | Dr ANUPS de SILVA |
| Date of Approval | |
| Brief description (<i>aims, objectives, content, teaching method(s), learning outcomes</i>) | <p>Aims:</p> <p>The trainee should be able to manage patients with inflammatory bowel disease</p> <p>Learning methods:</p> <p>The main learning method will be on-line case discussions with a peer group of 5 -10 students based on 7 selected case scenarios which are chosen to trigger weekly learning outcomes that relate to the overall outcomes for the module. In addition, each week the students will be presented with a Dilemma of the Week, which is designed to develop their skills in critical thinking and decision making. This will incorporate the scriptconcordance approach as a self-assessment of their analytical skills. The case discussions are supported by an e-learning tutor who is supplied with a guide indicating the important learning points that the student should achieve. A reference list and on-line learning resources are available for each weekly case.</p> <p>Core Modules:-</p> <p>IBD & Ulcerative Colitis – Learning Objectives.</p> <ol style="list-style-type: none"> 1. Describe the risks of recurrence of Crohn’s disease after surgery, and how to reduce it. 2. Describe the effects of smoking on the natural history of Crohn’s disease. 3. List the possible explanation of this presentation. 4. Indicate the other tests you would organise in A&E. 5. Understand the risks of CT can in patients with Crohn’s 6. Describe your immediate management of this patient. 7. Describe the investigation and management of enterocutaneous fistula in Crohn’s disease. <p>Acute Severe UC</p> <ol style="list-style-type: none"> 1. Formulate a management plan during the first 24-hours following admission and justify the reasons for intervention. 2. Explain the role for thrombophylaxis in acute severe IBD. 3. Explain how your management plan the patient would differ given the possibility of infective diarrhoea. 4. Synthesise a “medical” management plan for the patient who does not respond to first-line therapy with iv corticosteroids. 5. Explain when you would consider and justify your actions. <p>Crohn’s and Enterocutaneous Fistual</p> <ol style="list-style-type: none"> 1. Discuss the role of the IBD MDT. 2. What are the possible causes of diarrhoea. 3. Discuss the social implications of this patient’s illness. 4. What further investigations would help guide management. 5. Describe the medical management options. |

6. Describe the potential benefits and risks of steroid therapy.
7. Discuss the surgical options.

Crohn's and Perianal Disease

1. Discuss the differential diagnosis in order of likelihood and how the information above helps you reach your decision.
2. How can the pathologist assist you in reaching your differential diagnosis.
3. Discuss what further investigations might be helpful in finalising your diagnosis.
4. Define and explain your reasons for your definition of indeterminate colitis.
5. Formulate a management programme.
6. What would you recommend if after a year the patient is no better.
7. Describe the risks of pouch surgery in this setting, and how you would minimise them.
8. What issues should be discussed with the patient if they are thinking about having an ileostomy.
9. The patient has looked up IBD on the Crohn's and colitis. UK website and want to know more about the cause and in particular the risks to their children of having similar troubles. Explain the areas of risk and communication strategy involved.

Chronic Inflammatory Mass

1. Describe the applied anatomy of the small intestine.
2. Discuss the pathophysiology of Crohn's Disease and its complications.
3. Identify medicolegal issues related to the management of Crohn's Disease, the role of communication and consent for surgery.
4. Discuss the nutritional challenges associated with management of long term Crohn's Disease; including electrolyte imbalance and vitamin deficiency.
5. Discuss the appropriate investigations for inflammatory bowel disease and the role of endoscopy and biopsies, in planning surveillance and management.
6. Demonstrate and understanding of the types of surgery for Crohn's Disease and its complications, including use of stomas.
7. Discuss the range and role of medical therapies for Crohn's Disease.
8. Discuss the psychosocial effects for inflammatory bowel disorders and impact on quality of life.
9. Discuss the pathophysiology of intestinal obstruction and its management.
10. Demonstrate the understanding and knowledge of IBD Guidelines.
11. Discuss the management of short-gut syndrome

