

LTC12D127

Title: *New Course Proposal: MS in Knee Surgery*
Author: Simon Donell and Carrie White
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Issue

A brief summary note in support of the New Course Proposal documentation for an MS in Knee Surgery.

Background

Norwich Medical School is creating a range of MS programmes to enable individuals already working within the NHS to improve their knowledge within their chosen specialty, thus increasing their chances of career advancement. UEA has already approved three variants, delivered b via e-learning, namely Oncoplastic Breast Surgery, Regional Anaesthesia, and Coloproctology - and the attached application is for a fourth programme in Knee Surgery.

Our model makes use of e-learning via a virtual learning environment populated in MED with content created by NHS practitioners overseen by Honorary and academic colleagues in MED. Each programme is led by a Course Director well known to MED: for Knee Surgery this would be Simon Donell who has been an Honorary Professor with MED for some years. Academic and specialist contributors to the courses attend meetings two or three times per year at which MED teaching colleagues explain UEA quality processes and approach to learning and teaching. This approach to creating courses is generating a lot of interest in medical specialist circles both in the UK and overseas, and we envisage putting forward further programme ideas as other specialties express interest.

The School has set up an “E-Learning Board” which has senior management membership from MED, from James Paget University Hospital (which supports these programmes), and from across UEA including members from LTS Hubs, ICTS, FMH Finance and FMH AD-LT. We note that the programmes are attracting sponsorship (the attached letter from BASK supports this particular proposed programme).

MED recommends that this new programme be approved.

Resource Implications

We can fund an additional 0.5FTE Grade 4 for LTS should this programme be supported, and recognise that other administrative offices may also make a similar request, but we were not sure where to enter this funding on the documentation. The Financial details / Business case details income and expenditure for all MS e-learning programmes in MED, since many expenditure ‘items’ support more than one programme.

Risk Implications

BASK is funding the set-up costs for the course which should significantly reduce the financial risk. The contents of the four clinical modules have been completed. The module leaders recruited. BASK is using its organisation to recruit tutors and educational supervisors, as well as potential students.

Further Information

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

Contact details for MED Carrie White, Faculty Manager, carrie.white@uea.ac.uk

Attachments

New Course Proposal document for MS in Knee Surgery

PROPOSAL FOR COURSE(S) LEADING TO AN AWARD OF THE UNIVERSITY OF EAST ANGLIA

This document is in three parts:

- PART 1:** Summary of the Proposal
This section may be used for publicity purposes, once approval has been granted.
- PART 2:** Business Case
For consideration by the relevant Faculty Executive
- PART 3:** Academic Case
For consideration by the relevant Faculty Learning, Teaching and Quality Committee

All three parts need to be completed .
(There are different sections for fast-track proposals and these are clearly indicated).

For certain specified types of proposal such as change of degree title, change in School of registration, use a separate PART 4 template.

Extracts from this template will be published to form the programme specification.

Course Title(s)
MS in Knee Surgery PG Dip in Knee Surgery

ROUTE FOR APPROVAL (Please refer to the accompanying guidance notes and use the questions below to help you determine the most appropriate route)

PRC Approval Required (Subject area new to UEA)		LTC Approval in Principle Required (Subject area new to UEA or new to School)	X
Full	X	Fast-Track	

PART ONE - SUMMARY OF THE PROPOSAL

(This section may be used for publicity purposes. Please attach to the Business Case and to the Academic Case.)

S1	SUBJECT AREA(S) (please state)	Knee Surgery	
	Is the subject area new to the University? If yes, needs LTC and PRC approval	Yes	
	Is the subject area new to the School? If yes, needs LTC approval in principle	Yes	
(If yes to either question, the fast-track route is not applicable).			
S2	PROFESSIONAL AWARD (if any)	n/a	
S3	ACCREDITING/VALIDATING BODY (if relevant)	n/a	
S4	LEVEL	Sub-degree (e.g. Cert. Dip.)	
		Undergraduate	
		Integrated Masters	
		Masters	✓
		Postgraduate Research	
S5	AVAILABLE FROM (academic session) <i>Insert (mm/yyyy)</i>	09/2013	
S6	SCHOOL OF STUDIES	MED	

Please complete the following section for each new course being proposed

Course One

S7	COURSE TITLE	MS in Knee Surgery	
S8	AWARD (e.g. BSc, MA)	MS (Master of Surgery)	
S9	DURATION (years or months)	3 years	
S10	MODE OF ATTENDANCE (full-time, part-time, distance, other)	Part time	
S11	PLACEMENT(S)/WORK-BASED LEARNING REQUIRED	YES	all to be undertaken at the place of work of student and provided by their employer
		NO	
S12	COURSE HIGHLIGHTS (for publication)		

	<p>The MS degree in Knee Surgery is the first higher degree qualification in Knee Surgery in the UK. The Intercollegiate Specialty Examination in Trauma & Orthopaedics assesses the candidate with the competency level set at that of a consultant on their first day in clinical practice providing a service in the generality of orthopaedics. Knee surgery requires extra training after gaining the Certificate of Completion of Training (CCT). This is undertaken through specialist knee fellowships through the UK and abroad. There is no formal qualification that assesses and recognises this expertise nor marries it with an appropriate postgraduate level academic award.</p> <p>The course is supported and sponsored by the British Association for Surgery of the Knee (BASK) and delivered through the tutors of the knee fellowships in the UK.</p> <p>This course is therefore aimed at a national and, in due course, international market. It will increase the portfolio of the MS programme at UEA increasing its reputation as a quality provider of postgraduate specialty medical education delivered by on-line and flexible learning, enhancing accessibility.</p>	
S13	RELEVANT SUBJECT BENCHMARK STATEMENT(S)	N/A
S14	ENTRY REQUIREMENTS	Applicants should already be practicing as surgical trainee (ST5) or above.
S15	CAREER POSSIBILITIES	Improves prospects of advancement for those already training for this specialty.
S16	JACS Subject Level Code(s) To be completed by the Planning Office following approval of the Business Case	
S17	UCAS ADMISSION CODE / COURSE CODE To be completed by the Planning Office following approval of the Business Case	
S18	FURTHER INFORMATION <i>Insert contact address/email/tel no. (e.g. Faculty Admissions Office)</i>	
S19	Course Director	Prof Jerome Pereira
S20	Course Proposer(s)	Simon Donell

Questions for Initiator:

1. Do you want to propose another course? If yes, please complete Sections S7 – S19 (see below) for each related but separate award for which students may register from the outset.
2. Do you want to complete the Business Case yourself or do you want to send the Business Case to another member of staff to complete?
3. Do you also want to complete the Academic Case yourself or do you want to send the Academic Case to another member of staff to complete?

Course Two

(To be completed if there is a related but separate award for which students may register from the outset.)

