

MOHAMMED BIN RASHID UNIVERSITY
OF MEDICINE AND HEALTH SCIENCES



College of Medicine Catalog

Academic Year 2016-2017



جامعة محمد بن راشد
للطب و العلوم الصحية
MOHAMMED BIN RASHID UNIVERSITY
OF MEDICINE AND HEALTH SCIENCES

COLLEGE OF MEDICINE
BACHELOR OF MEDICINE AND BACHELOR OF SURGERY PROGRAM
CATALOG FOR ACADEMIC YEAR 2016-17

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1. Academic Calendar (2016 - 2017)

The key dates relating to the Calendar for 2016 - 2017 are set out in the table below. MBRU adheres to the academic calendar requirements of the UAE Ministry of Education.

Semester 1 (201610)	Dates
New Student Orientation	August 23, 2016 – August 25, 2016
Semester 1	August 28, 2016 - December 8, 2016
Semester 1 – Final Exams	December 11, 2016 - December 15, 2016
WINTER BREAK – 3 weeks	December 18, 2016 - January 5, 2017
Semester 2 (201620)	Dates
Semester 2	January 8, 2017- May 11, 2017
Semester 2- Final Exams	May 14, 2017- May 25, 2017
SPRING BREAK – 2 weeks	March 26, 2017- April 6, 2017
SUMMER BREAK	May 28, 2017 - August 17, 2017

UAE Public Holidays 2016-2017

Occasion	Dates
Arafat (Haj) Day	September 10, 2016
Eid-al-Adha - Feast of sacrifice in Islamic tradition	September 11-September 13, 2016
Al-Hijra – Islamic New Year	October 2, 2016
Martyr's Day	November 30, 2016
UAE National Day	December 2- December 3, 2016
Birthday of the Prophet Mohammed	December 12, 2016
New Year's Day 2017	January 01, 2017
Israa & Miaraaj Night	April 24, 2017
Eid Al Fitr	June 26- June 28, 2017
Arafat (Haj) Day	August 31, 2017
Eid Al Adha	September 01- September 03, 2017
Hijri New Year's Day	September 21, 2017
Martyr's Day	November 30, 2017
Prophet Mohammed's Birthday	December 01, 2017
UAE National Day	December 02-December 03, 2017

Public holidays are subject to confirmation from relevant authorities and will be announced by the MBRU administration

Any revisions to teaching and clinical skills scheduling, examination timetables, Public Holidays, and MBRU closure periods, will be published throughout the year on the university website at www.mbruniversity.ac.ae. In addition, during Phase 3 of the MBBS Program, students may elect, or be required for remedial study purposes, to undertake a period of selective study during the summer months. Students will be notified of this requirement in advance.

2. A Brief Statement Of Institutional History

His Highness Sheikh Mohammed Bin Rashid Al Maktoum, Vice President and Prime Minister of the United Arab Emirates and Ruler of Dubai, announced the establishment of Mohammed Bin Rashid University of Medicine and Health Sciences (MBRU) in 2014. In June 2016, His Highness signed Decree number 7 for the formal establishment of the University.

The university is located within Dubai Health Care City (DHCC) as its education and research arm, thus creating an integrated academic and clinical environment for training medical and allied health professions, and innovative world-class standard research that is attuned to the needs of the country. The goal is to advance the quality and standard of healthcare in Dubai, the UAE, and the wider region. In addition to the existing Hamdan Bin Mohammed College of Dental Medicine and the College of Medicine, MBRU will encompass new colleges in the future.

The university is licensed by the Commission for Academic Accreditation in the Ministry of Education of the United Arab Emirates, for the period December 2014 to December 2019, to award degrees and qualifications in higher education. All programs offered by MBRU are benchmarked against international standards to ensure a high-quality education which allows its graduates to be competitive globally, both in the job market and in securing advanced specialist training positions. MBRU's academic partner is Queen's University Belfast in the United Kingdom. This partnership aims at enhancing the quality of all aspects of the medical program and supporting the university on strategic and operational issues.

3. MBRU Vision, Mission and Goals

Vision

The Mohammed Bin Rashid University of Medicine and Health Sciences (MBRU) aims to be an internationally recognized provider of high quality healthcare education and a center for healthcare research.

Mission

The Mission of MBRU is to provide integrated academic and clinical healthcare professional education of international standards as well as innovative world-class research attuned to the needs of the country.

Goals

The goals of MBRU are to:

- 3.1.1. Develop high quality healthcare workforce capacity by training and graduating highly skilled and competent healthcare workers who are competitive internationally and practice with high standards of ethics and professionalism.
- 3.1.2. Develop medical scientific research capacity attuned to regional and national needs through an integrative curriculum, and by creating an enabling environment that attracts highly skilled researchers and supports research programs.
- 3.1.3. Actively engage with the community through outreach programs that enhance the health status of the society.
- 3.1.4. Achieve international recognition as a center for high quality medical education and research as evidenced by high listing in international academic rankings.
- 3.1.5. Be readily identified internationally with the values we espouse - high standards of quality, equality, justice, transparency, efficiency and integrity.

4. MBRU Statement of Licensure and Accreditation

MBRU, located in the Emirate of Dubai, is officially licensed from 15 December 2014 to 14 December 2019 by the Ministry of Higher Education and Scientific Research of the United Arab Emirates to award degrees and qualifications in higher education.

5. MBRU College of Medicine Mission, Goals and Outcomes

Mission

The Mission of the College of Medicine is to provide integrated medical education and research that is nationally responsive and globally connected, serving individuals and communities.

Goal 1 and Outcomes

MBRU College of Medicine will graduate highly skilled and competent medical professionals who practice compassionately and ethically, and maintain a high level of professionalism.

Outcome 1A: Graduates secure and complete competitive postgraduate training.

Outcome 1B: Graduates pursue successful careers in medicine.

Goal 2 and Outcomes

MBRU College of Medicine will create an environment conducive to impactful and innovative medical research.

Outcome 2A: Faculty, students and graduates secure internal and external funding for scholarly activities.

Outcome 2B: Faculty and students disseminate research findings through peer reviewed publications and presentations in professional meetings.

Goal 3 and Outcomes

MBRU College of Medicine will actively engage with the community to preserve and promote health.

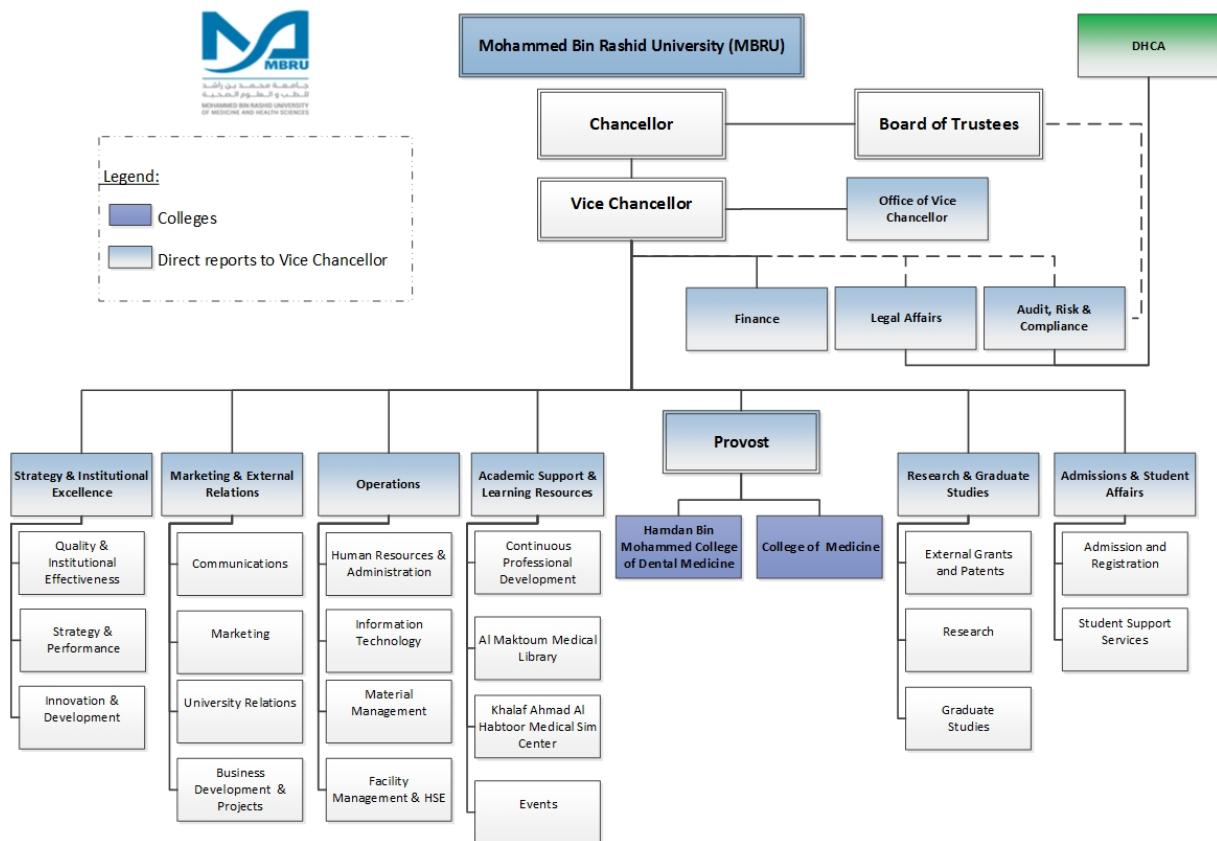
Outcome 3A: Faculty, staff and students organize and participate in health related community activities.

Outcome 3B: Engagement in community activities result in positive change in the health of the community.

6. The Organization

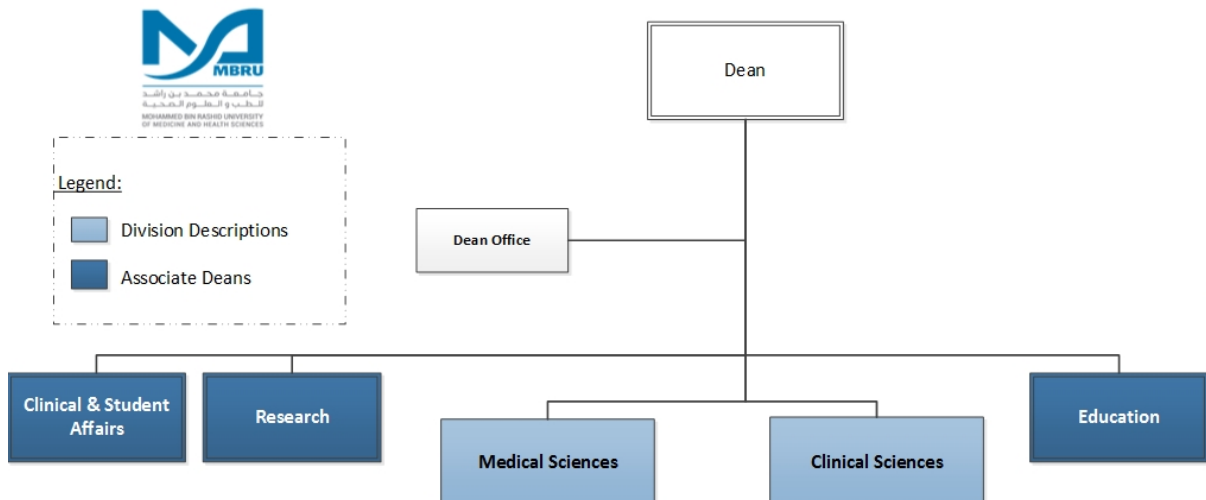
6.1. MBRU Structure

The structure of the university is shown in the chart below. The University Council is the highest ruling body within the university and equates to “The Board” in the Commission for Academic Accreditation Standards.