Dysplasia and Cancer

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1. Discuss the histopathology including microbiology of inflammatory bowel disorders i.e. Crohn's, ulcerative colitis and indeterminate colitis.
2. Demonstrate your understanding of the provisional diagnosis including different types of infective colitis.
3. Discuss the appropriateness of surveillance and the role of endoscopy biopsies in the long-term management of Crohn's Disease.
4. Demonstrate the understanding the aetiology of pathology of

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| | <p>dysplasia and malignant change in Crohn's Disease.</p> <ol style="list-style-type: none"> 5. Discuss the importance of communication, the role of IBD Nurse and risk gratification in Crohn's Disease. 6. Discuss the role of surgery in dysplasia and carcinoma, patients with Crohn's Disease; including planning and management of stoma. 7. Demonstrate knowledge of the applied anatomy of the colon. 8. Demonstrate knowledge of colorectal national guidelines. <p>Patient & Ileal-pouch Surgery</p> <p>Learning Objectives:-</p> <ol style="list-style-type: none"> 1. Discuss the psychologic pattern, quality of life issues related to chronic inflammatory bowel disease, including living with a stoma. 2. Demonstrate detailed knowledge of the applied anatomy, pelvic floor muscles, anal canal and rectum. 3. Discuss the principals and indication for pouch surgery. 4. Discuss the role for communication, informed consent, complications, quality of life, short and long-term outcomes after surgery. 5. Discuss the management and complications of pouch surgery particularly pouchitis. 6. Demonstrate an understanding of the range of operations deployed for the management of inflammatory bowel disease. 7. Discuss the implications of disease process, pelvic surgery on fertility. 8. Discuss the impact of each operation on fertility. 9. Discuss the referral to fertility specialist is desired. 10. Discuss the different options to maintain fertility. <p>The information given under the section learning objectives, would form suitable material for developing clinical reasoning scenarios and script concordance tests. Learning outcomes for the rest of the material will follow shortly.</p> |
| <p>Method(s) of assessment</p> | <p>Coursework- For the Theory:</p> <p>Short Answer Questions MCQ's EMQ's Script Concordance Questions on module content</p> |

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| Module Code | |
| Module Title | Module 4 Proctology |
| Credit | |
| Term (Spring/Summer) | |
| Pre-requisite(s) | |
| Co-requisites(s) | |
| Convenor | To follow |
| Date of Approval | |
| Brief description (<i>aims, objectives, content, teaching and learning method(s), learning outcomes</i>) | <p>Aims:</p> <p>Understand anatomy and physiology of the rectum, anal canal and pelvic floor Manage patients with perianal disorders including benign anorectal conditions, fistula in ano, rectal prolapse and sexually transmitted disease.</p> <p><u>Proctology - Core Modules Basic Science and Pelvic Anatomy and physiology</u></p> <p>Learning Outcomes:</p> <ol style="list-style-type: none"> 1. Apply detailed knowledge of anatomy and physiology of the pelvic autonomic nerves and to discuss in detail the their role in fecal and urinary and well as sexual function. 2. Apply a detailed knowledge of the Pelvic muscles and discuss the various fistulas and their management. 3. Understand the principles of endoanal and endorectal ultrasound with a view to identifying fistulas, sphincter defects and rectal tumours 4. Explain the course anatomical course of pudendal nerve; clinical significance in incontinence and demonstrate the understanding of blocks 5. Interpret results and evaluate the principles of anorectal manometry, rectal sensation, rectal compliance, and defecation proctography 6. Demonstrate competence in analyzing MRI of the pelvis for fistula. <p>2. <u>Hemorrhoids</u></p> <p>Learning Outcomes</p> <ol style="list-style-type: none"> 1. Discuss aetio-pathogenesis of hemorrhoidal disease. 2. Explain the role of conservative approach for Haemorrhoids. 3. Explain the advantages and disadvantages of surgical management of Haemorrhoidal disease. 4. Understand management of anal Stenosis following Haemorrhoidectomy. 5. Analyze the treatment options for anal stenosis. Discuss various flaps and their outcomes. 6. Understand management of thrombosed haemorrhoids <p>3. <u>Fistula</u></p> <p>Learning Outcomes</p> <ol style="list-style-type: none"> 1. Demonstrate understanding of various fistulae in ano. 2. Analyse and critically discuss the implications, principles and techniques of |

various investigations.