S7	COURSE TITLE	Postgraduate Diploma in Knee Surgery	
S8	AWARD (e.g. BSc, MA)	PGDip	
S9	DURATION (years or months)	2 years	
S10	MODE OF ATTENDANCE (full-time, part-time, distance, other)	Part-time	
S11	PLACEMENT(S)/WORK-BASED LEARNING REQUIRED	YES	all to be undertaken at the place of work of student and provided by their employer
		NO	
S12	COURSE HIGHLIGHTS (for publication)		
	As section S12 above		
S13	RELEVANT SUBJECT BENCHMARK STATEMENT(S)	N/A	
S14	ENTRY REQUIREMENTS	As S14 above	
S15	CAREER POSSIBILITIES	As S15 above	
S16	JACS Subject Level Code(s) To be completed by the Planning Office following approval of the Business Case		
S17	UCAS ADMISSION CODE / COURSE CODE To be completed by the Planning Office following approval of the Business Case		
S18	FURTHER INFORMATION <i>Insert contact address/email/tel no. (e.g.</i>		

	<i>Faculty Admissions Office)</i>	
S19	Course Director	Prof Jerome Pereira
S20	Course Proposer(s)	Simon Donell

Please copy and paste the above table for additional new courses / exit awards.

PART 2 – THE BUSINESS CASE

Note: One Business Case (BC0 to BC9) is applicable to all proposed courses

BC0	THE RATIONALE (Overview - brief summary)
BC0.1	Brief summary of the rationale for the proposal
	<p>The MS degree in Knee Surgery is the first higher degree qualification in Knee Surgery in the UK. The Intercollegiate Specialty Examination in Trauma & Orthopaedics assesses the candidate with the competency level set at that of a consultant on their first day in clinical practice providing a service in the generality of orthopaedics. Knee surgery requires extra training after gaining the Certificate of Completion of Training (CCT). This is undertaken through specialist knee fellowships through the UK and abroad. There is no formal qualification that assesses and recognises this expertise.</p> <p>The course is supported and sponsored by the British Association for Surgery of the Knee (BASK) and delivered through the tutors of the knee fellowships in the UK.</p> <p>This programme will feed into the current NHS Commissioning Board service specification D10 SSNDS34 for specialist orthopaedic services which includes for the knee: Partial knee replacement, infected joint replacement, all revision joint replacements, autologous chondrocyte implantation in the knee, failed osteotomy and complications of osteotomy, failed knee ligament reconstruction surgery, complex patellofemoral dysfunction.</p> <p>Educational aims of the Programme</p> <p>The key aim of the MS degree course in Knee Surgery is to enhance the knowledge and skills of orthopaedic surgeons with a knee interest. The knee is the largest sub-speciality interest in orthopaedic surgery. We offer flexible pathways, one being the award of a postgraduate diploma after completion of 6 modules including passing the practical aspects of the course. Successful completion of a 15 000 word dissertation will make students eligible for the award MS in Knee Surgery.</p> <p>Enhanced knowledge and practical skills in Knee Surgery fits in well with good surgical practice by providing superior high quality surgical services. Gaining the evidence base alongside exposure to the range of techniques encountered by a specialist knee surgeon will improve the patient experience and outcomes in the management of complex knee disorders.</p> <p>In providing this programme it is envisaged that a large pool of consultants will be developed to deliver the high quality care with better outcomes, less complications, better targeted treatments and lead to significant economic savings for the NHS.</p> <p>Some of the distinctive and innovative features of this course are:</p> <ol style="list-style-type: none"> 1. First E-learning Specialist Mastership degree in Knee Surgery 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 in this field as a first in the UK. 4. Highest qualification in this field in the UK and worldwide. 5. Delivered by a UK-wide eminent faculty of nationally recognised experts in the field

	<p>and UEA.</p> <p>6. Use of innovative and leading edge assessment tools including ScriptConcordance testing for assessing clinical reasoning and decision-making.</p> <p>7. Quality assurance by UEA and the British Association for Surgery of the Knee whose members include the tutors for specialist knee fellowships supported by the Royal College of Surgeons of England Specialist Advisory Committee. Professor Simon Donell is President of BASK and a Fellow of the RCSEng.</p> <p>8. We provide training in additional competencies in management, clinical leadership, service re-design, and clinical education. These are an integral part of practice and the current NHS policy drivers but not included in national training programmes.</p>						
BC0.2	<p>Who (externally) has been consulted about the proposals (e.g. Professional Associations, employers' groups, PSBs; independent academic (required for new course proposal); external examiner (required for fast-track proposals)).</p> <p>Please summarise here and attach copies of any responses to this document or insert their comments in this section.</p>						
	<p>Document Attached - letter to Prof David Crossman, Head of Norwich Medical School from the British Association for Surgery of the Knee (BASK) indicating support for the programme.</p>						
BC0.3	<table border="1"> <tr> <td>Is this a Fast-track proposal?</td> <td>YES</td> <td>✓</td> </tr> <tr> <td></td> <td>NO</td> <td></td> </tr> </table>	Is this a Fast-track proposal?	YES	✓		NO	
Is this a Fast-track proposal?	YES	✓					
	NO						
BC0.4	<p>If Yes, what features of the proposal make it a fast-track? <i>Please refer to the New Course Approval Procedure</i></p>						

BC1	ACADEMIC AND RECRUITMENT STRATEGY
BC1.1	How does the proposal fit with School academic plans?
	<p>This programme (along with its partner programmes) expands our Masters provision into a unique area which fits with the university 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. The financial breakdown is attached as Appendix 2</p> <p>The MS Knee Surgery is consolidated cutting-edge education that fits in with MED's development of e-learning. The School is therefore supporting e-learning masterships. Based on success from student evaluation and national feedback, the School should consider supporting a programme in Knee Surgery.</p> <p>Current discussions on Continuing Professional Development and Revalidation are on-going with a view to offering stand-alone modules to support these. This is in line with the</p>

	<p>School's strategy to develop stronger links with the NHS and the GMC with Recertification.</p> <p>There are strong links between BASK and the European Knee Association (EKA), European Society of Sports Traumatology Knee Surgery and Arthroscopy (ESSKA) (with whom there is a formal affiliation) and the European Federation of National Associations of Orthopaedics and Traumatology (EFORT), as well as the American Knee Society (AKS), the International Society of Arthroscopy, Knee Surgery, and Orthopaedic Sports Medicine (ISAKOS). A significant component of the links is the furtherance of education amongst all the members.</p>		
	The Faculty's academic plans?		
	As above		
	The University's Corporate Plan?		
	<p>This course is predicated on engagement and collaboration with key NHS organisations and professional bodies to enhance our external communications and networks, as well as strengthening educational empowerment and effective learning (using a distance learning model) which supports reducing the carbon footprint of the university.</p> <p>This programme (along with its partner programmes) expands our Masters provision into a unique area which fits with the Corporate Plan.</p>		
BC1.2	Proposed Recruitment Strategy		
	<p>The recruitment strategy is to approach trainees taking up knee fellowship posts in the UK (25 known posts) and those from the UK who have undertaken knee fellowships abroad and are awaiting or recently become consultants.</p> <p>We would advertise the programme to clinical trainees via the Course Director or clinical contacts, in addition to more routine UEA programme advertising.</p> <p>There are currently just over 2000 consultant orthopaedic surgeons in the UK of whom just under 10% are younger than 40 years-old, and 20% have a specialist knee interest. There are around 50 post-CCT individuals looking for consultant posts and there are 24 UK Knee Fellowships advertised nationally which last for 6 to 12 months.</p> <p>The MS Knee Surgery is planned to have between 12 and 24 students. The maximum number is dictated by the size of the available Cadaveric Skills Laboratories.</p>		
BC1.3a	Is the proposal commercially sensitive?	YES	
		NO	✓
BC1.3b	If yes, what are the reasons?		

