The Faculty of Medicine of Memorial University of Newfoundland is one of 17 Canadian medical schools and was one of the four schools recommended by the Hall Royal Commission on Canadian Health Services be established in its 1964 report. A series of meetings was begun in 1963 between representatives of Memorial University of Newfoundland, the Newfoundland Medical Association, and the Department of Health of the Government of Newfoundland and Labrador. Following the Hall Commission's recommendation and on the basis of positive advice from Dr. J. Wendell MacLeod, Executive Secretary of the Association of Canadian Medical Colleges, and Dr. Chester B. Stewart, Dean of Medicine at Dalhousie University, Halifax, Nova Scotia, Memorial University of Newfoundland established a Commission in 1965 to undertake a feasibility study. The late Dr. J.A. MacFarlane, formerly Dean of Medicine at the University of Toronto, and a member of the Hall Royal Commission served as chairman. The MacFarlane Commission's recommendation that a Medical School be established at Memorial University of Newfoundland was confirmed independently by a Royal Commission on Health Services for Newfoundland and Labrador. The chairman of this latter Commission, Lord Brain, an eminent British medical educator, and his advisors, reported that the location of a medical school in the Province was a necessary step in the provision of adequate medical services for Newfoundland.

Dr. Ian Rusted, a local physician who had been involved in the early negotiations and had taken the initiative in introducing continuing medical education for doctors in the Province, was appointed Dean of Medicine in 1967. Under his leadership, faculty members were recruited, the undergraduate program was initiated and the first medical students were admitted in 1969. The existing programs of postgraduate training and continuing medical education were strengthened and the spectrum of medical education was subsequently completed in 1971 with the initiation of a program of graduate studies leading to the degrees of M.Sc. and Ph.D.

The undergraduate medical curriculum was designed to foster integrated learning and to permit contact with patients early in the student's training. To facilitate this integrated approach the administration of the school was set up as a non-departmental system based on three Divisions: Community Health, BioMedical Sciences and Clinical Sciences.

Initially the Faculty of Medicine was housed in temporary buildings. With joint funding by the Federal and Provincial Governments, a Health Sciences Centre (HSC) was constructed on the North Campus of the University and was officially opened in 1978. This new building became home to the Faculty of Medicine General Hospital and the School of Nursing. Over time the building was expanded, and now it also houses the School of Pharmacy, the Janeway Children's Health and Rehabilitation Centre, the Dr. H. Bliss Murphy Cancer Centre and the Agnes Cowan Hostel. The Health Sciences Centre contains a comprehensive health sciences library, animal care and research facilities, plus an appropriate range of teaching facilities to accommodate large lectures and demonstrations, small group discussions and seminars, clinical skills and laboratory sessions. The structure of the Health Sciences Centre facilitates integration between basic scientists, clinicians and other health professionals in the hospital, the University and the community. Clinical research facilities are located adjacent to basic research units and some research laboratories provide services in clinical investigation. In July 2014, the administrative offices of the Faculty of Medicine moved into the new adjacent Medical Education Centre where classes began for students in September, 2014. The Craig L. Dobbin Research Centre on the third, fourth, and fifth floors of the building opened in May, 2015.

Newfoundland and Labrador is divided into four Regional Health Authorities (RHAs) and students receive clinical training in the RHAs. The conventional use of major referral centres as teaching resources is complemented by the availability of regional and community hospitals to provide valuable clinical experience for undergraduate and postgraduate medical students. In contrast to many other schools, the class size at the University’s Medical School is small. This facilitates interaction between students and faculty, and has obvious advantages in clinical teaching. Normally 80 students are admitted annually to the first year of the undergraduate medical program.

Additional information regarding the Faculty of Medicine is available at www.med.mun.ca/medicine/home.aspx.

Mission and Objectives of the Faculty of Medicine

Working in the spirit of partnership and respect, the Faculty of Medicine is committed to delivering integrated excellence in education, research and evidence informed care: meeting the unique health needs of our rural, remote and urban communities; and advocating for health, equity, Indigenous health and healthy populations.