3. Compare outcomes of seton placement to various other techniques for complex fistula in ano.
4. Compare and contrast Advancement flaps/LIFT procedures for fistula in ano
5. Formulate an acceptable ideal management of Crohn's peri-anal fistula.
6. Discuss and develop an algorithm for Rectovaginal fistula.
7. Compare surgical options for both Recto (anastomotic) prostatic fistulae and Recto(anastomotic) vaginal fistulae.

4. Prolapse

Learning Outcomes

1. Formulate and discuss investigations for rectocele.
2. Demonstrate your understanding of the principles of rectocele management and review of literature regarding outcomes following surgery.
3. Elucidate the advantages and disadvantages of various perineal approaches for prolapse repair.
4. Elucidate the advantages and disadvantages of various abdominal approaches for prolapse repair.
5. Establish management algorithm for management of rectal prolapse.

5. STD/Warts/Anal cancer

Learning Outcomes

1. Demonstrate understanding of viral warts
2. Understand the diagnosis, management and treatment of anal condyloma
3. Understand the preventative and early detection strategies for the management of AIN
4. Elaborate principles of High resolution anoscopy, and their role in management of anal dysplasia.
5. Formulate a pre-operative plan and demonstrate treatment options for AIN.
6. Understand the role of HIV in AIN and formulate a management plan for these high risk groups
7. Discuss treatment options for anal cancer

6. Fissure, Pilonidal disease and Hidradenitis suppurativa

Learning Outcomes

1. Develop a treatment algorithm for management for fissure in ano.
2. Surgery for Pilonidal disease - Compare techniques and outcomes with review of literature.
3. Outline the principles of management of Hidradenitis suppurativa!

7. Miscellaneous

1. Understand management of pruritus ani.
2. Understand the management of a Retrorectal lesion. Discuss various surgical approaches.
3. Demonstrate knowledge of various congenital anorectal malformations.
4. Proctalgia fugax/coccydynia

Learning methods:

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| | <p>The main learning method will be on-line case discussions with a peer group of 5 -10 students based on 7 selected case scenarios which are chosen to trigger weekly learning outcomes that relate to the overall outcomes for the module. In addition, each week the students will be presented with a Dilemma of the Week" which is designed to develop their skills in critical thinking and decision making. This will incorporate the scriptconcordance approach as a self-assessment of their analytical skills. The case discussions are supported by an e-learning tutor who is supplied with a guide indicating the important learning points that the student should achieve. A reference list and on-line learning resources are available for each weekly case.</p> |
| <p>Method(s) of assessment</p> | <p>For the Theory:</p> <p>Short Answer Questions MCQ's EMQ's Script Concordance Questions on module content</p> |

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| Module Code | |
| Module Title | Module 5 Functional bowel |
| Credit | |
| Term (Spring/Summer) | |
| Pre-requisite(s) | |
| Co-requisites(s) | |
| Convenor | Mr C Speakman |
| Date of Approval | |
| Brief description (<i>aims, objectives, content, teaching and learning method(s), learning outcomes</i>) | <p>Aims:</p> <p>Understand the management of patients with faecal incontinence, constipation, solitary rectal ulcer and internal intussusception</p> <p>Objectives:</p> <p>Faecal incontinence Learning Objectives</p> <p>Describe epidemiology of incontinence and physiology of continence Discuss the clinical assessment and interpretation of anorectal physiology tests Describe conservative management Discuss treatment options, including neuromodulation</p> <p>Rectocoele Learning objectives</p> <p>Discuss the anatomy, presentation and investigations for rectocoele management Demonstrate your understanding of the principles of rectocoele management Demonstrate your understanding of the literature regarding outcomes following surgery.</p> <p>Rectal prolapse Learning objectives</p> <p>Describe pathophysiology and aetiology of rectal prolapse. Discuss the investigation and treatment of internal intussusception. Explain clinical assessment of rectal prolapse in outpatients. Discuss choice of investigations and their value in planning treatment.</p> <p>Discuss treatment options and compare surgical approaches with reference to management of incontinence and constipation.</p> <p>Discuss the surgical options, potential complications and longterm results.</p> <p>Solitary rectal Ulcer Syndrome</p> |