6.2. College of Medicine Structure

The College of Medicine is one of the component Colleges of MBRU. The organization chart below provides an overview of its structure:



7. Resources and Physical Setting

7.1 Physical Teaching Resources and Facilities

7.1.1. Class Rooms

7.1.1.1. The Mohammed Bin Rashid Academic Medical Center is the home base for MBRU. Currently, it houses 6 large classrooms accommodating up to 100 students each, all dedicated for use by College of Medicine. Each classroom is equipped with double presentation screens and up to date audiovisual equipment. There is also electronic connectivity to the large 350-seater auditorium, with an internet port connection for each student.

7.1.1.2. In addition, 10 tutorial rooms each accommodating 8-10 students and the tutor will be added for small group learning.

7.1.1.3. The entire building has a wireless connection to the Internet. The students are expected to bring to class either an electronic tablet or a laptop.

7.1.2. Case Demonstrations

7.1.2.1. MBRU houses a state-of-the-art case method room - a horse-shoe shaped classroom designed for case demonstrations. It can accommodate up to 60 students. The acoustics are such that the

speaker in the central part is clearly audible in all parts of the hall without the need for a microphone. The hall has connectivity to the main 350 seater auditorium.

7.1.2.2. A similar case method hall is planned for the Anatomy dissecting room.

7.1.3. Teaching Laboratories

In the development stage are three Teaching Laboratories. Each can accommodate 50 students at a time. A 'dry' Teaching Laboratory is dedicated for projection and demonstrations in Histology, Pathology, and Microbiology. The 'wet' Teaching Laboratory is for practical sessions in subjects that involve wet preparations.

7.1.4. Computer Assisted Learning Laboratory

In the stage of development is a 60 station computer laboratory designed for teaching numeracy and computer based experiments and learning in physiology and pharmacology.

7.1.5. Anatomy Dissecting Room

MBRU has a dissecting room for teaching Anatomy and related subjects. It has 10 dissecting tables (each accommodating 8 students), a morgue for cadavers and body parts, a storage facility, student lockers, two debriefing rooms, two faculty offices, technician offices, and a case method hall for demonstrations.

7.2 Clinical Teaching Facilities

7.2.1 Simulation and Clinical Skills Training Center

7.2.1.1 The Khalaf Ahmad Al Habtoor Medical Simulation Center, located on the second floor of the academic building is a training facility where healthcare professionals will receive training to improve quality of care and teamwork in a simulated environment with no risk to patients. The Simulation Center, a 19,500 sq. ft. facility, has all the elements of a virtual hospital. It has two fully functioning Operation Rooms; four ICU Bays - including a pediatric bay; and a ward room, three debriefing rooms, a small meeting room and a large training room on the second floor. There is a large skills training and competency testing room (e.g. intravenous cannulation, endotracheal intubation, lumbar puncture). In the basement is a complete Emergency Room with facilities for imaging.

7.2.1.2 An additional twelve consultation rooms are in the stage of development.

7.2.2 Mohammed Bin Rashid University Hospital

Adjacent and linked to the Mohammed Bin Rashid Academic Medical Center is the Mohammed Bin Rashid University Hospital, which is under construction and will be ready in 2019. At completion, the hospital will have approximately 400 beds covering the core medical specialties. It is a center for clinical training of students of Mohammed Bin Rashid University of Medicine and Health Sciences.

7.2.3 Academic Medical Centers

7.2.3.1 MBRU is located at the heart of Dubai Healthcare City which currently houses over 150 medical facilities, 4,000 physicians and three full size hospitals that are fully operational and open to patients. MBRU has already developed memoranda of understanding with key providers in DHCC.

7.2.3.2 The memoranda of understanding underscore the desire of the parties to collaborate on matters of medical education, research and service provision. Currently, there are agreements with, or letters of support from, Dubai Health Authority, Mediclinic Middle East Group, the Moorefields Eye Hospital and Sulaiman Al Habib Hospital.

7.3 Library Resources

The Al Maktoum Medical Library is housed in the academic building. In addition to serving MBRU and its component Colleges, the library has the capacity to serve the medical community of DHCC.

The library is a modern 30,000 square feet facility. It houses advanced collection of clinical and professional development resources (both electronic and print collection). It has extensive databases, more than 16,000 electronic journals, and electronic learning resources. The databases and electronic resources are accessible by remote connection. The Library has developed an extensive network for sharing educational resources and journals with other libraries in the region.

Library opening hours are listed below:

Regular Opening Hours	
Sundays – Wednesdays	8.00 am – 8.00 pm
Thursdays	8.00 am – 5.00 pm
Saturdays	9.00 am – 2.00 pm
Fridays and Public Holidays	Closed

There is also a designated area in the library that opens 24 hours a day, 7 days per week, with the exception of Public Holidays.

New students will receive an induction into using the Library and its online facilities as part of orientation, and librarians are available throughout the academic year to help students locate and use the materials and facilities they require. The regulations for use of the Library Facilities are available in the *Student Handbook*. The acquisition has been updated recently as follows:

7.3.1 Databases

7.3.1.1 Over 18 Core Databases

7.3.1.2 Four new databases received for 2015, including BMJ Clinical Summaries and Web of Science*

7.3.2 Journals

7.3.2.1 1000 new full text titles now available for 2015

7.3.2.2 440 full text titles*

7.3.3 Multimedia

7.3.3.1 Acland Anatomy*

7.3.3.2 Visible Body*

7.3.4 E-books

7.3.4.1 Springer 730 new titles*

7.3.5 Print Books

7.3.5.1 200 new titles*

* Currently under acquisition

7.4 Educational Technology

7.4.2 e-Learning Management System (LMS): The University has subscribed to 'Desire2Learn' as the platform for the LMS.

7.4.3 Registration and Enrollment: All students, Faculty, and Human Resources Management records will be on an electronic platform called 'PowerCampus'.

8 Partnerships and Collaborations

MBRU has a number of collaborative agreements and partnerships with educational, research and service institutions both within and outside the UAE. Such partnerships aim at enhancing the quality of MBRU's educational programs, widening the university network and expanding the university outreach.

Queen's University Belfast

MBRU has an academic partnership with Queen's University Belfast (QUB). The goal of the partnership provides quality assurance through offering advice on strategic planning, organization and governance of the university and its Colleges, as well as infrastructure and educational resources development, development of curriculum, faculty recruitment, senior staff recruitment, student recruitment and faculty development programs. The curriculum is developed by MBRU.

QUB is the ninth oldest university in the United Kingdom and is a member of the UK's Russell Group of 24 leading research-intensive universities.

Mediclinic Middle East

Mediclinic Middle East is part of Mediclinic International, one of the top ten listed private healthcare groups in the world, with 52 hospitals in South Africa, 16 in Switzerland (under the name Hirslanden) and two hospitals and ten clinics in the UAE. Mediclinic City Hospital in Dubai Healthcare City, currently has 229 beds across a range of specialties and plans to have 93 full time consultant staff in post by April 2016.

MBRU is currently finalizing a partnership agreement with Mediclinic Middle East to advance their common passion for medical education. Under this agreement, Mediclinic Middle East will make its excellent healthcare facilities and highly trained specialist physicians available for the training of MBRU students. Mediclinic Middle East will assign prepared adjunct faculty members as supervisors for MBRU students who will be embedded in the healthcare teams and participate in healthcare delivery under supervision and with graded responsibilities according to their skills and experience. The training will be based on a jointly developed program with clearly defined learning outcomes.

Under this agreement, clinical academic faculty of MBRU will be granted clinical privileges to treat patients at Mediclinic facilities. Mediclinic Middle East will offer

MBRU students, the opportunity to learn in the setting of a large multispecialty private sector healthcare provider.

Dubai Health Authority

The Dubai Health Authority is the major public sector healthcare provider in Dubai. It belongs to the Dubai Government. The healthcare system includes four hospitals and 14 Primary Healthcare Centers supported by a full range of ancillary services. Service is provided in all the core specialties and sub-specialties.

MBRU is in the final stages of negotiating an educational partnership agreement with the DHA healthcare system that will make DHA's enormous resources available for the training of MBRU students. The same educational process and mutually beneficial arrangement that MBRU has with Mediclinic Middle East will be negotiated with DHA, providing students with experience in both private and public sectors of healthcare delivery.

9 Admissions Policy

MBRU's admissions policy and procedures is detailed in the *Student Handbook section 2.1*.

10 Financial Policies

The Department of Student Services in collaboration with the Finance Department supports students with financial documentation (e.g. statement of fees) and can advise on issues relating to tuition fees, scholarships, and financial aid.

10.1 Tuition Fees

10.1.1 The university will annually publish the tuition and fees schedule. Any changes in tuition and fees is approved by the University Council and communicated to students at least six months before taking effect. Below is the tuition and fees schedule for Academic Year 2016-2017:

2016-2017	Amount	Schedule
Application Fee (nonrefundable)	350 AED	At time of application
Registration Fee (nonrefundable counted towards 1 st installment)	3,500 AED	At time of acceptance of offer
First tuition and fees installment	76,500 AED	September 1, 2016
Second tuition and fees installment	80,000 AED	January 1, 2017
Total Payment Due	160,350 AED	

- 10.1.1.1 The yearly tuition covers all educational expenses, recreational, library, insurance, computer and lab activities. It does not cover the cost of clinical electives taken inside or outside the country.
- 10.1.1.2 Tuition charges are due and payable in full at the specified deadlines of each academic term as per the Schedule of Tuition and Fees. The final responsibility for payment of tuition and fees charged rests with the individual student and their sponsors.
- 10.1.1.3 Students facing financial hardship could ask the Department of Student Services to reschedule payments on an exceptional basis.
- 10.1.1.4 Students with external scholarship for tuition charges must provide written confirmation of the scholarship as specified in the Schedule of Tuition and Fees before the payment deadline. Sponsored students who do not submit the required confirmation of sponsorship and continue in enrollment will assume personal responsibility for all tuition charges and applicable fees.
- 10.1.1.5 Students who fail to pay all applicable tuition charges by the established payment deadline(s) or who are late in paying their fees may be subject to denial of academic services or cancellation of current and/or future registration.
- 10.1.1.6 Unless otherwise specified, fees are due and payable within 15 days of the invoice date.
- 10.1.1.7 Payments of tuition and fees may be made by means specified in the published Schedule of Tuition and Fees, and notification of tuition and fee charges by the Finance Department via the student's university email address constitutes official notice of financial liability.