Please either complete section BC2 in consultation with the Faculty Admissions Office and send (email) the summary and sections BC1 and BC2 to MAS and request that they complete section BC2.7; or, send (email) the summary and section BC1 to MAS and request that they complete section BC2.

Rebecca.Price@uea.ac.uk

Please either complete section BC3 and send (email) the Summary and sections BC1 and BC3 to CCEN and request that they complete section BC3.3; or send (email) the Summary and section BC1 to CCEN and request that they complete section BC3

A.Benson@uea.ac.uk

Section BC2 and BC3 may be completed in parallel

To be completed in consultation with the Market Research Team (MAS)

The Business Case cannot be considered by the Faculty Executive until this section is completed

	MARKET RESEARCH (to be completed by course proposer or MAS)	
BC2.1	What other and type of institution offers identical and/or similar courses in the UK?	
	<p>This programme is believed to be the first of its kind in Knee Surgery</p> <p>There is a PG Cert course supported by the British Orthopaedic Association as a transitional fellowship programme through Teesside University in Leading Clinical Innovation and Improving Performance, but is not aimed at training in specialist clinical skills.</p>	
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) 	
	<p>Currently consultant posts in T & O are highly competitive with at least 50 post-CCT surgeons looking for posts. Knee surgery is popular as a sub-speciality, but few posts are available. Post-CCT surgeons look for a competitive edge and this will supply it. It is BASK's expectation that undertaking an MS in Knee Surgery will become the cultural norm, and is seen as a method for recruiting new members.</p> <p>It is unknown whether hospital Chief Executives or Medical Directors will want evidence of knee subspecialisation, simply because it currently is not an option. However departments discussing new appointments do want evidence of sub-speciality expertise.</p>	
BC2.5	Can current and projected demand be met from existing provision?	
	Nationally:	n/a
	Regionally:	n/a
BC2.6	Where is/what are the competitive advantage(s) for UEA?	

	Course believed to be the first of its kind.
BC2.7	ADDITIONAL COMMENTS BY MAS:

To be sent to the Careers Centre for completion

Please return within 10 working days of receipt.

The Business Case cannot be considered by the Faculty Executive until this section has been completed.

BC3	MARKET DEMAND AND RECRUITMENT (to be completed by the course proposer or 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, PSBs)?	
	See BC0.2	
BC3.3	ADDITIONAL COMMENTS BY CAREERS:	

To be completed by the course proposer. BC4 may be completed prior to return of BC2 and BC3, but the Business Case cannot be considered until all sections are complete.

BC4	RESOURCES		
BC4.1	STUDENT NUMBERS AND TUITION FEES		
BC4.1.1	Student Numbers:		
	Proposed student target intake		
	FT (Home/EU)		
	FT (International)		
	PT (Heads)	20	
	DL (Heads)		
	Minimum viable intake (ftes)	12 (4 fte)	
	Maximum viable intake (ftes)	24 (10 fte)	
	Are the student numbers:		
	a) available via redistribution within the School? <i>Consult the Head of School</i>	YES	
		NO	✓
	b) available via redistribution with the Faculty? <i>Consult the Dean of Faculty</i>	YES	
		NO	✓
	c) additional numbers required? <i>Consult the Planning Office (ACAD)</i>	YES	✓
		NO	
BC4.1.2	Tuition Fees:		
	Please select the relevant fee schedule:		
	a) Standard Home/EU/International	£6,800 £11,200 Int in 2012/3	
	b) Full-cost <i>Please specify requested fee levels and consult the University's Fees Officer (P.Courridge@uea.ac.uk)</i>		
	c) External Teaching Contract <i>Please provide brief details</i>		
BC4.2	EQUALITY AND DIVERSITY		
BC4.2.1	Does the course fall into a subject area which traditionally attracts a very specific or narrow student profile?	YES	
		NO	n/a
BC4.2.2	If yes, what steps will be taken to attract non-traditional students to the course / School? (Areas 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 		

	<p>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.</p> <ul style="list-style-type: none"> • 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.
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Now complete BC5 AND BC6 if the proposal is following the 'full' new course proposal route.

OR

Complete BC5F AND BC6F if the proposal is following the 'fast-track' route.

FOR FULL NEW COURSE PROPOSALS

BC5	What is the impact of the proposal on ACADEMIC STAFF?		
BC5.1	Are new appointment(s) required?	YES	
		NO	✓
	If yes, how many of what type (e.g. Teaching and Scholarship, Teaching and Research) and at what level?		
	What is the source of funding for new academic staff?		
BC5.2	If no new teaching appointments are required, are any teaching adjustments required if new modules are to be introduced and if other modules are to be withdrawn? (Please include code, credit value and level/year of any new modules and/or modules to be withdrawn).		
	3 modules are generic across the suite of MS programmes. Four new modules will be introduced of 20 credits each to be taught by honorary colleagues via distance learning		
BC5.3	Is any course(s) to be withdrawn?	YES	
		NO	✓
	If Yes, please specify UCAS Code(s) / Course codes and session from which course(s) withdrawn?		
BC5.4	Are there any implications outside the sponsoring School (e.g. service teaching, by other Schools of Studies)?		
	n/a		

FOR FAST TRACK NEW COURSE PROPOSALS

BC5F	What is the impact of the proposal on ACADEMIC STAFF?		
	<i>Section n/a</i>		
BC5F.1	Are new appointment(s) required? If yes, please refer to Full New Course Proposal	YES	
		NO	
BC5F.2	Are any new modules to be introduced?	YES	
		NO	
	If yes, please include code, credit value and level/year.		
BC5F.3	Is any course(s) to be withdrawn?	YES	
		NO	
	If Yes, please specify course and UCAS Code(s) and session from which course(s) withdrawn?		
BC5F.4	Are there any implications outside the sponsoring School (e.g. service teaching, by other Schools of Studies)		

FOR FULL NEW COURSE PROPOSAL

BC6	What is the impact of the proposal on PHYSICAL RESOURCES & OTHER FACILITIES?	
BC6.1	What are the recurrent or non-recurrent expenditure to be incurred in respect of:	
	i) Classroom and study facilities?	See below
	ii) Other equipment?	See below
	iii) Consumables?	See below
BC6.2	Computer equipment?	See below

BC6.3	What additional books/journals/electronic resources other than those already available will be required year by year until steady state is reached?		
	Programme income will support IT e-learning technologist and administrative assistance for distance learning and occasional study days usually held in London		
BC6.4	Are there any other special arrangements on which this new course proposal will depend? (E.g. placements, year abroad).	YES	✓
		NO	
	If Yes, please give details of likely costs/whether appropriate agreements are in place/have to be drawn up?		
	Students in fellowships will have their supervising surgeon as their educational supervisor. Students in established consultant posts will have their educational supervisor arranged, either a senior colleague in the department, or, if not appropriate, from a suitable person within their region to be organised by BASK.		
BC6.5	Are there any start-up costs (e.g. any initial publicity and promotion?)	YES	
		NO	✓
	If yes, please give details:		

FOR FAST TRACK NEW COURSE PROPOSALS

BC6.1F	What will be the impact of the proposal on existing physical resources & other facilities?		
BC6.2F	Will additional books/journals/electronic resources other than those already available be required?		