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| | <p>Learning objectives</p> <p>Describe the aetiology and clinical presentation of SRUS Describe the endoscopic and histological findings Explain appropriate investigations Discuss the conservative and surgical management</p> <p>Constipation</p> <p>Learning objectives</p> <p>Assessment and investigation of patient with constipation. Management of patient with pelvic floor outlet obstruction/ obstructed defecation. Surgical options for slow transit constipation Management of megacolon.</p> <p>Learning methods:</p> <p>The main learning method will be on-line case discussions with a peer group of 5 -10 students based on 7 selected case scenarios which are chosen to trigger weekly learning outcomes that relate to the overall outcomes for the module. In addition, each week the students will be presented with a „Dilemma of the Week“ which is designed to develop their skills in critical thinking and decision making. This will incorporate the „scriptconcordance approach as a self-assessment of their analytical skills. The case discussions are supported by an e-learning tutor who is supplied with a guide indicating the important learning points that the student should achieve. A reference list and on-line learning resources are available for each weekly case.</p> |
| <p>Method(s) of assessment</p> | <p>Short Answer Questions MCQ's EMQ's Script Concordance Questions on module content</p> |

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| Module code | |
| Module title | Module 6. Research |
| Credit | 20 |
| Term (Summer/Autumn) | Summer |
| Pre-requisite(s) | After Completion of 1st Year's 3 modules |
| Co-requisites(s) | |
| Convenor | |
| Date of Approval | |
| Brief description (<i>aims, objectives, content, teaching and learning method(s), learning outcomes</i>) | <p>The module examines service improvement and innovation and provides the scope and skills for the student to undertake an evidence-based service improvement project</p> <p>By the end of the module the practitioner will demonstrate:</p> <p><i>Topic – Clinical Audit</i></p> <p><i>Knowledge – Clinical Audit</i></p> <ol style="list-style-type: none"> 1. Explain what clinical audit is including a full explanation of the audit cycle 2. Identify suitable sources for standards against which the audit will be conducted <p><i>Skills – Clinical Audit</i></p> <ol style="list-style-type: none"> 1. Be able to design a clinical audit project including the drafting of a protocol, definition of adequate patient numbers. Be able to organise a clinical audit project. 2. Be able to write an audit report including discussion of changes that will be made to remedy any deficiencies and the necessary. Repeat of the audit following these changes. <p><i>Attitude – Clinical Audit</i></p> <ol style="list-style-type: none"> 1. Understand the ethical issues of clinical audit. 2. Be able to sensitively deal with problems identified by an audit <p><i>Topic – Service Evaluation</i></p> <p><i>Knowledge – Service Evaluation</i></p> <ol style="list-style-type: none"> 1. Explain what a service evaluation is. 2. Compare the relative uses of service evaluation and audit. 3. Identify suitable components of the service for evaluation. <p><i>Skills – Service Evaluation</i></p> <ol style="list-style-type: none"> 1. Be able to design a service evaluation including the drafting of a protocol, definition of adequate patient numbers. 2. Be able to organise a service evaluation. The able to write a report on a completed service evaluation including further of changes that could be made to the service to bring about an improvement <p><i>Attitude – Service Evaluation</i></p> <ol style="list-style-type: none"> 1. Understand the ethical issues of service evaluation. 2. Be able to sensitively deal with problems identified by an evaluation <p><i>Topic – Clinical Research</i></p> <p><i>Knowledge – Clinical Research</i></p> <ol style="list-style-type: none"> 1. Explain the importance of ongoing clinical research. 2. Explain the design of research projects in <ol style="list-style-type: none"> a. none quantified tissue based studies, b. qualitative studies c. quantitative studies d. Systematic review 3. Understand the problems of recruitment and how these can be addressed 4. Be able to make a realistic assessment of how long the research project will take. |