All additional policies on Tuition fee refunds, scholarship opportunities is detailed in the *Student Handbook*.

11 Student Services

The Department of Student Services at MBRU provides assistance to students with regards to: orientation, advising and registration, counselling, career planning, accommodation, sports and recreational activities, student life, dining facilities, health services and emergency services. Detailed information on each service is provided in the *Student Handbook* (Section 1.).

12 Students Code of Conduct

The *Student Handbook* sets out details on what students can expect from MBRU and the College of Medicine during their time of study in the University, and what

their responsibilities are. Details on General Conduct, Dress Code policy, co-education conduct and conduct in the classroom are also presented in the Student Handbook (section1).

13 Student Complaints Policy

The Student Complaints Policy and appeal mechanisms are provided in the *Student Handbook (section 3)*.

14 Academic Integrity

The Student Disciplinary and Appeals Procedures relating to both academic and non-academic offenses are available within the *Student Handbook (Section 3)*.

15 Definition of Credit Hour

The credit system conventionally uses hours (contact and credit) per week to measure student load. This is implemented in the basic science years (years 1 -3). On the other hand; clinical rotations (years 4-6) are weighted by the number of weeks in a rotation.

One "credit hour" is equal to one "contact hour" (60 minutes) of Lecture time, 2 contact hours (120 minutes) of a Practical or a Tutorial, or three-four contact hours (180-240 minutes) of Field Work or clinical work in a 15-17 week semester. A team based learning (TBL) session is considered to be a tutorial.

For example, in a 15-week semester, a course of three credits where there are two lectures and one tutorial every week will have; 30 contact hours of lecture time and 30 contact hours of tutorial time (i.e. 60 contact hours per semester). A similar three credit hour course but with three lectures per week will have 45 contact hours per semester.

16 Definitions of Academic Terminology

The MBBS program is a College degree in Medicine which requires the successful completion of six years of study. Each year is comprised of ~ 40 weeks of study divided into two semesters. There are no separate areas of concentration under the MBBS program at MBRU.

17 MBBS Program Learning Outcomes and Completion Requirements

The goal of the MBBS program is to graduate competent and safe physicians well-prepared with the knowledge, skills and behaviors to serve individuals and communities and to pursue postgraduate training programs.

17.1 MBBS Learning Outcomes

The program learning outcomes of the MBBS program at MBRU are derived from the program goal. Each outcome has sub-outcomes which address the various orders of thought according to Bloom's taxonomy. Furthermore, each outcome is aligned to Level 7 of the *QF Emirates*. At the conclusion of the MBBS program, the learner will be able to:

- 1. Practice in a safe and competent manner**
 - 1A: Describe normal human development, structure, function and behavior
 - 1B: Explain mechanisms of abnormal development, structure, function and behavior underlying human disease
 - 1C: Apply principles of normal and abnormal development, structure, function and behavior in the recognition of disease conditions
 - 1D: Apply principles of normal and abnormal development, structure, function and behavior in the prevention and treatment of disease
 - 1E: Comprehend and apply principles of safe patient care and clinical governance

- 2. Observe ethical and professional standards**
 - 2A: Describe the principles of biomedical ethics
 - 2B: Apply the principles of biomedical ethics in patient-centered care
 - 2C: Demonstrate professional behavior towards self, patients, colleagues, and society

- 3. Practice evidence-based medicine and engage in scholarship and generation of new knowledge**
 - 3A: Comprehend the principles of research methods and evidence-based medicine
 - 3B: Identify and critique relevant research findings and medical literature
 - 3C: Formulate a hypothesis and design a research proposal
 - 3D: Synthesize and apply key research findings in the care of patients and society

4. Communicate clearly and effectively

- 4A: Comprehend the principles of effective communication with patients and colleagues
- 4B: Demonstrate appropriate oral, written and electronic communication skills with various groups and within different clinical and cultural contexts
- 4C: Demonstrate the ability to manage and resolve conflicts

5. Advocate for health promotion of individuals and communities

- 5A: Comprehend principles of epidemiology and social determinants of health and disease
- 5B: Identify opportunities for health advocacy in society
- 5C: Identify barriers to health care access and their impact at the patient and population level
- 5D: Apply principles of health advocacy in the care of patients and communities

6. Distinguish various healthcare systems and their management

- 6A: Describe principles of healthcare system structure and function
- 6B: Describe the evolution and present trends in healthcare management
- 6C: Evaluate and compare different healthcare systems

7. Educate and share knowledge and skills

- 7A: Comprehend principles of adult teaching and learning
- 7B: Identify opportunities for knowledge-sharing and teaching
- 7C: Demonstrate effective teaching and knowledge transfer to patients, peers, and society

8. Participate effectively in multidisciplinary teams

- 8A: Comprehend principles of effective team work
- 8B: Demonstrate the ability to work effectively and respectfully in a team
- 8C: Critically and honestly evaluate colleagues and self

9. Demonstrate commitment to life-long, self-directed learning and performance improvement

- 9A: Recognize gaps in one's own knowledge and skills
- 9B: Identify and engage with opportunities for self-directed learning
- 9C: Apply new evidence to improve clinical practice and services

17.2 Program Completion Requirements

Graduation with an MBBS degree requires the student to pass all the courses with a minimum cumulative GPA of 2.5.

18 General Education

The General Education requirements are designed to add breadth to the student intellectual experience. They ensure that when students complete their MBBS program, they can demonstrate competence in oral and written communication in English; in scientific quantitative and critical reasoning; and in using technology to access, evaluate, organize and communicate information. The following specific courses have been designed to address those competencies:

1. ITHS 1120: Innovation and Technology in Health Sciences (2 credits)
2. LANG 1121: English for Health Sciences (2 credits)
3. ETHC 1110: Medical Ethics in Islam - Principles and Practice (1 credit)
4. MEDC 1122: History of Medicine (1 credit)
5. MEDC 3240: Mind and Behavior* (4 credits)

* There is a component that deals with psychology as part of a broader mind and behavior content in this course.

19 Structure and Goals of the MBBS Program

This section sets out an overview of the structure and goals of the MBBS program.

19.1 MBBS Curriculum

The development of the curriculum is underpinned by the following Principles. The curriculum should be:

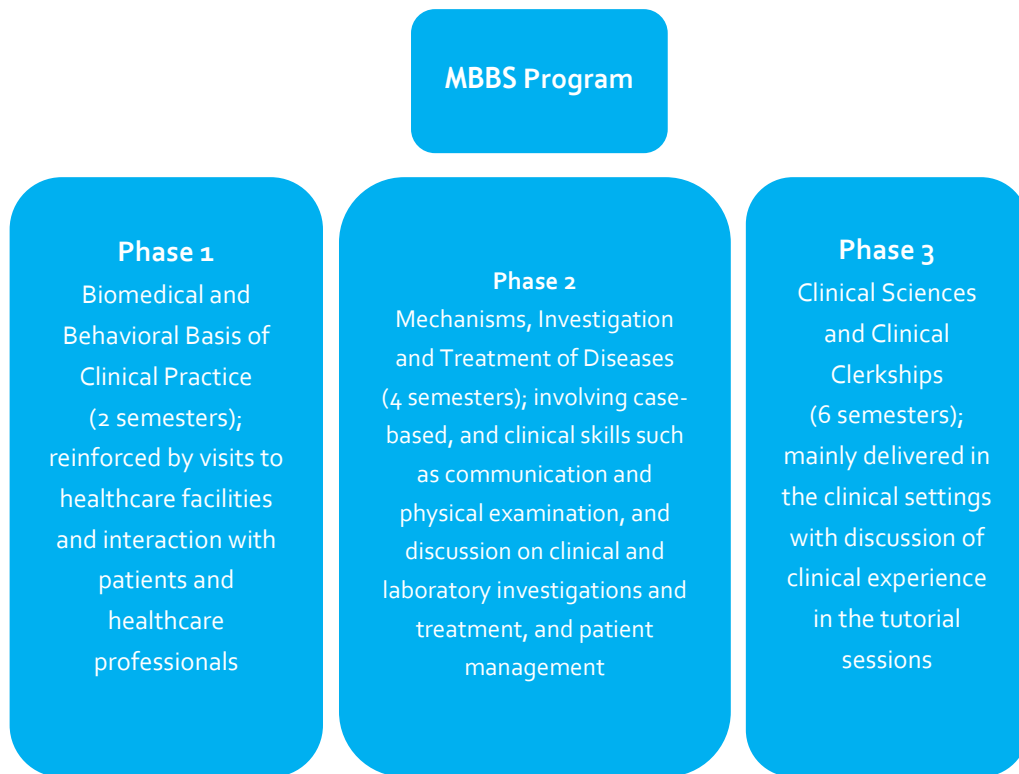
- aligned with the institutional mission;
- relevant to society;
- outcomes-based;
- inclusive of core components that encompasses the knowledge, skills and aspects of competency that the graduate must master to be competent and safe in the local and global environment;
- making provision for all students to engage with the community and extend

their education in areas of interest beyond the core;

- benchmarked against international standards;
- laying the foundation for ongoing development of the individual throughout his or her career by:
 - a. fostering an “adult learner” attitude that values independent study, reflection on performance, self-directed learning and professional development
 - b. promoting critical thinking
 - c. emphasizing understanding of mechanisms and pathophysiology
 - d. emphasizing experiential, simulation and active case-based and problem-based learning
 - e. offering a blend of biomedical, behavioral and clinical sciences through clinically oriented education;
 - f. offering early purposeful interaction with patients and healthcare systems;
 - g. emphasizing both individual and population health;
 - h. emphasizing the concepts of maintenance of wellness, disease prevention, disease detection and treatment at both individual and population levels;
 - i. focusing on academic achievement and scientific enquiry;
 - j. aligning assessment with learning outcomes.

19.2 Curriculum Structure

The program takes place over a six year period. There is a strong emphasis within the curriculum structure on acquisition of clinical skills and competence, and simulation based training will be adopted to facilitate this. A key theme is the fostering of self-directed professional development. You will be guided in evaluating and managing your own professional development via the use of professional development portfolios. The MBBS program is divided into three phases, each of which has several components and some periods assigned for “selectives” and “electives”:



The Core Curriculum covers the minimum essential knowledge and skills that a newly graduated doctor must have in order to safely and competently assume post-graduate training. Its must be covered during the various periods of instruction and will be assessed. This, of course, does not preclude the introduction of additional materials that may enrich learning.