BC7 seeks comments from other Divisions which have an interest in new course proposals, for example, because it has an impact on central provision of ICT or requires new library books or there are issues regarding regulatory frameworks. This section is for their comments.

Please send (email) the Summary and Sections BC1, BC4, BC5 (or BC5F) and BC6 (or BC6F) to each of the following (who should be consulted in parallel), with a request that they complete the relevant part of Section BC7

- Dean of Students

- Director of Information Services
- Director of Library Services
- Deputy Registrar & Secretary
- Director(s) of Faculty Administration
- Deputy Dean of Students (for Accommodation)

Also send to the Partnerships Office of the Learning, Teaching and Quality Office

Partner Colleges may be informed of the proposal unless it is deemed to be commercially sensitive (see Section BC1.3)

Sections BC7A – BC7F should be completed in parallel

Please complete the relevant section on behalf of the departments for which you are responsible, and return (email) to the Course Proposer within 10 working days of receipt.

*Please note that the process cannot proceed to approval until comments have been received from those listed below. **Please enter “no comment” if appropriate.***

This proforma has also been sent to the other central offices for consultation in parallel.

BC7A	Comments by Dean of Students
	What is the impact of the proposal on support staff and resources in the office for which you are responsible?

BC7B	Comments by Director of Information Services
	What is the impact of the proposal on support staff and resources in the office for which you are responsible?

BC7C	Comments by Deputy Registrar & Secretary
	What is the impact of the proposal on support staff and resources in the office for which you are responsible?

BC7D	Comments by Director(s) of Faculty Administration
	What is the impact of the proposal on support staff and resources in the office for which you are responsible?

BC7E	Comments by Deputy Dean of Students (Accommodation)
	What is the impact of the proposal on support staff and resources in the office for which you are responsible?

BC7F	Comments by the Director of Library Services:
	What is the impact of the proposal on support staff and resources in the office for which you are responsible?

This section enables the course proposer to respond to any comments received prior to consideration of the business case for approval.

BC8A	INITIATOR'S RESPONSE TO SUPPORT STAFF/PHYSICAL RESOURCES COMMENTS and Market Research/Demand comments

Once all sections have been completed, the Business Case may be sent for approval

Approval of the Business Case

BC8	APPROVAL/SIGNATURES	Approved Yes/No?	Date
BC8.L1	School Director of Learning, Teaching and Quality:	Yes	April 2013
BC8.L2	Head of School (on behalf of School Board):	Yes	March 2013
BC8.L3	Dean of Faculty (on behalf of Faculty Executive):	Yes	5 th March 2013
BC8.L4	PRC (if relevant)		
BC8.L5	LTC (if relevant)		

BC9 tells you who must now be informed once the business case has been approved.

BC9	Send approved Summary and approver list (BC8) to:
	Admissions Manager, MAS (Laura.Thompson@uea.ac.uk) for reporting purposes
	CAMS Manager/Planning Office (ACAD) (A.M.Watson@uea.ac.uk) for allocation of: <ul style="list-style-type: none">• ROU code for each proposed ROU course• JACS code• UCAS admissions code

The Academic Case, for consideration by the Faculty Learning, Teaching and Quality Committee (LTQC) now follows. You may complete this in parallel with the Business Case BUT the approval of the Business Case by the Faculty Executive should precede consideration by the LTQC.

PART 3 – THE ACADEMIC CASE

Please complete sections AC1 to AC5 for each new course being proposed

	Faculty	FMH
	School(s)	MED

AC1a	Course Title	MS in Knee Surgery PGDip in Knee Surgery
	Course Director	Prof Jerome Pereira/Simon Donell
AC1b	Exit Award(s) and Title	PGDip in Knee Surgery

AC2	COURSE MANAGEMENT INFORMATION			
AC2.1	REGULATORY FRAMEWORK (please tick all that apply)			
	CCS for Undergraduate Courses			<input type="checkbox"/>
	Graduate Diplomas			<input type="checkbox"/>
	Integrated Masters			<input type="checkbox"/>
	PGCE			<input type="checkbox"/>
	Common Masters Framework			<input checked="" type="checkbox"/>
	Postgraduate Research			<input type="checkbox"/>
	Certificate/Diploma in Continuing Education			<input type="checkbox"/>
	Is the course as a whole assessed on a pass/fail basis?	YES	<input type="checkbox"/>	NO <input checked="" type="checkbox"/>
	Are any modules assessed on a pass/fail basis?	YES	<input type="checkbox"/>	NO <input checked="" type="checkbox"/>
	If so, how many modules and what is the credit volume for each module?			

AC3	(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	

AC4	BOARD OF EXAMINERS			
AC4.1	Is there an existing Board of Examiners?	Yes	<input checked="" type="checkbox"/>	No <input type="checkbox"/>
AC4.2	If YES, which existing board will be responsible for the course?	MS in Oncoplastic Breast Surgery		

AC4.3	If NO, please enter details for new board of examiners			
AC4.4	Are any new external examiner(s) required?	Yes	<input checked="" type="checkbox"/>	No
AC4.5	If yes, how many?	One		

AC5	ACCREDITATION/VALIDATION			
AC5.1	Is accreditation/validation by a Professional and/or Statutory Body required?	Yes	<input type="checkbox"/>	No
AC5.2	Please specify which PSB and when accreditation/validation may take place.			

AC6	NEW MODULES			
AC6a	Are there any new modules to be introduced?	YES	<input checked="" type="checkbox"/>	
		NO	<input type="checkbox"/>	
	If Yes, then proceed to AC6b			
	If No, then proceed to AC6c			
AC6b1	Please complete a separate AC6b for each New Core, Compulsory, Option A, Option B, Option C module:			
	Module Title:			
	Module 1: Arthroplasty			
	Level:	M	Credit Value:	20
	Semester:	Sem1		
	Module Type: (e.g. EX, CW, WW, PR)	EX		
	Module marking Scheme (e.g. M40PA)	M50PC		
	Module Organiser	tbc		
	Distance Learning?	YES	<input checked="" type="checkbox"/>	NO
	Brief Outline			
	Covering scenario topics:			
	<ol style="list-style-type: none"> 1. Medial Unicompartmental Knee Replacement 2. Complex primary arthroplasty and complex primary 3. Lateral Unicompartmental Knee Replacement 4. Patellofemoral Knee 5. Septic revision 6. Periprosthetic fracture 7. Novel implants 			
	Module Learning Outcomes:			
By the end of the module the student will be able to demonstrate:				
<ol style="list-style-type: none"> (a) A comprehensive understanding of a range of arthroplasty presentations (b) In-depth knowledge of differential diagnoses and their operative management (c) Expertise in script concordance and effective clinical reasoning related to arthroplasty (d) Critical analysis of a range of evidence supporting effective practice in arthroplasty 				

Detailed content and scenario outcomes:

Medial unicompartmental knee replacement

- Understand the importance of the state of the soft tissue envelope in UKR and specifically the role of the ACL.
- Understand the importance of defining the knee bony anatomy alignment and its relationship to the ideal implant position.
- Describe the different types of explain what this is and the relative advantages and disadvantages between them.
- Describe the indications, contraindications and limits for the use of UKR
- Describe the advantages and disadvantages of UKR compared to TKR

Complex primary arthroplasty and complex primary

- Understand the importance of the state of the soft tissue envelope at operation, and methods to reduce any complications.
- Understand the importance of defining the knee bony anatomy alignment and its relationship to the ideal implant position.
- Describe the operative techniques that improve exposure of the knee at complex primary arthroplasty.
- Describe the implant inventory available for complex primary arthroplasty and the rationale for its use.
- Describe the use of navigation and robotics in complex primary knee operations.
- Understand the potential complications and how to ameliorate them
- Describe the prognosis and survival outcomes for complex primary knee arthroplasty.