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| | <p>5. Explain the legal restrictions on research e.g. tissue based, mental capacity Human Rights.</p> <p>6. GCP</p> <p>7. Draft a suitable realistic budget for carrying out a research project</p> <p>Skills – Clinical Research</p> <ol style="list-style-type: none"> 1. Be able to design a clinical research project involving recruitment of patients as participants including <ol style="list-style-type: none"> a. defining inclusion and exclusion criteria. b. Identify Numbers of participants required c. Be able to carry out a power calculation d. Be able to draft a participant information sheet e. Be able to draft a participant consent form 2. Be able to write a questionnaire. <p>Attitude – Clinical Research</p> <ol style="list-style-type: none"> 1. Understand the need for ongoing research in the NHS. 2. Place a high importance on the quality of information given to potential research participants. 3. Place a high importance on the process of giving information and gaining consent 4. Place a high importance on proper explanation to people whose first language is not English 5. Understand the implications of genetic studies <p>Topic – Clinical Research</p> <p>Knowledge – Clinical Research</p> <ol style="list-style-type: none"> 1. Explain the research governance & audit control systems within an NHS trust. 2. Explain the need for research ethics review 3. Explain which ethics committee a project to be referred to <p>Skills – Clinical Research</p> <ol style="list-style-type: none"> 1. Be able to complete an NHS research ethics application form. <p>Attitude – Clinical Research</p> <ol style="list-style-type: none"> 1. Understand the need for proper consideration of ethical project design at the outset (built-in rather than bolt-on ethics). <p>Supervision of Studies.</p> <ol style="list-style-type: none"> 1. Be able to assess the quality of a protocol drafted by another person. 2. Offer suitable critical appraisal & support identifying major areas of weakness. |
| <p>Method(s) of assessment</p> | <p>Summative assessment 4,000 word written assignment</p> |

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| Module Code | |
| Module Title | Module 7. Management and service delivery |
| Credit | 20 |
| Term (Autumn/Winter) | Autumn |
| Pre-requisite(s) | After completion of 1 st year's 3 modules |
| Co-requisites(s) | |
| Convenor | Mr Simon Cawthorn |
| Date of Approval | |
| | |
| Module Code | |
| Module Title | Management and service delivery |
| Credit | |
| Term (Autumn/Spring) | |
| Pre-requisite(s) | After completion of 1 st year's 3 modules |
| Co-requisites(s) | |
| Convenor | |
| Date of Approval | |
| Brief description (<i>aims, objectives, content, teaching and learning method(s), learning outcomes</i>) | <p>Learning Outcomes:</p> <p>At the end of this module, student should be able to:</p> <ol style="list-style-type: none"> 1. Critically discuss the inter personal skills required to manage conflict resolution. drawing on examples in their working environment 2. Critically discuss the skills of innovation in developing creative solutions to problems arising within a team 3. Evaluate the processes required to develop a team to achieve new goals. 4. Summarise and evaluate the principles of service re-design 5. Analyse examples of coaching skills used to develop a team member to introduce single steps of change in a service re-design programme 6. Develop a business case to support the introduction of new technology to enhance onco-plastic breast surgery within their local health economy 7. Evaluate the key challenges for their clinical team within the latest government policies and financial constraints. Lead the team in formulating appropriate strategies to maintain highest standards of service within these constraints. <p>Learning Methods:</p> <p>The main learning method will be on-line case discussions with a peer group of 5 -10 students based on 7 selected case scenarios which are chosen to trigger weekly learning outcomes that relate to the overall outcomes for the module. In addition, each week the students will be presented with a Dilemma of the Week, which is designed to develop their skills in critical thinking and decision making. This will incorporate the „script-concordance approach as a self-assessment of their analytical skills. The case discussions are supported by an e-learning tutor who is supplied with a guide indicating the important learning points that the student should achieve. A reference list and on-line learning resources are available for each weekly case. At the end of the year the students will attend a 2 day residential session which will review the learning outcomes for the previous modules and preview the learning for the next module.</p> |
| Methods of assessment | <p>Students are required to design a service improvement package (word limit 4,000 words) relating to the delivery of coloproctology. The purpose of this assignment is to focus on the role of the leader in the development, planning and implementation of this service improvement.</p> <p>The service improvement may, for example, focus on:</p> |