19.2.1. Duration of Program (see section 16 above)

- The duration of study for medical degree in the MBBS Program will be six academic years;
- An academic year consists of at least 30 weeks divided into two semesters;
- Each semester is 15 weeks long.

19.2.2. Optional Summer Study

During the 8 weeks of the summer holiday period, students may be offered optional courses or research experiences, or be required to take remediation courses.

19.2.3. General Education

A General Education curriculum, designed to equip the student with generic skills and provide a broad foundation for specialized medical

training, is offered in the first semester and then interspersed within the program, according to the need in each phase of study (Refer to Section 18 for list of courses).

19.3 Support for Internship Post Graduation

After successful completion of the 6-year program, students will be awarded the Bachelor of Medicine and Bachelor of Surgery (MBBS) degree. Most countries, including the UAE, will require the medical graduates to undertake one year of structured internship with a healthcare provider approved by the relevant local health authorities. After successful completion of one year of Internship, graduates then can apply for full license and will typically continue with further post-graduate training before independent practice. Further details on internship policy will become available in the future.

Internship positions are limited and competitive. MBRU will provide all possible support to assist graduates, national and international, with securing the necessary internships to progress their careers, and will leverage its relationships with programs in the UAE to help facilitate this. The following three Health Authorities in the UAE provide a total of 330 internship opportunities:

- a. The Federal Ministry of Health: 100 positions
- b. The Dubai Health Authority: 110 positions
- c. The Abu Dhabi Health Authority: 120 positions

MBRU will also support students in preparing for their post-graduate training through early career planning, and organizing seminars and career events, to make sure that MBRU graduates are competitive for postgraduate training.

The Career Center will advise students on appropriate methods and activities designed to support graduates of the MBBS program to secure their desired post-graduate training positions.

20. Sequencing of Courses within the MBBS Program

20.1 Phase 1 - Degree Plan (Year 1)

Phase 1			
Code	Course	Credits	Pre-requisite
Semester 1			
LANG1121	English for Health Sciences	2	Nil
MEDC1132	Enzymes and Metabolism	3	Nil
MEDC1153	Foundational Concepts in Medical Sciences	5	Nil
MEDC1124*	Fundamentals of Epidemiology & Biostatistics - Part 1	2	Nil
MEDC1115	History of Medicine	1	Nil
ITHS 1126	Innovation and Technology in Health Sciences	2	Nil
MEDC1127*	Introduction to the Practice of Medicine - Part 1	2	Nil
ETHC 1118	Medical Ethics in Islam - Principles and Practice	1	Nil
TOTAL		18	Nil
Semester 2			
MEDC1124*	Fundamentals of Epidemiology & Biostatistics - Part 2	*	
MEDC1127*	Introduction to the Practice of Medicine - Part 2	*	
MEDC1251	Abdomen, Pelvis and Perineum: Structure and Function	5	Nil
MEDC1232	Genetics and Molecular Biology	3	Nil
MEDC1233	Thorax: Structure and Function	3	Nil
MEDC1254	Upper and Lower Limbs: Structure and Function	5	Nil
TOTAL		16	

* Courses run over two semesters. Semesters are numbered according to their sequence in the 6-year program.

20.2. Phase 2: Mechanisms of Diseases (Years 2 and 3)

Phase 2			
Code	Course	Credits	Pre-requisite
Semester 3			
*MEDC2121	Health Maintenance and Disease Prevention 1	2	Phase1
MEDC2152	General Microbiology	5	Phase1
MEDC2143	General Pathology	4	Phase1
MEDC2134	Principles of Drug therapy	3	Phase1
*MEDC2125	Research Methods 1	2	Phase1
TOTAL		16	
Semester 4			
*MEDC2121	Health Maintenance and Disease Prevention 1	*	
*MEDC2125	Research Methods 1	*	
MEDC2251	Cardiovascular system	5	Phase1
MEDC2242	Endocrine system	4	Phase1
MEDC2243	Hemopoetic and Immune system	4	Phase1
MEDC2444	Renal system	4	Phase1
MEDC2235	Respiratory system	3	Phase1
TOTAL		20	
Semester 5			
MEDC3161	Digestion, Nutrition, Obesity	6	Phase1, Phase 2 (Sem1&2)
*MEDC3122	Health Maintenance and Disease Prevention 2	2	"
MEDC3153	Reproductive system, Breasts, Growth and Ageing	5	"
*MEDC3144	Research Methods 2	4	"
MEDC3125	Skin and Connective Tissue	2	"
TOTAL		19	
Semester 6			
*MEDC3122	Health Maintenance and Disease Prevention 2	*	
*MEDC3144	Research Methods 2	*	
MEDC3231	'Comprehensive Course'	3	Phase1, Phase 2 (Sem1&2)
MEDC3242	Head and Neck and Special Senses	4	"
MEDC3233	Locomotor System	4	"
MEDC3244	Mind and Behavior	4	"
MEDC3255	Neurosciences	5	"
TOTAL		20	

* Courses run over two semesters. Semesters are numbered according to their sequence in the 6-year program.

20.3. Phase 3 Clinical Sciences (120 Weeks, 120 Credits) (Years 4-6)

Phase 3			
Year 4	Pre Hospital Clinical Skills and Methods, Obstetrics and Gynecology, Family Medicine, Emergency Medicine, General Internal Medicine, General Surgery and General Pediatrics	40 weeks	All Phase 2
	Breaks and Exams	12 weeks	
Year 5	Psychiatry, Surgical and Medical Subspecialties, Global Health, Rehabilitation Medicine, Forensic Medicine	40 weeks	All Phase 2
	External Electives	8 weeks	
	Breaks and exams	4 weeks	
Year 6	Clerkships Continued.	40 weeks	All Phase 2
	Internal Electives and Exams	6 weeks	

21. Course Descriptions

This section details course descriptions for Phase 1 of the MBBS program. Please refer to the corresponding course booklets for more details about the courses. None of the courses listed below has a prerequisite, except for courses that are divided into two parts, where successful completion of part one is a prerequisite for part two.

21.2. Course Descriptions - Phase 1**Innovation and Technology in Health Sciences (Course Code ITHS1126), 2 Credit Hours**

In the current global climate technology plays a major role in everyday life particularly education and healthcare. This course introduces how technology is utilized in acquisition, analysis, and protection of health information necessary for improving quality and efficiency of healthcare. The course also provides an overview of three key areas that influence current healthcare delivery; using technology in accessing information from medical literature; 'design thinking' as a problem-solving approach used to stimulate innovation; and the role of 'social media'.

English for Health Sciences (Course Code LANG1121), 2 Credit Hours

This course aims to provide students with the written and oral communication skills required for their specialized field of study. Students will learn how to synthesize and paraphrase information from a number of sources. They will also learn how to extract relevant information from a journal extract to write a summary-abstract. Medical terminology and language of anatomy are taught mostly through self-study materials.

Medical Ethics in Islam - Principles and Practice (Course Code ETHC1118), 1 Credit Hour

This Course will enable the students to develop their understanding of the concepts of Biomedical Ethics and Professional Behavior in the context of the Islamic way of life. They will learn how this impacts on the application of general medical ethics in a specific cultural context. With this understanding, they will appreciate the multi-cultural nature of the patient population and be aware of the need to be an advocate for different segments of the population.

History of Medicine (Course Code MEDC1115), 1 Credit Hour

This course will introduce students to the historical development of medicine and health related sciences. They will gain an overview of how new ideas have affected the approach to medical care, as well as the contributions made by specific scientists, physicians and surgeons. Although the focus will be on Western medical practice, students will also be introduced to the historical development of medicine in other regions and traditions.

Enzymes and Metabolism (Course Code MEDC1132), 3 Credit Hours

This course introduces several basic biochemical concepts and examines fuel metabolism and its regulation, i.e. how ATP, the energy-currency of our cells, is produced from different metabolic fuels, the way energy sources are catabolized and stored in the body and how abnormalities can arise in these pathways.

Foundational Concepts in Medical Sciences (Course Code MEDC1153), 5 Credit Hours

This course encompasses a range of important concepts which are crucial to the understanding of normal human biology. These concepts have wide applications across all body systems, including the major biological disciplines of anatomy, biochemistry, pharmacology and physiology. Understanding of these concepts at this foundational stage, will allow students to use them as they consider their relevance throughout the rest of the program. Further, this course also provides the student with an opportunity to develop analytical and critical thinking abilities.

Introduction to the Practice of Medicine (Course Code MEDC1127), 2 Credit Hours.

This Course will introduce the students to the concept of Biomedical Ethics and Professional Behavior. They will learn about ethical behavior and professional responsibility expected of a physician in good standing towards his/her patients and the society.

Fundamentals of Epidemiology and Biostatistics (Course Code MEDC 1124), 2 Credit Hours

This is an introductory course for students in medical sciences who have no formal background in epidemiology and biostatistics. Students will be introduced to the basic principles and methods as applied to public health problems. Students will recognize the role of quantitative methods in understanding clinical questions, especially in decision-making. This course will be delivered such that the emphasis will be to acquire a comprehensive understanding of the general concepts and uses of epidemiology and biostatistics as opposed to the underlying mathematical developments.

Upper and Lower Limbs and Spine: Structure and Function (Course Code MEDC1254), 5 Credit Hours

This Upper and Lower limbs course is about the structure of limbs and spine of the human body in relation to their function. The course will also introduce the concept of “living anatomy” as seen on conventional medical imaging and on living human body. There will be a focus on the normal mechanisms involved in locomotion and gait.

Students will be able to develop an attitude of teamwork and self-directed learning through their engagement with the teaching methodology in the course.

Thorax: Structure and Function (Course Code MEDC1233), 3 Credit Hours

The Thorax: Structure and Function course provides students with functional knowledge of the structure of the thorax region that will enable further understanding of organ-system courses in phase 2. The course will also introduce the concept of “living anatomy of the thorax” as seen on conventional medical imaging and on living human body. There will be a focus on some normal mechanisms involved in cardiovascular and respiratory functions as well. In addition, students will be able to develop an attitude of teamwork and self-directed learning through their engagement with the teaching methodology in the course.

Abdomen, Pelvis and Perineum: Structure and Function (Course Code MEDC1251), 5 Credit Hours

This course deals with the structure of abdomen, pelvis and perineum of the human body in relation to the function of organs located in those regions. The course also introduces students to the concept of “living anatomy” as related to visualizing structure of the abdomen on conventional medical imaging and on the living. There will be a focus on the normal mechanisms involved in food digestion and formation of urine.

Students will be able to develop an attitude of teamwork and self-directed learning through their engagement with the teaching methodology in the course.

Genetics and Molecular Biology (Course Code MEDC1232), 3 Credit Hours

This course will explore aspects of molecular biology and genetics in medicine. The impact of this evolving field in health and disease will be highlighted. Further, current understandings and new concepts relating to diagnosis, prognosis, prevention and treatment of genetic diseases will also be presented.