Lateral unicompartmental knee replacement

- Understand the importance of the state of the soft tissue envelope in lateral UKR and specifically the role of the ACL.
- Understand the importance of defining the knee bony anatomy alignment and its relationship to the ideal implant position.
- Describe the different types of UKR and their relevance to the lateral tibiofemoral joint.
- Describe the indications, contraindications and limits for the use of lateral UKR

Patellofemoral Knee

- Understand the importance of the pattern of patellofemoral wear and the significance of trochlear dysplasia.
- Understand the importance of defining the knee bony anatomy alignment and its relationship to the ideal implant position.
- Describe the different types of PFR and their advantages and disadvantages.
- Describe alternative management strategies, non-operative and operative, for managing PFOA.

Septic revision

- Understand the risk factors for infection in knee implants
- Understand the investigations needed to diagnose implant infection, and the evidence-base behind them
- Create an algorithm for investigating implant sepsis
- Understand the classification of bone loss and its use for implant selection
- Understand the operative techniques for managing an infected knee replacement
- Understand the outcomes of the surgical management including the functional outcomes

Periprosthetic fracture

- Understand the patient factors that are important in deciding the appropriate treatment
- Understand the relevant investigations needed to assess a periprosthetic fracture.
- Describe the treatment options including the variety of fracture fixation methods available
- Understand the potential complications and how to ameliorate them
- Describe the prognosis and survival outcomes for periprosthetic knee fractures.

Novel implants

- Understand Good Clinical Practice Guidelines for research on patients

	<ul style="list-style-type: none"> • Understand the importance of different trial designs, especially how they relate to surgical practice. • Understand the role and responsibilities of industry in innovation. • Understand the role and responsibility of clinicians in innovation. 			
AC7b2	Please complete a separate AC6b for each New Core, Compulsory, Option A, Option B, Option C module			
	Module Title:			
	Module 2: Soft Tissue Reconstruction			
	Level:	M	Credit Value:	20
	Semester:	Sem2		
	Module Type: (e.g. EX, CW, WW, PR)	EX		
	Module marking Scheme (e.g. M40PA)	M50PC		
	Module Organiser	tbc		
	Distance Learning?	YES	<input checked="" type="checkbox"/>	NO
	Brief Outline			
	<p>Covering scenario topics:</p> <ol style="list-style-type: none"> 1. ACL rupture 2. Revision ACL 3. PCL rupture 4. Posterolateral corner injury 5. Knee dislocation 6. Chondral lesions 7. Meniscal surgery <p>Module Learning Outcomes: By the end of the module the student will be able to demonstrate:</p> <ol style="list-style-type: none"> (a) A comprehensive understanding of soft tissue reconstruction (b) In-depth knowledge of differential diagnoses and their operative management (c) Expertise in script concordance and effective clinical reasoning related to soft tissue reconstruction (d) Critical analysis of a range of evidence supporting effective practice in soft tissue reconstruction <p>Detailed content and scenario outcomes:</p> <p><u>ACL rupture</u></p> <ul style="list-style-type: none"> • Understand the importance of MRI scans in acute and chronic ACL rupture. • Describe the conservative management of ACL rupture • Describe the operative techniques, graft choices and fixation methods in the surgical management of ACL rupture. • Describe the common associated injuries with ACL rupture and their management • Describe the post-operative rehabilitation regimes, and the time scales for return to sports. • Describe the risks of graft rupture including by graft type. • Understand the importance of age in the management of an ACL rupture <p><u>Revision ACL</u></p> <ul style="list-style-type: none"> • Understand the importance of MRI scans in management of graft rupture. • Understand the importance of the bony anatomy and alignment, its investigation and relevance to the management of graft rupture. • Describe the operative techniques, graft choices and fixation methods for revision ACL 			

- Describe the common pitfalls and how to overcome them
- Describe the post-operative rehabilitation regimes, and the time scales for return to sports.
- Describe the management of any associated injuries

PCL rupture

- Understand the importance of MRI scans in acute and chronic PCL rupture.
- 2. Describe the conservative management of PCL rupture
- 3. Describe the operative techniques, graft choices and fixation methods in the surgical management of PCL rupture.
- 4. Describe the common associated injuries with PCL rupture and their management
- 5. Describe the post-operative rehabilitation regimes, and the time scales for return to sports.
- Describe the risks of graft rupture including by graft type.
- Understand the importance of age in the management of an PCL rupture

Posterolateral corner injury

- Describe the anatomy of the posterolateral complex
- Describe the clinical presentation and examination PLC rupture
- Understand the importance of MRI scans in acute and chronic PLC rupture2.
- Describe the operative techniques, graft choices and fixation methods in the surgical management of PLC rupture.
- Describe the post-operative rehabilitation regimes, and the time scales for return to sports.

Knee dislocation

- Describe the management pathway from presentation to discharge from clinic for an acute dislocation
- Describe the clinical presentation and examination of an acute dislocation
- Understand the role of the vascular services in the management of knee dislocation.
- Understand the importance of imaging in the management of acute and chronic knee dislocations
- Discuss the management of a late presentation of a knee dislocation
- Describe the operative techniques, graft choices and fixation methods in the surgical management of multiple ligament injuries.
- Describe the post-operative rehabilitation regimes, and the time scales for return to sports.

Chondral lesions

- Understand the importance of MRI scans in assessment and management
- Understand the biology of articular cartilage and the basic science behind cell regeneration.
- Describe the types of operative solutions for chondral and osteochondral defects and the advantages and disadvantages of each.
- Understand the importance of malalignment in the management
- Describe the post-operative rehabilitation regimes, and the functional outcomes
- Describe the assessment of cartilage replacement therapy during follow-up following surgery, both clinical and research

Meniscal surgery

- Understand the importance of MRI scans in assessment and management
- Understand the basic science of articular cartilage
- Describe the algorithm for deciding on meniscal excision or repair
- Understand the types of meniscal tear and the discoid lateral meniscus
- Understand the relevance of associated pathology within the knee
- Describe the post-operative rehabilitation regimes, and the functional outcomes

AC7b3

Please complete a separate AC6b for each **New Core**, Compulsory, Option A, Option B, Option C module

Module Title:

Module 3: Management of Deformity			
Level:	M	Credit Value:	20
Semester:	Sem3		
Module Type: (e.g. EX, CW, WW, PR)	EX		
Module marking Scheme (e.g. M40PA)	M50PC		
Module Organiser	tbc		
Distance Learning?	YES	<input checked="" type="checkbox"/>	NO
Brief Outline			
<p>Covering scenario topics: 1, Upper tibial osteotomy 2. Distal femoral osteotomy 3. Adolescent deformity 4. Rotational osteotomies 5. Osteotomy and ligament instability 6. Double osteotomies and malunion 7. Failed osteotomies and complications</p> <p>Module Learning Outcomes: By the end of the module the student will be able to demonstrate: (a) A comprehensive understanding of a range of approaches to the management of deformity (b) In-depth knowledge of differential diagnoses and their operative management (c) Expertise in script concordance and effective clinical reasoning (d) enhanced clinical reasoning related to risk assessment/management and management of complications (e) Critical analysis of a range of evidence supporting effective practice in the management of deformity</p> <p><u>Detailed content and scenario outcomes:</u></p> <p><u>Upper tibial osteotomy</u></p> <ul style="list-style-type: none"> • Understand the importance of overall limb alignment. • Understand the biomechanics of osteotomy. • Describe the operative techniques for upper tibial osteotomy • Describe the implant inventory available for UTO and the rationale for its use. • Describe evidence for the use of navigation and robotics in UTO • Understand the potential complications and how to ameliorate them • Describe the prognosis and functional outcomes for UTO <p><u>Distal femoral osteotomy</u></p> <ul style="list-style-type: none"> • Understand the importance of overall limb alignment. • Describe the treatment options for a valgus knee. • Describe the operative techniques distal femoral osteotomy • Describe the implant inventory available for DFO and the rationale for its use. • Describe evidence for the use of navigation and robotics in DFO • Understand the potential complications and how to ameliorate them • Describe the prognosis and functional outcomes for DFO <p><u>Adolescent deformity</u></p> <ul style="list-style-type: none"> • Understand the importance of physeal growth potential. • Understand the importance of the correct patellar height and its relationship to the tibial tubercle. • Describe the operative techniques for flexion upper tibial osteotomy including tibial tubercle ostetomy • Describe the implant types available and the rationale for their use. • Understand the potential complications and how to ameliorate them • Describe the prognosis and functional outcomes for complex malalignment corrective ostetomies 			

	<p><u>Rotational osteotomies</u></p> <ul style="list-style-type: none"> • Understand the importance of imaging in the assessment of rotational anomalies of the lower limb • Understand the indications for rotational osteotomies. • Describe the operative techniques for rotational osteotomies and the fixation methods • Understand the potential complications and how to ameliorate them • Describe the prognosis and functional outcomes for osteotomies <p><u>Osteotomy and ligament instability</u></p> <ul style="list-style-type: none"> • Understand the importance of overall limb alignment. • Understand the types of varus instability and how this relates to treatment • Describe the operative techniques for combined upper tibial osteotomy and ligament reconstruction • Understand the importance of the posterior tibial slope • Understand the potential complications and how to ameliorate them • Describe the expected outcomes and their relative benefits to the patient <p><u>Double osteotomies and malunion</u></p> <ul style="list-style-type: none"> • Understand the importance of occupation and lifestyle in the management. • Understand the importance of the oblique joint line in management • Describe the operative techniques and implant selection for double osteotomy • Describe the outcomes from double osteotomy • Understand the potential complications and how to ameliorate them <p><u>Failed osteotomies and complications</u></p> <ul style="list-style-type: none"> • Understand the importance of the biology of bone healing. • Understand the importance of the risk factors for nonunion • Describe the operative techniques for managing nonunion • Describe the implant types available and the rationale for their use. • Understand the potential complications and how to ameliorate them • Describe the prognosis and functional outcomes for nonunion 																								
AC7b4	<p>Please complete a separate AC6b for each New Core, Compulsory, Option A, Option B, Option C module</p> <p>Module Title:</p> <p>Module 4: Patellofemoral Disorders</p> <table border="1" data-bbox="320 1424 1410 1704"> <tr> <td>Level:</td> <td>M</td> <td>Credit Value:</td> <td>20</td> </tr> <tr> <td>Semester:</td> <td colspan="3">Sem1</td> </tr> <tr> <td>Module Type: (e.g. EX, CW, WW, PR)</td> <td colspan="3">EX</td> </tr> <tr> <td>Module marking Scheme (e.g. M40PA)</td> <td colspan="3">M50PC</td> </tr> <tr> <td>Module Organiser</td> <td colspan="3">tbc</td> </tr> <tr> <td>Distance Learning?</td> <td>YES</td> <td><input checked="" type="checkbox"/></td> <td>NO</td> </tr> </table> <p>Brief Outline</p> <p>Covering scenario topics: Acute patellar dislocation, Chronic patellar dislocation - trochlear dysplasia, Chronic patellar dislocation - extensor mechanism, Adolescent anterior knee pain, Chronic anterior knee pain, Syndromes and patellar dislocation, Patellar pathologies</p> <p>Module Learning Outcomes: By the end of the module the student will be able to demonstrate: (a) A comprehensive understanding of a range of approaches to the management of Patellofemoral Disorders</p>	Level:	M	Credit Value:	20	Semester:	Sem1			Module Type: (e.g. EX, CW, WW, PR)	EX			Module marking Scheme (e.g. M40PA)	M50PC			Module Organiser	tbc			Distance Learning?	YES	<input checked="" type="checkbox"/>	NO
Level:	M	Credit Value:	20																						
Semester:	Sem1																								
Module Type: (e.g. EX, CW, WW, PR)	EX																								
Module marking Scheme (e.g. M40PA)	M50PC																								
Module Organiser	tbc																								
Distance Learning?	YES	<input checked="" type="checkbox"/>	NO																						

- (b) In-depth knowledge of differential diagnoses and their operative management
- (c) Expertise in script concordance and effective clinical reasoning
- (d) Enhanced clinical reasoning related to risk assessment/management and management of complications
- (e) Critical analysis of a range of evidence supporting effective practice in the management of Patellofemoral Disorders

Detailed content and scenario outcomes:

Acute patellar dislocation:

- Describe the anatomical structures that stabilise the patella
- Explain the difference between mechanical and functional instability.
- Describe the evidence behind the use of orthoses in the management of an acute dislocation.
- Define the indications for early surgical intervention in acute dislocation
- Understand the pathology in acute patellar dislocation and how this defines the treatment.
- Explain the prognosis of an acute patellar dislocation
- Describe the signs of an acute patellar dislocation on examination.

Chronic patellar dislocation - trochlear dysplasia.

- Describe the types of trochlear dysplasia and how severity is measured.
- Describe the types of trochleoplasty and the limitations of each.
- Define the indications for surgical intervention in trochleoplasty.
- Define the indications for early surgical intervention in acute dislocation.
- Explain the prognosis and outcomes of trochlear dysplasia and trochleoplasty.
- Describe the signs of trochlear dysplasia on examination.

Chronic patellar dislocation- extensor mechanism.

- Describe the confusion in nomenclature when defining patellar instability.
- Describe the evidence for non-operative and operative management of recurrent patellar instability.
- Define the indications and contraindications for surgical intervention in recurrent dislocation
- Describe the operations, both distal and proximal described for stabilising the extensor mechanism of the knee.
- Explain the rationale for choosing proximal or distal realignment.
- Understand the operative techniques available for MPFL reconstruction, MPFL tightening, medial reefing and tibial tubercle osteotomy.
- Explain the prognosis of recurrent patellar instability.
- Describe the signs of recurrent patellar instability on examination.