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| | <ul style="list-style-type: none">• Reviewing a care process• Improving the effectiveness of MDT or multi-agency relationships• Considering a common sense practice and evaluating barriers to implementing good practice• Way's to free up time for patient care. |
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They should:

- Critically analyse relevant evidence supporting the Service Improvement.
- Package you have developed, including a robust rationale for your improvement.
- Package critically analyse the styles of effective leadership that you would employ when developing, planning and implementing this package.
- Critically analyse effective leadership styles in motivating and inspiring others involved with the change process.
- Critically evaluate their own strengths and limitations throughout this process.
- Take account of any ethical dilemmas which may occur.
- Evaluate relevant service redesign and improvement tools and their application to your improvement package

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| Module Code | |
| Module Title | Module 8 : Clinical Education |
| Credit | |
| Term (Autumn/Winter) | |
| Pre-requisite(s) | |
| Co-requisites(s) | |
| Convenor | Prof Sam Leinster |
| Date of Approval | |
| Brief description (<i>aims, objectives, content, teaching and learning method(s), learning outcomes</i>) | <p>Learning Outcomes At the end of this module the student should be able to:</p> <ol style="list-style-type: none"> 1. Analyse and evaluate the training needs of a group of students or trainees in surgery 2. Apply pertinent educational theories and approaches to design an educational activity to meet those needs 3. Formulate a lesson plan for a specific learning activity and deliver that activity. 4. Critically appraise a variety of educational material in the light of best educational practice 5. Develop and deliver assessments of a variety of competencies using methods suited to the particular competency taking due regard to validity, reliability, generalisability and feasibility 6. Critically discuss the use of a variety of methods of standard setting in assessment and select the most appropriate approach for a given assessment 7. Use a range of methods to evaluate the success of an educational programme. 8. Justify the use of the „1 minute preceptor model“ in delivering work-place based learning in clinical settings. <p>Learning Methods The main learning method will be on-line case discussions with a peer group of 5 -10 students. The discussion material will focus on a series of challenges in the form of scenarios based on educational tasks that the students are likely to undertake during their future career. The case discussions are supported by an e-learning tutor who is supplied with a guide indicating the important learning points that the student should achieve. A reference list and on-line learning resources are available for each weekly case.</p> |
| Method(s) of assessment | <p>Formative assessment The students will be required to develop a series of lesson plans for a variety of teaching tasks and settings. The lesson plans will include a discussion of the theoretical underpinning of the approach suggested by the student.</p> <p>Summative assessment Prior to the residential course the students will be required to develop a lesson plan for a substantial teaching episode. As with the formative assessment this will include a discussion of the theoretical underpinning. During the residential each student will deliver their teaching episode to the remainder of the module students and their tutors. Marking will be done by the tutors and the other students. The weighting of the student marks and tutor marks will be negotiated in a prior session to give an overall mark for the lesson. The overall mark for the module will be calculated as 25% from the lesson plan; 25% from the lesson and 50% from the theoretical discussion.</p> |

G3 Staffing

- a)** Are new teaching appointments required and if so how many, at what level and how does the School(s)/Faculty intend to fund these?