Mind and Behavior (Course Code MEDC 3244), 4 Credit Hours

Students will be introduced to psychological and sociological, as opposed to purely biological models of behavior, and how these relate to the experience and response to illness in an individual or social/cultural group. They will gain an understanding of the importance of psychosocial factors in health and wellbeing and how these may influence the effectiveness of proposed treatments. Students will learn how to analyze behavioral determinants of illness, especially as applied to substance abuse, self-harm and eating disorders.

22. Student Assessment and Progression

The aims of students’ assessment at MBRU is to improve the quality of the curriculum (courses and programs), evaluate the effectiveness of the teaching process, promote subsequent learning through feedback and satisfy student achievement and progression

22.1. Summary of Students’ Assessment and Progression Regulations:

- Student progress will be appraised through formative and summative assessments; formative assessments monitor student learning and provide ongoing feedback that can be used by students to enhance their learning and instructors to improve their teaching. Summative assessments, on the other hand, aim at evaluating students learning by comparing it to learning outcomes
- Standard setting, norm and criterion referencing will be used in summative assessments as appropriate

- Course assessment includes two components: in-course assessment and end of course assessment. In-course assessment comprises 40-60% of the total assessment. The examination at the end of the course comprises the remainder of the grade (i.e 40-60%)
- Any deviation from the suggested range above must be justified by the course director and approved by the curriculum committee
- In order to pass the course a student must pass each of the knowledge and clinical skills components (for courses with a skills component)
- In order to progress to the next Phase, the student must have scored a cumulative weighted average (cGPA) equal to or greater than 2.5
- The exit degree of MBBS (Bachelor of Medicine and Bachelor of Surgery) is granted if the student scores a cGPA equal to or greater than 2.5
- As a general progression rule, the maximum duration within which to successfully complete any phase shall be equal to the normal duration of the phase plus an additional one year.

22.2. Guidelines

The following guiding principles in designing assessments instruments are followed by course coordinators and clinical instructors at MBRU:

- ensuring linkage of assessment to course objectives (Knowledge, Skills, Competency)
- employing diverse assessment methods
- basing their marking and grading on pre-defined outcome criteria
- communicating assessment criteria to students
- providing timely, meaningful, and helpful feedback to students
- ensuring exams are proportional to the course workload
- ensuring contextual use of assessment instruments
- ascertaining assessment tools are appropriate for the competencies being measured
- ascertaining standard setting is criteria-based (criterion referenced standard)

22.3 Weights of assessments

The weightings of examination components in a course is normally as follows:

- In-course examinations = 40% - 60% of total assessment
- End-course examinations = 40% - 60% of total assessment.
- Any deviation from the suggested range above must be justified by the course director and approved by the curriculum committee

Pre-requisites and co-requisite courses

- These are identified in the degree plan for each phase (see tables 1 and 2)

22.3 Progression Regulations in Phase 1

Below are the courses for phase 1 along with their credit load.

Phase 1			
Code	Course	Credits	Pre-requisite (s)
Semester 1			
LANG1121	English for Health Sciences	2	Nil
MEDC1132	Enzymes and Metabolism	3	Nil
MEDC1153	Foundational Concepts in Medical Sciences	5	Nil
MEDC1124*	Fundamentals of Epidemiology & Biostatistics – Part 1	2	Nil
MEDC1115	History of Medicine	1	Nil
ITHS 1126	Innovation and Technology in Health Sciences	2	Nil
MEDC1127*	Introduction to the Practice of Medicine – Part 1	2	Nil
ETHC 1118	Medical Ethics in Islam – Principles and Practice	1	Nil
TOTAL		18	
Semester 2			
MEDC1124*	Fundamentals of Epidemiology & Biostatistics – Part 2	*	
MEDC1127*	Introduction to the Practice of Medicine – Part 2	*	
MEDC1251	Abdomen, Pelvis and Perineum: Structure and Function	5	Nil
MEDC1232	Genetics and Molecular Biology	3	Nil
MEDC1233	Thorax: Structure and Function	3	Nil
MEDC1254	Upper and Lower Limbs: Structure and Function	5	Nil
TOTAL		16	

* Course extends over two semesters. Semesters are numbered according to their sequence in the 6-year program.

22.4 Progression within Phase 1:

- The maximum duration within which to successfully complete phase 1 shall be 2 years (4 semesters).
- At the end of regular semester 1 or 2;
 - If a student has failed in one or more courses, they shall re-sit the end-course examination only. This will be in the summer break. A

remedial/coaching program should be organized before the re-sit examination.

- A student may re-sit an examination only once in an academic year.
- There shall be no cap on the grade obtainable in a re-sit examination.
- If they fail any re-sit exam, they shall repeat the failed course (s) when available provided the maximum duration within which to successfully complete phase 1 is not exceeded.

22.5 Progression from Phase1 to Phase2

- A student may repeat a course in phase1 only once.
- To progress to phase 2 a student shall:
 - successfully complete all courses in phase 1 within the stipulated maximum duration of the phase (4 semesters).
 - achieve a cumulative grade point average (cGPA) of 2.5 or higher at the end of phase 1.
- If a student passed all courses in the phase with a cGPA less than 2.5, they must repeat some courses passed so as to raise their cGPA provided they do not exceed the stipulated maximum duration for the phase.

Proposed Assessment and Progression Regulations in Phase 2

Below are the courses for phase 2 along with their credit load.

Phase 2			
Code	Course	Credits	Pre-requisite
Semester 3			
*MEDC2121	Health Maintenance and Disease Prevention 1	2	Phase1
MEDC2152	General Microbiology	5	Phase1
MEDC2143	General Pathology	4	Phase1
MEDC2134	Principles of Drug therapy	3	Phase1
*MEDC2125	Research Methods 1	2	Phase1
TOTAL		16	
Semester 4			
*MEDC2121	Health Maintenance and Disease Prevention 1	*	
*MEDC2125	Research Methods 1	*	
MEDC2251	Cardiovascular system	5	Phase1
MEDC2242	Endocrine system	4	Phase1
MEDC2243	Hemopoetic and Immune system	4	Phase1
MEDC2444	Renal system	4	Phase1
MEDC2235	Respiratory system	3	Phase1
TOTAL		20	
Semester 5			
MEDC3161	Digestion, Nutrition, Obesity	6	Phase1, Phase 2
*MEDC3122	Health Maintenance And Disease Prevention 2	2	“
MEDC3153	Reproductive system, Breasts, Growth and Ageing	5	“
*MEDC3144	Research Methods 2	4	“
MEDC3125	Skin and connective tissue	2	“
Total		19	
Semester 6			
*MEDC3122	Health Maintenance And Disease Prevention 2	*	
*MEDC3144	Research Methods 2	*	
MEDC3231	‘Comprehensive course’	3	Phase1, Phase 2
MEDC3242	Head and Neck and Special Senses	4	“
MEDC3233	Locomotor system	4	“
MEDC3244	Mind and Behavior	4	“
MEDC3255	Neurosciences	5	“
Total		20	

* Course extends over two semesters. Semesters are numbered according to their sequence in the 6-year program.

22.6 Progression within Phase 2:

- The maximum duration within which to successfully complete phase 2 shall be six semesters.
- Once progressed to phase 2, a student shall not retake passed phase 1 courses in order to improve his/her grades
- A student shall progress within the academic year from semester to semester subject to passing any pre-requisite courses.
- If a student fails one or more courses in a semester, they shall re-sit the end-course exam during the summer break. A remedial/coaching program should be organized before the re-sit examination.
- A student may re-sit an examination only once in any academic year.
- At the end of the re-sit;
 - If a student fails 1 or 2 courses, they may carry over the failed courses to year 3.
 - If a student fails 3 or more courses, they must repeat the failed courses before proceeding to year 3.
- Regardless of the number of courses failed, there must be sustained academic advising provided to such students.

22.7 Progression from Phase 2 to Phase 3

- The maximum duration to complete phase 2 shall be six semesters.
- To progress from phase 2 to phase 3 a student shall;
 - Successfully complete all courses in phase 2.
 - Achieve a cumulative grade point average (cGPA) of 2.5 or higher at the end of phase 2.
 - Pass the “comprehensive course” at the end of phase 2. (see separate description)

Add/drop period

This is the period within which a student may add or drop a course. If a course is dropped within this period, it will not be shown on the student's transcript. The deadline to add/drop a course shall be 2 weeks from the beginning of classes in the semester.

Course Load

In regular semesters, a student shall normally register in 4-8 courses (16-20 credits) concurrently.

Lecture (credit: contact hour ratio = 1:1)

Presentation of theoretical or conceptual material in a formal and generally non-interactive environment. Normally a lecture hour will require about 2 hours related research, reading and follow-up. A ratio of one contact hour to one credit is maintained.

Seminar (credit: contact hour ratio = 1:1)

Small group presentation of learning material where student research and presentation forms a major portion of course materials and activity. Normal ratio of contact to credit hours is 1:1.

Tutorial (credit: contact hour ratio = 1:2)

Supervised small group interaction that includes problem solving and discussion sessions. Normal ratio of contact to credit hours is 2:1. (Optional work sessions with no credit do not carry a course code). A Team-based learning activity (TBL) is considered as a tutorial.

Laboratory (Practical) (credit: contact hour ratio = 1:2)

Supervised, hands-on application of lecture material or acquisition of skills in a laboratory environment. Normally a ratio of two contact hours to one credit is maintained. In cases where warranted by the nature of the course material, a ratio of 3:1 or 4:1 may be designated by the faculty.

Field or Work Placement (credit: contact hour ratio = 1:3-4)

Supervised hands on application of lecture material or acquisition of skills through placement in an existing work setting. The instructor provides overall direction and follow-up, day-to-day supervision is provided by the on-site employer or agency. Ratio of contact to credit hours is 3:1 or 4:1.

Credit weight in rotations (credit: week ratio = 1:1)

For the purposes of credit weighting in phase 3 rotations, a credit is equivalent to one week of rotation.

22.8 Academic Probation

A student shall be placed on academic probation if his/her academic performance is below the threshold (cGPA 2.5) for successful progression to the next phase of the program. Such a student shall be required to have a documented interview with their academic advisor and any supportive and corrective measures noted before registering for the next semester. These may include any or all of the following:

- referral to student services for counselling
- reduction of course load in the next semester
- postponement of study so as to address identified non-academic needs
- supplementary language or study skills courses

22.9 Assessment Grades

Grade Descriptions

The grades for the MBBS courses are described as follows:

- A** Exceptional performance; all course objectives achieved; objectives met in a consistently outstanding manner (A and A-).
- B** Very good performance; significantly more than the majority of the course objectives achieved (majority being at least two-thirds); objectives met in a consistently thorough manner (B+, B and B-).
- C** Satisfactory performance: at least the majority of course objectives achieved; objectives met satisfactorily (C+, C and C-).
- D** Minimally acceptable performance: less than the majority but more than the minimum required course objectives achieved; objectives met at a minimally acceptable level (D+ and D).
- F** Unacceptable performance: minimum required course objectives not met; objectives not met at a minimally acceptable level; no credit earned (F).