Adolescent anterior knee pain

- Describe the natural history of adolescent anterior knee pain.
- Describe the features of the history and examination for a likely diagnosis leading to operative management of anterior knee pain.
- Describe the evidence behind the use of orthoses in the management.
- Describe the investigation and physiotherapy management of adolescent anterior knee pain.
- Describe the examination and investigations that confirm a normal patellofemoral joint.

Chronic anterior knee pain

- Describe the modern theories of chronic pain.
- Describe the features of the history and examination for managing chronic anterior knee pain.
- Describe the investigation and physiotherapy management of chronic anterior knee pain.
- Describe the evidence behind surgical management in chondral lesions of the

	<p>patellofemoral joint.</p> <ul style="list-style-type: none"> Describe the approach to the patient who presents with chronic anterior knee pain. <p><u>Syndromes and patellar dislocation</u></p> <ul style="list-style-type: none"> The syndromes associated with patellar instability and their effects on the soft tissues The approach to a patient with poor intellectual capacity and their carers The risks and benefits of major reconstruction in syndromic patients The factors that affect the prognosis in syndromic patients. <p><u>Extensor Mechanism Rupture</u></p> <ul style="list-style-type: none"> Describe the changes occurring in ageing tissues Understand the biology and repair processes for soft tissue and the effects of age, activity, and time from injury. Describe the various surgical techniques for managing rupture and the indications for their use. Describe the evidence-base for the post-operative management of extensor mechanism rupture. Understand the treatment options and complications of extensor mechanism disruption following total knee replacement.
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AC7c1	DESCRIBE CORE OR COMPULSORY EXISTING MODULES		
Please complete for existing modules that are Core or Compulsory for this course			
Module Title:	Research, Audit and Service Evaluation		
Module Code:	MED-M66F	Semester:	Sem3
Level:	M	Credit Value:	20
Module Organiser	Mark Wilkinson		
Module Type: (EX / CW / WW / PR etc)	CW		
Module marking Scheme: (e.g. M40PA)	M50PC		
Brief Outline:			
<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><u>Learning outcomes</u> <u>Topic – Clinical Audit</u></p> <p>Knowledge – Clinical Audit</p> <ol style="list-style-type: none"> Explain what clinical audit is including a full explanation of the audit cycle Identify suitable sources for standards against which the audit will be conducted <p>Skills – Clinical Audit</p> <ol style="list-style-type: none"> 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. 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.

Attitude – Clinical Audit

1. Understand the ethical issues of clinical audit.
2. Be able to sensitively deal with problems identified by an audit

Topic – Service Evaluation

Knowledge – Service Evaluation

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.

Skills – Service Evaluation

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

Attitude – Service Evaluation

1. Understand the ethical issues of service evaluation.
2. Be able to sensitively deal with problems identified by an evaluation

Topic – Clinical Research

Knowledge – Clinical Research

1. *Explain the importance of ongoing clinical research.*
2. Explain the design of research projects in
 - 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.
5. Explain the legal restrictions on research e.g. tissue based, mental capacity Human Rights.
6. GCP
7. Draft a suitable realistic budget for carrying out a research project

Skills – Clinical Research

1. Be able to design a clinical research project involving recruitment of patients as participants including
 - 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.

Attitude – Clinical Research

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

Topic – Clinical Research

Knowledge – Clinical Research

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> <p>1. Be able to complete an NHS research ethics application form.</p> <p>Attitude – Clinical Research</p> <p>1. Understand the need for proper consideration of ethical project design at the outset (built-in rather than bolt-on ethics).</p>		
AC7c2	DESCRIBE CORE OR COMPULSORY EXISTING MODULES		
	Please complete for existing modules that are Core or Compulsory for this course		
	Module Title:	Management and Service Delivery	
	Module Code:	MED-M68D	Semester: Sem1
	Level:	M	Credit Value: 20
	Module Organiser	Martin Lee	
	Module Type: (EX / CW / WW / PR etc)	CW	
	Module marking Scheme (e.g. M40PA)	M50PC	
	Brief Outline:		
	<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 knee 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. 		
AC7c3	DESCRIBE CORE OR COMPULSORY EXISTING MODULES		
	Please complete for existing modules that are Core or Compulsory for this course		
	Module Title:	Research Dissertation	
	Module Code:	MED-M60X	Semester: Year
	Level:	M	Credit Value: 60

Module Organiser	Mark Wilkinson
Module Type: (EX / CW / WW / PR etc)	DI
Module marking Scheme (e.g. M40PA):	M50PC
Brief Outline:	
<p>This module aims to allow students to illustrate the depth of knowledge that they have developed through the whole of their MS in Knee Surgery and to give students practical experience in conducting research. All students are encouraged to consider their dissertation work for publication, either through the university or in refereed academic journals. Students registering for a MS in Knee Surgery will be obliged to focus their dissertation on an aspect of their clinical specialism.</p> <p><u>Module Outcomes:</u> At the end of this module the student will have:</p> <ul style="list-style-type: none"> (a) planned a research project (b) critically evaluated the literature relating to their chosen topic (c) demonstrated an understanding of the research methods appropriate to their topic (d) presented a clear summary of the findings of their research (e) critically analysed their findings and discussed the implications of their findings for theory and/or practice. 	

AC8	If the course is a joint course, how will the student experience be managed?
	n/a

AC9	COURSE PROFILE AND AWARD REQUIREMENTS	
	Year 0	
	Core Modules	
	Compulsory Modules	
	Option A	
	Option B	
	Option C	
	Free Choice Modules – Enter number of credits	
	Year 1	

Core Modules (new)	<ul style="list-style-type: none"> • Arthroplasty • Management of deformity (Autumn) • Patellofemoral joint (last module)
Compulsory Modules	
Option A	
Option B	
Option C	
Free Choice Modules – Enter number of credits	
Year 2	
Core Modules	<ul style="list-style-type: none"> • Soft tissue reconstruction and arthroscopy (new) • MED-M66E Research Audit & Service Evaluation • MED-M68D Management and Service Delivery
Compulsory Modules	
Option A	
Option B	
Option C	
Free Choice Modules – Enter number of credits	
Year 3	
Core Modules	MED-M60X Research Dissertation (Year long)
Compulsory Modules	
Option A	
Option B	
Option C	
Free Choice Modules – Enter number of credits	
Year 4	
Core Modules	
Compulsory Modules	
Option A	
Option B	
Option C	

	Free Choice Modules – Enter number of credits	

NOTE: Whilst the University will make every effort to offer the module listed, changes may sometimes have to be made for reason 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.

**PROGRAMME SPECIFICATION FOR AN AWARD OF
THE UNIVERSITY OF EAST ANGLIA**

(The summary section may be used for publicity purposes. The full specification may also be publicly available).

Note: One Programme Specification may be used for all courses (ROUs) in the proposal. Please indicate where there are any differences (including any course (ROU) specific learning outcomes) between courses (ROUs) in the free text and explain how learning outcomes at the programme level (i.e. covering all courses) may be demonstrated.