No

- b)** If no new teaching appointments are required, what teaching adjustments for existing faculty are proposed if

- i) new Modules of teaching are required?
- ii) certain existing Modules of teaching are to be withdrawn?

Apart from the website designer, Faculty (all RA enthusiasts) from NHS Trusts throughout the UK have volunteered to deliver this course.

- c)** What are the resource implications for Schools of Studies outside the sponsoring School(s) (e.g. service teaching, overseas exchange links)? Please give below the outcome of consultations that have taken place on this matter (including with the relevant Faculty/Faculties) and attach relevant documentation.

The argument has been that all Consultant Anaesthetists in the UK have to demonstrate on-going Continuous Professional Development and being involved with this course helps faculty satisfy this GMC Revalidation requirement.

G4 Other resources

- a)** Is any other additional recurrent or non-recurrent expenditure envisaged in the sponsoring School(s)? If so, please give details, indicating how the School(s)/Faculty intends to fund these:

- i) equipment, including computers

Many of the resources needed will be electronic, Blackboard and web-based. Students will be expected to use computer equipment within their workplace or at home. They may access the 24 hour services at all NHS Trusts and ECB/Main Library too.

- ii) consumables

No more than standard modules.

- iii) non-teaching staff

E-learning Technologist support for setting up online resources and running the deliverance of on-line information (the VRE), data collection and posting the assessments.

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| <p>b) What are the resource implications for the following central services of the course:</p> <p>i) academic administration</p> <p>As per similar courses</p> |
| <p>ii) the Audio Visual Service</p> <p>Videocasts and use of Lecture capture to record master-classes</p> |
| <p>iii) Centre for English Language and British Studies</p> <p>N/A</p> |
| <p>iv) Dean of Students' Office</p> <p>No more than other MED Part Time CPD programmes</p> |
| <p>v) IT and Computing Services</p> <p>Speak to Helen Latham in the Finance Department</p> |
| <p>vi) Library and Learning Resources</p> <p>a) Resources:</p> <ul style="list-style-type: none"> • What resources books, journals, other media) are already available in the Library to support this programme? <p>A range of books and journals already is in place</p> <ul style="list-style-type: none"> • What resources (books, journals, other media) other than those already available will be required (a) immediately (b) as the programme numbers increase? <i>The answer should include comments on the need for additional copies as well as for new stock and on the degree of reliance on interlending which may be necessary to support the programme.</i> <p>Additional copies of the Core texts:</p> |
| <p>b) Services</p> <ul style="list-style-type: none"> • What Library services are likely to be used by student taking this programme (a) during the daytime (b) in the evening and at weekends? <p><i>Please comment on the likely use of Restricted Loan, and the Audio-Visual Services and on the need for evening/weekend access to borrowing facilities, particularly by part-time or distance learning students. Will there be regular teaching in the evening? Will any</i></p> |

teaching take place away from the campus? Will professional placement form part of the programme?

Most students are likely to use online and digital library and information resources. Students are also likely to use own Trust Library resources.

c) Usage

- Are there other, similar programmes which the Library could use as indicators of likely demand for stock and services if the programme is approved and introduced?

Not possible to answer.

- What level of bibliographic instruction is likely to be required in order that the students taking the programme are able to use the Library fully and effectively? Will this be given by faculty or by Library staff?

2-3 hours induction per cohort by Library staff

vii) teaching accommodation

This will be a rare occurrence and difficult to quantify as most courses will be day courses either at the UEA in Norwich or using the London UEA facility

viii) University Counselling Service

Occasional- as with other MED programmes

ix) University Careers Service

Unlikely

It is important that the Schools discuss with the Information Services Directorate any resource implications and that any additional needs can be met from within their routine resource allocation unless otherwise indicated in the comment above.