Other Grade designations

The following grade designations shall form part of the overall University grading system, but shall not carry numeric value.

I -Incomplete (x)

The 'Incomplete' grade shall be used when the student has been prevented by circumstances beyond their control (e.g. illness, accident or family emergency) from successfully completing all course components, in-course examinations or sitting for the final end-course examination.

The incomplete grade should be converted to the usual A-F grade scale or Pass/Fail within four weeks of the last date of final examinations. Any exception to this rule shall only be approved by the student assessment and progression committee and the Dean.

(W) Withdrawn

A 'W' shall be assigned to a student who withdraws formally from a course within the prescribed deadline after the period of Drop & Add. The deadline to withdraw formally from a course shall be 6 weeks from the beginning of classes in the semester.

(FW) Fail withdrawn

A 'FW' shall be assigned to a student who withdraws formally from a course after the prescribed deadline.

(TC) Transfer Credit

A 'TC' shall be awarded to a student who has been granted credit from elsewhere. These credits shall contribute to the total required for graduation in a particular degree program, but shall not contribute to the grade point average.

(AU) Audit

An 'AU' shall designate a course registration with audit status. This status must be declared at the time of registration.

(P/F) -Pass/Fail

A 'P' shall be assigned for a course that is not graded on the A-F scale, but does carry credit value in a degree program.

IP - In progress

Shall be assigned to any course covering more than one semester. After the first semester, the 'IP' grade is shown against the course on the student's transcript. At the end of the second semester an A- F or Pass/Fail grade replaces the 'IP' grade..

22.10 Grading System

MBRU uses a letter based grading system to report course grades. Assessments are typically recorded on a percentage scale (0-100) and converted into a letter grade as outlined below. The GPA is derived from the weight of each letter grade and course credit hours.

Grade	Grade points	Definition
A	4.00	This grade is awarded for an achievement considered by content experts as outstanding relative to the level necessary to meet course requirements. i.e. (Range of A to A-)
A-	3.67	
B+	3.33	This grade is awarded for an achievement considered by content experts as significantly above the level necessary to meet course requirements. i.e. (Range of B+ to B-)
B	3.00	
B-	2.67	
C+	2.33	This grade is awarded for an achievement considered by content experts as meeting the course requirements in all
C	2.00	

Grade	Grade points	Definition
C-	1.67	respect. i.e. (Range of C+ to C-)
D+	1.33	This grade is awarded for an achievement considered by content experts as worthy of credit even though it fails to meet fully the course requirements. i.e. (Range of D+ to D)
D	1.00	
F	0.00	This grade is awarded for an achievement considered by content experts as representing failure (or no credit) and signifies that the work was either (1) completed but at a level of achievement that is not worthy of credit or (2) was not completed and there was no agreement between the instructor and the student that the student would be awarded an I (Incomplete)

22.11 Appealing an Assessment Process

A student may make a written appeal regarding the process of the assessment in any course. The appeal should be addressed to the Associate Dean for Education (or the Dean) within 72 hours of the release of the examination results. The appeal should identify specific and objective grounds for the grievance as they pertain to the process of assessment. The Associate Dean (or Dean) will review the circumstances in consultation with the Course Director and other relevant faculty before making a decision, typically within five working days, to forward the appeal to the Assessment and Progression Committee. Possible outcomes from the deliberation of the committee include: upholding the grade, repeating the assessment, adjusting the grade, or seeking an assessment by another faculty not involved with the course.

23 Examination Regulation

23.1 Responsibilities of the College Examination Committee

The Examination committee is responsible for scrutinizing and monitoring of examination quality by:

1. Ensuring University and College regulations are adhered to

2. Reviewing reports from Course Coordinators
3. Reviewing External Examiners' reports (if applicable) in matters related to the examination
4. Verifying with Course Coordinators that examination papers are vetted
5. Periodically reviewing a sample of examination question papers
6. Confirming that appropriate standard-setting procedures are adopted
7. Periodically reviewing examination 'item' performance
8. Periodically reviewing the distribution of grades
9. Recommending improvements and ratifying changes to examination process
10. Approval of timetables and invigilation guidelines of final examinations
11. Receipt and consideration of final examinations results
12. Recommendation, in consultation with Course Coordinators, of supplementary examinations and/or re-sits.
13. Handling misconduct in examinations
14. Liaising with appropriate bodies in cases of student appeals that relate to examinations
15. Recommending amendments to the College examinations policy
16. Any other duties that may, from time to time, be assigned to the Committee

23.2 Examination Guidelines

Design

Examinations should be both formative and summative. The methods of assessment used will be dictated by the purpose of the assessment.

Summative assessment is any form of assessment that will contribute to the final grade of a student. Guidelines for conducting summative assessments are as follows:

- a. Each course Coordinator shall draw out a blueprint of course objectives and the examination instruments to be used to test these objectives. Multiple methods are usually required to achieve blueprint objectives. The different examination instruments allow a balance of strengths and weaknesses of each method.

- b. As much as possible, questions should assess higher-order thinking and not just a simple recall of information
- c. For skills/performance-based assessments, properly constructed checklists and/or rating scales should be used. Tasks should be as clinically authentic as possible.

23.3 Review of Examinations

For all exams (in-course and final), exam questions/stations/cases should be reviewed and emended by the course/departmental Examinations Committees before the examination takes place.

23.4 Standard Setting

For each course, a defensible standard-setting method should be used by trained faculty. Arbitrary methods should not be used. The standard-setting procedure should be declared to the College Examinations Committee.

23.5 Marking of Examinations

For MCQs, if not done online, optical marking should be used to enable computation and question analysis. For short notes and essays, model answers should be provided and used as the basis for marking and feedback to students. Several examiners should be available, but one examiner should mark the same question for all students for consistency. Double marking is encouraged. For Objective Structured Clinical Examination (OSCE) stations and short cases, properly designed checklists and rating scales should be used. Several examiners should be available. Each OSCE station should be assigned to one examiner.

23.6 Grades and Grading

Letter grades shall be used to describe the achievement level attained within a particular course. A final semester grade shall be based on continuous assessment throughout the semester as well as a final examination. A final examination is customary but may not be considered necessary in certain types of courses. Additional details are available in section 22.1.

23.7 Item Analysis and Test Statistics

Student performance on exam questions should be analyzed using appropriate item analysis software by the Coordinators. Results of these analyses should be discussed

by the relevant committees to assist in making informed decisions about the assessment process. For all examinations used by instructors, reliability indices should be determined and the data used to improve on the assessment process in the College.

23.8 Feedback (to students) on examinations

Feedback on in-course examinations should be given to students within 1 week of the examination. Feedback should not involve the release of questions but a discussion of points of weaknesses with students. Final examinations will not be discussed with students

23.9 Selection of Examiners

In order to safeguard the quality and validity of examinations, the Chairperson of the department shall form a Department Examinations Committee consisting of members who are appropriately qualified or experienced in the process of assessments.

23.10 Training of Students in Examination Methods

Students should be familiarized with the type of examinations in the College. Practice questions should be provided by the concerned coordinators.

23.11 Access to Old/Previous Exams

Students should not have access to examination questions.

23.12 Repeat Exams

If a student is eligible for a resit/supplementary exam, this exam should be cleared after a remedial activity/course as may be prescribed by the concerned parties (see assessment and progression document). The format of the repeat exam should be exactly the same, except for content, as the failed exam.

23.13 Absenteeism from Examinations

Please refer to the attendance policy in the MBRU Student Handbook. Additionally, the following will apply to the College of Medicine:

Sick leave accompanied by detailed medical reports may be accepted as an excuse for absence from course examinations subject to confirmation by an expert panel set up by the College examinations committee.

Note: A student exempted due to bereavement, hospital admission, or in extreme ill health should be offered the option of sitting for the examination in accordance with the circumstance prevailing at the time and must be in-line with University Regulations.

23.14 Misconduct in Examinations

Please refer to the policy in the MBRU Student Handbook. Additionally, the following procedure of reporting misconduct will be applied in the College of Medicine:

Misconduct in examinations should be reported to the Examinations committee by the senior invigilator of the examination during which the malpractice occurred. The Examinations Committee will deliberate on the report. Thereafter, a recommendation will be made to the Dean.

23.15 Security of Exam Questions

Where examinations are administered in pen-paper format,

- Examination papers should be prepared in more than one version depending on the number of students taking the exam.
- Examination questions shall be photocopied in the Examination Office. Examination papers will be wrapped, sealed, and the seals signed over by the Examination Officer and the Course Coordinator or their representatives and put away in a safe place
- Transmission of examination questions should be carried out by the safest possible means.

23.16 Storage and Disposal of Past Examination Question Papers

Departments are required to keep final examinations papers for two semesters after each examination. The examination papers should be shredded after two semesters by a departmental officer designated for this purpose.

23.17 Online**Exams****23.17.1. General Conduct of Students**

- A- Students must not indulge in any behavior or conduct that may disturb other candidates or disrupt the smooth progress of an examination.
- B- Students are not permitted to smoke in any part of the examination room.
- C- Students must obey the instructions of any invigilator and their attention is drawn to the regulations governing admission to and departure from the examination room.
- D- Students are not allowed to take into the examination room any

unauthorized books, manuscripts, notes, bags, cases, or any means whereby they may improperly obtain assistance in their work. All such materials, including handbags, must be placed on a table outside the examination room.

- E- Students are not allowed to take into the examination room electronic transmission devices such as mobile phones, pagers, PDAs, or any digital storage media such as flash drives or CD.
- F- Students are not allowed to take into the examination hall paper of any sort. A Plain sheets of paper (or similar material) shall be provided in the examination hall should any student require it.
- G- Students must be at the venue of the examination at least 10 minutes before exam commencement.
- H- Before the commencement of the examination, the student must place on the top right hand corner of the desk their ID card for inspection by one of the invigilators.
- I- Students must not use any means whatsoever to communicate or obtain, directly or indirectly, assistance in their work, or give or attempt to give, directly or indirectly, assistance to any other candidate.
- J- Students are permitted to use only personal non-programmable electronic calculators in an examination provided they are silent in operation and have an independent power supply.
- K- Any suspected breach of the foregoing regulations will be investigated by the College.

23.18 Invigilation

Invigilation is part of the responsibilities of all faculty and biomedical scientists. Course Tutors and Course Coordinators do not normally invigilate their own course examinations. In any examination, the most senior and experienced faculty member will act as the senior invigilator with other academic and biomedical staff as members of the team. The ratio of invigilator:student should range from 1:20 to 1:30, depending on the examination venue.

The Course Coordinator must be available during the examination so that the senior invigilator may contact them for clarification. At the end of the examination,

the senior invigilator should personally deliver the scripts to the Course Coordinator.