PS1	EDUCATIONAL AIMS AND LEARNING OUTCOMES
PS1.1	<p>Overview of aims and learning outcomes:</p> <p>Course Aims:</p> <ul style="list-style-type: none"> • Be accessible and to attract practitioners from the national pool through on-line blended learning. • Contribute to the pool of highly competent practitioners and thereby enhance the patient experience and patient safety • To provide practitioners with skills in finding, appraising and applying evidence to practice and contributing to the development of evidence-based practice • To facilitate medical leaders in the area of the sub-speciality of knee surgery • Enable flexible work place and work-based learning taking account of current impact on European Working Time Directive (EWTD). <p>Learning Outcomes: By the end of the PGDip students will be able to:</p> <ul style="list-style-type: none"> • Provide theoretical and evidence based underpinning for the Knee Surgery competencies expected from post-FRCS(T&O) (or equivalent)l surgeon. • Provide specialist services to patients with knee disorders beyond those expected for a year one consultant level, both in elective and emergencies. • Demonstrate expertise in clinical reasoning, problem-solving and solution-finding to support safe and effective patient care • Successfully achieved the requirements of the NHS Commissioning Board service specification D10 SSNDS34 for specialist orthopaedic services which includes for the knee • Demonstrate enhanced skills required for critical evaluation of a range of sources of evidence and expertise in promoting effective treatment

	<p>decisions based on best available evidence.</p> <ul style="list-style-type: none"> • Set up, conduct and analyse research and audit in Knee Surgery. • Enhance management and service development and patient care in Knee Surgery. ✓ Demonstrate expertise in teaching, training and assessment of trainees? in Knee Surgery. <p>By the end of the MS programme students will have achieved the learning outcomes as per the PGDip and in addition will be able to demonstrate:</p> <ul style="list-style-type: none"> ✓ Originality in the application of knowledge, together with a robust appreciation of how established techniques of research and enquiry are used to create and interpret knowledge in the area of the Knee
PS1.2	<p>Knowledge and Understanding:</p> <p>The standard is set at specialist level; the syllabus is selected by acknowledged specialists in the field; knowledge is gained by exposure through PBL with selected reading and specific outcomes to be met at the end of each 2 week study period. Understanding is assessed by e-tutors and students attempting formative EMQ, MCQ and script concordance tests. Knowledge and understanding will be gained by self-directed learning involving critical analysis of the literature. Clinical experience will be gained by experiential and on-the-job training.</p>
PS1.3	<p>Cognitive Skills:</p> <p>Critical appraisal and evaluation of multiple sources of evidence to support advanced decision-making</p> <p>Ability to critically analyse a range of sources of evidence in order to effectively apply evidence to clinical decision-making and practice interventions</p> <p>Critical evaluation of the effectiveness of interventions Critical reflection to enable development of own practice and that of others</p> <p>Critical appraisal and evaluation of a range of research and audit methodologies</p>
PS1.4	<p>Subject specific skills (including practical skills):</p> <p>The specific skills will be those for ST7/8 as defined by the Competency Based Curriculum for Specialist Training in Trauma & Orthopaedics for Knee Surgery from the British Orthopaedic Association (http://www.gmc-uk.org/Trauma_Orthopaedics_Curriculum_01.pdf_30557302.pdf). Operative skills will be assessed using the OCAP Problem-Based Assessment tool achieving independent management of ACL reconstruction, arthroscopic meniscal repair, Medial Patellofemoral Ligament reconstruction, valgus primary TKR, UKR, upper tibial osteotomy, first-stage revision for infected TKR, revision TKR. Exposure to other procedures as listed in the Competency-based curriculum e.g. distal femoral osteotomy, multi-ligament reconstruction, is essential with independent competence being desirable. The full range of defined competency based outputs at level 4 and 4s as described in the Competency based curriculum is expected including Basic Science and its subcomponents as well as communication skills in management of complex problems and complications.</p>

PS1.5	General/transferable key skills and attributes: Research, Audit and Service Evaluation skills Leadership Clinical decision-making and problem-solving IT and e-learning skills Reflection Teaching and training to support colleagues and learners in practice Academic writing – preparation of written papers

PS2	TEACHING AND ASSESSMENT STRATEGIES AND METHODS
PS2.1	(please describe including how these enable students to demonstrate achievement of the learning outcomes): The main learning method will be on-line case discussions with a peer group of 5 - 10 students based on 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 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. <u>Assessment</u> The Knee Surgery modules, 1-4, will each be assessed: <ul style="list-style-type: none"> • with an MCQ/EMQ one hour Exam • Formative assessment fortnightly via online MCQ • students must engage with VLE Materials and Script concordance test of clinical reasoning in order to achieve 80% engagement on the discussion board for each of the modules • at the end of Knee Surgery 4 module students will be assessed on practice in an OSCE covering the practical knowledge from the first four modules MED-M66E and MED-M68D are each assessed by a 4,000 word written assessment MED-M60X Research Dissertation of 15,000 words

PS3	EQUALITY
PS3.1	How do the admissions criteria ensure equality of opportunity for all applicants? 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.

PS3.2	What steps have been taken to ensure an inclusive curriculum?
PS3.3	In what ways do learning and teaching and assessment methods ensure inclusivity and equality of opportunity?
	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.

Please send (email) the whole Academic Case and the Summary to the Learning, Teaching and Quality Office (Assistant Registrars UG / PGT as appropriate) and to the Equality and Diversity Manager (in parallel) for comment.

For undergraduate proposals Claudia.Gray@uea.ac.uk

For integrated masters proposals Joanne.Ashman@uea.ac.uk

For Master's level proposals Joanne.Ashman@uea.ac.uk

Equality & Diversity Manager H.Murdoch@uea.ac.uk

Comments will be returned within 10 working days of receipt.

Please complete the relevant section and return (email) to the Course Proposer within 10 working days of receipt.

Sections AC10.1 and AC10.2 should be completed in parallel.

AC10	COMMENTS
AC10.1	Learning, Teaching and Quality Office:
AC10.2	Equality and Diversity Manager:

This section enables the course proposer to respond to any comments received prior to consideration of the academic case for approval.

AC11	COURSE PROPOSER'S RESPONSE TO COMMENTS ON THE ACADEMIC CASE (WHERE RELEVANT)

AC12	APPROVALS	SIGNATURE AND DATE
AC12.1	Head of School	
	Approved:	
	Approved with amendments:	
	Rejected:	
AC12.2	Faculty Associate Dean (following Faculty LTQC)	
	Approved:	
	Approved with amendments:	
	Rejected:	

CIRCULATION (for office use only)		
	Course Proposer	<ul style="list-style-type: none"> ○ Summary ○ Approvals
	LTQO (for report to LTC) W.Forsdick@uea.ac.uk	<ul style="list-style-type: none"> ● Summary ● Approvals
	Planning Office A.M.Watson@uea.ac.uk	<ul style="list-style-type: none"> ● Summary ● Approvals
	Faculty Teaching Office	<ul style="list-style-type: none"> ● Summary ● Programme Specification ● Course profile ● Approvals
	Marketing & Admissions Service Laura.Thompson@uea.ac.uk	<ul style="list-style-type: none"> ● Summary ● Approvals
	Academic Officer of the UAEAS / President of GSA (for taught postgraduate only)	<ul style="list-style-type: none"> ● Summary ● Approvals