23.18.1 Duties of the Senior Invigilator:

The Senior Invigilator shall be responsible for the entire proceedings of the examinations to which he/she is appointed. Specifically, the Senior Invigilator shall:

- On the date of the examination, personally and accompanied by a second invigilator, collect the question papers (for pen-paper examinations) and other prescribed examinations materials from the Examinations Office no later than one hour prior to the start of the examination and be at the venue at least 30 minutes before the commencement of the examination
- Prior to the commencement of the examination, require each student to deposit, at a designated point, any textbooks, notebooks, papers, baggage, files, or mobile telephones, as they enter the examination room
- At the appropriate time, start the examination. Remind students of the duration of the examination and to write their names and I.D. numbers clearly on the first page or cover page
- Inform students when they have reached the following stages in the examination: half time, three-fourths of time, and 5 minutes remaining
- Submit examination incident reports to the Examinations Officer who reports to the Chairman of the Examinations Committee
- Ensure that answer scripts and candidates present tally (for pen-paper examinations).
- Return answer scripts, Attendance Record and Incident Reports to the Course Coordinator (for pen-paper examinations).

24. Listing of Faculty

MBRU College of Medicine is committed to recruiting the best available faculty to set a foundation and culture of excellence. The process for recruitment, compensation, promotion and termination are described in the *Faculty Handbook* and the previously approved MBRU Policies on Faculty Affairs.

Full time faculty members will, as core teachers, have a major role in the design and delivery of teaching. In addition, MBRU College of Medicine will seek and recruit adjunct and part-time faculty members to contribute to teaching and assessment. Criteria for appointment of faculty are described in the University's Policy and Procedures on Recruitment and Appointment of Faculty and are based on the standards set by CAA.

COLLEGE OF MEDICINE FACULTY LIST**Dr. Alawi A. Alsheikh-Ali****Dean, College of Medicine****Professor of Cardiovascular Medicine**

Doctor of Medicine; Tufts University School of Medicine, Boston, MA, U.S.A

MSc in Applied Physiology; Boston University, MA, U.S.A

MSc in Clinical Research; Tufts University, Boston, MA, U.S.A

Bachelor of Science; Massachusetts Institute of Technology, Boston, U.S.A

American Board of Medical Specialties –Clinical Cardiac Electrophysiology

American Board of Medical Specialties –Cardiovascular Disease

American Board of Medical Specialties –Internal Medicine

Dr. Mutairu Ezimokhai**Provost MBRU****Professor of Obstetrics and Gynaecology**

Fellow of Royal College of Obstetricians and Gynecologists, London UK

Fellow of West African College of Surgeons, Nigeria

Fellow of Nigerian Postgraduate Medical College, Nigeria

M.B., B.S., University of Ibadan, Nigeria

BSc Medical Sci. Human Physiology (Honours) University of Ibadan Nigeria

Dr. Riad Bayoumi**Professor and Chair of Basic Medical Sciences**

M.R.C.Path., Chemical Pathology Royal College of Pathology, U.K

F.R.C.Path. Royal College of Pathology, U.K.

Ph.D in Biochemistry; London University, UK

M.B., B.S. University of Khartoum, Sudan

Dr. Ibrahim Inuwa**Professor of Anatomy**

Master in Medical Education University of Dundee, Scotland, UK

Ph.D; University of Sheffield, England, UK

Master of Medical Sciences; University of Sheffield, England, UK

M.B.,B.S; Ahmadu Bello University, Zaria, Nigeria

Professor Norbert Nowotny**Professor of Microbiology and Virology**

Ph.D, University of Vienna; Austria

Habilitation (Virology), University of Veterinary Medicine; Austria

Dr. Yaj Banerjee**Associate Professor, Biochemistry**

Ph.D in Biochemistry; National University of Singapore, Singapore

MSc; University of Mumbai; India

BSc in Human Physiology (Honors); University of Calcutta, India

Dr. Aida J. Azar**Associate Professor of Epidemiology**

Ph.D; Erasmus University Rotterdam, The Netherlands

M.P.H., B.S.; American University of Beirut, Lebanon

Dr. Mohamad Alameddine**Associate Professor of Health Management and Policy****Director of Strategy and Institutional Excellence, MBRU**

PhD in Health Policy, University of Toronto, Ontario Canada

MPH, American University of Beirut, Beirut, Lebanon

B.Sc. Medical Laboratory Sciences, American University of Beirut, Beirut, Lebanon

Dr. Farhad Kheradmand**Assistant Professor, Anatomy**

FRCS (Urol) Royal College of Surgeons in Ireland UK

MBA in Healthcare Management, University College Dublin, Ireland

Doctor of Medicine; Royal College of Surgeons, Dublin, Ireland

MB BCh BAO (NUI) LRCP & SI Royal College of Surgeons, Dublin, Ireland

Dr. Laila Alsuwaidi**Assistant Professor of Molecular Hematology**

PhD; Molecular Hematology, Cardiff University School of Medicine, UK

Master of Biomedical Science; University of the West of England, Bristol, UK

B.Sc ; UAE University, Al Ain, UAE

25. Professional behavior and Student Fitness to practice

Medical students enjoy special privileges which come with some responsibilities and expectations by the society. Because of this, medical students need to be aware of the higher standards of professional behavior. MBRU College of Medicine will ensure that students are aware of this relationship with the society and provide them with opportunities to learn and practice the expected standards of professional behavior.

This guidance considers medical students' fitness to practise in relation to their behavior and in relation to their health when appropriate. Poor health can affect a student's fitness to practise either directly or by being a cause of misconduct.

25.1. Expectations for appropriate 'Fitness to practice'

25.1.1. Displaying professional conduct

Medical students should acquire and demonstrate the types of behavior that mark them as fit to practise as doctors by

- maintaining the standards of competence and care that will not put patients and the public at risk
- striving for high ethical standards in their professional and personal lives

25.1.2. Providing good clinical care

- Being able to provide good clinical care is fundamental to becoming a doctor. This objective should guide a student's behaviour in both their clinical and academic work. Medical students should reflect on how they can support and promote good clinical care as part of their medical education.
- In order to demonstrate that they are fit to practise, students should:
 - recognise and work within the limits of their competence and ask for help when necessary
 - accurately represent their position or abilities
 - make sure they are supervised appropriately for any clinical task they perform
 - respect the decisions and rights of patients
 - be aware that treatment should be based on clinical need and the effectiveness of treatment options, and that decisions should be arrived at through assessment and discussion with the patient
 - not discriminate against patients by allowing their personal views to affect their professional relationship or the treatment they provide or arrange (this includes their views about a patient's age, color, culture, disability, ethnic or national origin,

gender, lifestyle, marital or parental status, race, religion or beliefs, sex, sexual orientation, or social or economic status)

- behave with courtesy
- report any concerns they have about patient safety to the appropriate person.

25.1.3. Maintaining good medical practice

- Students must be aware of their responsibility to maintain their knowledge and skills throughout their careers.
- Students are expected to keep up to date and to apply the knowledge necessary for good clinical care. They should understand that as doctors they will have to participate in audit, assessments and performance reviews throughout their careers as part of re-licensing.
- In order to demonstrate that they are fit to practice, students should:
 - reflect regularly on standards of medical practice in accordance with locally agreed and adopted guidance by MBRU and the local hospitals
 - attend required learning sessions
 - complete and submit course work on time
 - be responsible for their own learning
 - reflect on feedback about their performance and achievements and respond constructively
 - be familiar with guidelines of local healthcare providers
 - respect the knowledge and skills of those involved in their education
 - make sure they can be contacted and always respond to calls in relation to care of patients or their own education.

25.1.4. Engaging in teaching and training

- Medical education has strong professional and academic aspects to it. Medical students must engage with patients and gain experience in clinical settings.
- Doctors and students must be willing to contribute to the teaching, training, appraising and assessing of students and colleagues.

- They should be honest and objective when appraising self and others
- In order to demonstrate that they are fit to practice, students should:
 - demonstrate basic teaching skills
 - be aware of the principles of education in medicine
 - be willing to contribute to the education of other students
 - give constructive feedback on the quality of their learning and teaching experiences.

25.1.5. Building ethical and respectful relationships with patients

- Medical students will have extensive contact with patients during their medical course and must build relationships with patients based on openness, trust and good communication.
- Students should maintain a professional boundary between themselves and their patients. They must not use their professional position to cause distress or to exploit patients.
- Students should obtain patient consent for any treatment, teaching or research.
- Patients have a right to expect information about them to be held in confidence. A patient's case must not be discussed in a way that would identify them with anyone not directly involved in their care, or in a public place. Academic work that contains specific information about a patient must not identify the patient if it is to be seen outside the patient's care team. This includes case or log reports that are submitted as part of the student's course work or assessment.
- In order to demonstrate that they are fit to practice, students should:
 - respect patients and treat them with dignity
 - be aware of ethical issues in their professional behaviour with patients
 - be open and honest when dealing with patients, their carers, relatives, or anyone else close to them
 - make sure that patients have consented to a student being involved in their care
 - make sure they are clearly identified as students

- dress in an appropriate and professional way and be aware that patients will respond to their appearance, presentation and hygiene
- make sure they follow the Hospital adopted guidance on consent and confidentiality.

25.1.6. Working collaboratively with colleagues

- Medical students need to be able to work effectively with colleagues inside and outside of healthcare facilities in order to deliver a high standard of care and to ensure patient safety.
- Doctors and students must develop skills to work in multi-disciplinary teams. This involves respecting the skills and contributions of colleagues and other professionals, and developing effective communication with other members of the team and with patients.
- It is also important that doctors and students protect patients from harm posed by another colleague's behaviour, performance or health. They should take steps to raise any concerns with the appropriate person.
- In order to demonstrate that they are fit to practice, students should:
 - demonstrate skills that allow them to deal with uncertainty and change in the workplace
 - be able to work effectively in a team and to take on different roles as appropriate, including taking responsibility for tasks
 - develop and demonstrate teamwork and leadership skills
 - be aware of the roles and responsibilities of other people involved in delivering healthcare
 - respect the skills and contributions of colleagues and other professionals and not discriminate against them
 - raise concerns about overall practice in a healthcare setting or about colleagues, including other students, medical practitioners and other healthcare workers, with the appropriate person if patients are at risk

25.1.7. Demonstrating ethical behavior

- Good medical practice requires doctors to make sure that their behaviour at all times justifies the trust that patients and the public place in the medical profession.
- In order to demonstrate that they are fit to practice, students should:
 - bring attention to any concerns about, or errors in, their clinical work
 - be honest, genuine and original in their academic work, including when conducting research, and take effective action if they have concerns about the honesty of others
 - be honest and trustworthy when writing reports and logbooks, and when completing and signing forms
 - be honest in citing their qualifications and not misrepresent their qualifications, position or abilities
 - not plagiarise others' work or use their own work repeatedly in a way that could mislead
 - be honest and trustworthy in any financial dealings, especially if they are managing finances, and make sure that any funds are used for the purpose they were intended for
 - co-operate with any formal inquiry by the University or other hospitals or organisation into their health, behavior or performance, or that of anybody else
 - comply with the laws of the UAE and, where relevant, any laws that apply specifically to an individual Emirate
 - comply with the regulations of the Univeristy, hospitals or other health organization.

25.1.8. Understanig risks associated with their own health

- It is important that medical students are aware that their own poor health may put patients and colleagues at risk.
- Good medical practice requires doctors to seek and follow advice from a suitably qualified professional about their health. This is particularly important if they have, or suspect they have, a serious condition that could be passed on to patients, or if they are

receiving treatment that could affect their judgement or performance.

- In order to demonstrate that they are fit to practice, students should:
 - be aware that their own health problems may put patients and colleagues at risk
 - seek medical or occupational health advice, or both, if there is a concern about their health, including mental health
 - accept that they may not be able to accurately assess their own health, and be willing to be referred for treatment and to engage in any recommended treatment programmes
 - protect patients, colleagues and themselves by being immunised against common serious communicable diseases if vaccines are available and are recommended by the relevant health authority.
 - not rely on their own or another student's assessment of the risk posed to patients by their health, and should seek advice, when necessary, from a qualified clinician or other qualified healthcare professional
 - be aware that when they graduate they are responsible for informing their employer or other appropriate person if their health poses a risk to patients or the public.

25.1.9. Demonstrate appropriate social behavior

Students are viewed as representatives of the university, and should not allow their actions to reflect negatively upon the university or upon their profession. In order to demonstrate fitness to practice, the student is expected to:

- recognize the right of all individuals to be treated with respect without regard to race, age, gender, disability, national origin, position, religion, or sexual orientation
- avoid physical, verbal or written physical or sexual harassment
- avoid obstruction of due process through lying, using pressure, threat, abuse, or similar practices against any person, or withholding of pertinent information.

25.2. Consequences of breaching the fitness to practice

If there are grounds for concern as to the fitness of the medical student for medical practice and upon investigation the student was found to be in breach of the fitness to practice code, the fitness to practice committee may recommend any of the following:

- continue her or his studies without limitation
- continue her or his studies under specified limitations and conditions
- be prohibited from entering specified clinical facilities as a medical student
- suspension from studies
- dismissal from University
- informing law enforcement agencies
- informing concerned professional licensing bodies
- other penalties or corrective actions as deemed appropriate and necessary by the fitness to practice committee

25.3. Policies and procedures for dealing with suspected breaches of Fitness to Practice

5.3.1. Committee for Fitness to Practice

The following committees will be involved in the handling of the rare cases of report or evidence of infraction of this code to the extent that raises concern about the fitness of the student to practice. The committee mandate include:

- review the Medical Students' Code of Conduct on a regular basis.
- initiate the process for dealing with a report of infringement of Code of Conduct on instruction from the Dean
- raise the independent ad hoc Investigation Committee when needed
- adjudicate on the basis of the Report of the Ad Hoc Investigation Committee

5.3.2. Membership:

- Associate Dean for Education (ex-officio)
- Four faculty members, elected by Faculty
- A student representative selected by MBRU students' association
- The Dean appoints the Chairperson from among the membership.
- The Committee on Fitness to practice shall meet at least once per term and whenever the need arises.

5.3.3. The ad hoc Investigation Committee

An ad hoc Committee is constituted for each case and it reports to the Committee on Fitness to practice. The ad hoc committee mandate is to gather information and evidence sufficient to enable the Committee on Fitness to practice to make a decision on the existence and seriousness of the breach of the Code of Conduct.

5.3.4. Membership:

Three members with appropriate expertise to conduct the investigation, appointed by the Committee for Fitness to practice. None shall be a member of the Committee on Fitness to practice.

5.3.5. The ad hoc Dispute Resolution Committee

An ad hoc Committee established by and reporting to the Dean constituted for each case. The mandate of the ad hoc dispute resolution committee is to determine whether due process has been followed in handling the allegation and receive new facts if these become available. The committee will also consider the appeal from the student in the event of a dispute regarding the outcome of adjudication.

5.3.6. Membership:

This committee is made up of three members drawn from the College Dispute Resolution Panel.

- One nominated by the Dean, who shall Chair the Committee and submit reports.
- One member nominated by the student.
- One member nominated by the Committee on Fitness to practice.

25.4. Procedure for handling an allegation of a breach to fitness to practice by a medical student

The handling of an allegation of misconduct must be confidential, expeditious and strictly in accordance with laid down process as follows: Preliminary Evaluation, Investigation, Adjudication, Appeal.

25.4.1. Preliminary Evaluation

- A report of allegation of potential infraction of the Code of Conduct shall be directed to the Dean, who will evaluate and share with the Chairperson of the Committee on Fitness to Practice, if he/she considers that there are enough grounds to proceed.
- Anonymous allegations shall not normally be considered. If the nature of the allegation makes anonymity of the reporter expedient, the name and identification of the author will be removed from any written document but be known to the Dean

- Within two weeks of receiving a complaint, the Committee on Fitness to practice shall determine whether:
 - the matter should be dealt with informally
 - investigation should proceed
 - any action regarding the status of the student should be taken; for example:
 - continue her or his studies without limitation
 - continue her or his studies under specified limitations and conditions
 - be prohibited from entering specified clinical facilities as a medical student
- The Chairperson may, during the proceedings, review and change a decision regarding a medical student's status.
- The student may appeal to the Dean if dissatisfied with the decision of the Committee.
- The Dean may refer the appeal to the Adjudication Committee. Pending any such adjudication the Committee's decision shall remain in force.
- Any member (including the Chairperson) of the Fitness for Practice Committee that has any involvement or interest in the case arising other than by way of rules of procedure, shall stand down from the Committee while the case is being considered, and another member of the Committee shall be appointed.

25.4.2. Investigation

- The Fitness to practice Committee shall set-up an ad hoc Investigation Committee. The membership shall not include anyone with previous involvement in the case.
- The Chairperson of the Committee on Fitness to Practice shall write to inform the medical student concerned that an investigation of the student's fitness for practice is going to take place stating the nature of the concern and the grounds for launching the investigation.
- The ad hoc Investigation Committee shall investigate the allegations associated circumstances and submit a written report prepared and submitted by the Chairperson of the ad hoc Investigation Committee to the Chairperson of the Fitness to Practice Committee within two weeks. The report shall be limited to facts, without judgement.

- The medical student may be accompanied by a member of the MBR U community of his/her choice.
- The student shall be given the opportunity to comment on the accuracy of the facts gathered by the ad hoc Investigation Committee by appending his/her signature to the report.

25.4.3. Adjudication

- The medical student shall be required to attend the meeting for Adjudication in person.
- The medical student shall inform the Chairperson of the Committee on Fitness to Practice in writing of the details in advance of the meeting if he/she has good cause to object to the membership of the Committee.
- The Chairperson shall decide on whether to advise the Committee that the member(s) should be replaced and shall inform the medical student accordingly.
- The adjudication may proceed in the student's absence, if the student fails to attend the meeting without reasonable explanation. The Committee on Fitness to Practice shall have discretion to decide what constitutes a "reasonable explanation".
- The Committee or the medical student may invite anyone who may have information relevant to the case to attend the adjudication meeting to give evidence in writing or in person.
- The meeting shall be held in private and all proceedings shall be confidential
- The Committee shall determine its own procedure for the conduct of the meeting but shall include the following elements:
 - A statement of the allegation and the findings of the ad hoc Investigation Committee
 - Response of the student to the allegation and the outcome of investigation
 - Summary and conclusion of facts on both sides
 - Pronouncement of the adjudication.
- Possible outcome of the adjudication
 - the medical student is fit for medical practice and recommend that he/she may continue on the course with no conditions.

- there are grounds for concern as to the fitness of the medical student for medical practice but he or she may continue her or his course of study under specified conditions.
- the medical student is unfit for medical practice with recommendations that may include:
 - suspension from studies
 - dismissal from University
 - informing law enforcement agencies
 - informing concerned professional licensing bodies
- The Chairperson of Committee on Fitness to Practice shall communicate the decision of the Committee in writing to the medical student and the Dean.

25.4.4. Appeal

- A medical student shall have the right of appeal against a decision of the Committee on Fitness to Practice.
- The appeal shall be submitted in writing within twenty-eight consecutive days of the notification of the result of the decision to the Dean stating the grounds of appeal.
- The Dean will raise the ad hoc Dispute Resolution Committee to consider the appeal.
- During the consideration of the appeal, the decision of the Committee on Fitness to Practice shall remain in force.
- An Appeal hearing shall be arranged within one week of receiving the appeal in accordance with the following procedure:
- The medical student may choose to be accompanied by a nominated 'friend' from the MBRU community (for example, a student representative).
- The meeting shall be held in private.
- The case by the Committee on Fitness to Practice shall be presented by its Chairperson, or nominee
- The student shall state his grounds for appeal and then his defense.
- The Committee on Fitness to Practice shall respond.
- The student shall be given the opportunity to react to the response of the Committee on Fitness to Practice.

- The Chairperson of ad hoc Dispute Resolution Committee shall summarize
- The Chairperson of ad hoc Dispute Resolution Committee shall pronounce the Committee's decision at the same or another sitting.
- The ad hoc Dispute Resolution Committee may confirm, amend, or refer the decision back to the Committee on Fitness to Practice.
- The Chairperson of the ad hoc Dispute Resolution Committee shall inform the Dean of the decision and the reasons for the decision within seven working days.
- If, at any stage, it becomes apparent or it is suspected that the medical student's alleged problems are caused by ill health or disability, these procedures shall be suspended and the Committee's procedures for dealing with serious ill health shall be commenced.
- If the Chairperson of any of the bodies involved considers that the medical student may have committed a legal offence, the Chairperson shall suspend proceedings and refer the circumstances to the Dean.

25.5. Procedures for dealing with a medical student's serious illness or disability likely to affect fitness to practice medicine.

- Any member of the MBRU Community who has information, knowledge, or concern about any medical student's illness or disability likely to affect their fitness to practice medicine, has a responsibility to report to Dean.
- Medical students have a responsibility to report any illness or disability likely to affect their fitness to practice medicine to the Dean.
- The following procedures shall be followed for medical students whose health is considered to make them unfit for medical practice.
- The case shall be referred to the Chairperson of the Committee on Fitness to Practice.
- The Committee shall appoint a sub-committee of three of its members (with the option to co-opt experts as needed) to investigate the medical student's fitness to practice based on her/his health or disability and report to the full Committee.
- The Committee shall make a decision based on the findings of the sub-committee and shall communicate the decision in writing to the Dean.
- The Dean shall inform the student of the Committee recommendations.

- A medical student shall have the right to appeal against a decision of the Committee on Fitness to Practice to the Dean, who may decide on whether to appoint an ad hoc Dispute Resolution Committee.
- No member of the Committee who has had any involvement or interest in the case shall take part in the procedures set out above.