The objectives of the Faculty of Medicine are consistent with the objectives of Memorial University of Newfoundland in developing and maintaining excellence in the quality of its academic standards and of research, establishing programs to meet the expanding needs of the Province and of providing the means to reach out to the people and communities we serve. The strategic plan Destination Excellence (2018-2023) outlines three major outcomes: thriving learners and graduates, impactful research and healthy communities.

The Faculty seeks to attain these objectives through an organizational structure which allows optimum interaction among the various disciplines and divisions within the Medical School and with other Faculties and Schools as appropriate.

The term ‘Medical School’ refers to the wider organizational structure of the Faculty of Medicine with various healthcare, institutions, community organizations and other academic units with the University.

The specific objectives are:
1. To teach medical students to be physicians; and to provide such learning experiences as will inspire all medical graduates of the school to be prepared to practice medicine at the highest standards, serving all individuals and societies in the pursuit of health.

2. To acknowledge the special geography of this Province by encouraging the education of physicians with exemplary skills for rural practice.

3. To educate and train graduate and diploma students in the health sciences.

4. To provide postgraduate educational experiences in medicine and the medical sciences such that the graduating Canadian physicians will pursue further studies within the school's postgraduate programs, leading to certification in family medicine or specialist subjects, especially in those areas where deficiency in numbers is currently recognized or anticipated.

5. To instill within students at all levels:
   a. The wish and the capacity to further the practice and science of medicine through the creation of new knowledge for the improvement of health locally, provincially, nationally and globally.
   b. The wish and the capacity to improve their own professional practice through continuing self-assessment and scholarship.
   c. An appreciation of their evolving roles as members of a team of professionals possessing complementary skills.

6. To attract faculty members who will together:
   a. Act as a resource in providing undergraduate, graduate, postgraduate education and Continuing Professional Development.
   b. Contribute to the advancement of educational methods.
   c. Practice the highest quality of primary, secondary, or tertiary care medicine.
   d. Show leadership in promoting research into the health of the individual and the community, including the organization of health care delivery systems.
   e. Facilitate and promote education and research appropriate to our mid North-Atlantic environment.

7. To provide educational experiences in the health sciences to students from other Schools or Faculties of Memorial University of Newfoundland and of other educational institutions.

8. To provide Continuing Professional Development experiences which will help physicians to maintain and enhance their competence in medical skills.

9. To provide a learning environment for undergraduate, graduate, and postgraduate students of medicine and the health sciences who are citizens of other countries.

10. Actively to provide an Informational, Educational and Consultative resource for the whole community.

5 Affiliated Teaching Sites

1. Within St. John’s: (hospitals under the Eastern Regional Health Authority (RHA))

2. Outside St. John’s: (hospital/community settings in the 4 RHAs: Eastern, Central, Western and Labrador-Grenfell)

3. New Brunswick: (hospital/community settings and Horizon Health)

4. Prince Edward Island: (hospital/community settings)

5. Other jurisdictions: (e.g. Nunavut, hospital/community settings)

6 Description of Medical Training Program

The Faculty of Medicine offers a four-year undergraduate medical program, comprising a minimum of 189 credit hours, leading to the degree of Doctor of Medicine (M.D.).

The Diversity Statement for the Faculty of Medicine is available at www.med.mun.ca/medicine/home.aspx.

The program consists of four phases: Phases 1-3 explore themes integrating physician competencies and clinical skills with basic and clinical sciences as they relate to common clinical encounters and patient symptoms and Phase 4 involves integration into practice. The first three Phases employ a variety of teaching and learning experiences, including self-directed learning, to learn about all aspects of health (physical, mental, social, and psychological), disruptions in health that can lead to frank disease, and all aspects of science, community health, ethics, and clinical skills related to identifying and describing disease and its diagnosis. During Phase 4, students take courses that will allow them to experience major disciplines in hospital and community settings throughout affiliated teaching sites in Newfoundland and Labrador and community and hospital settings in New Brunswick and other jurisdictions. They participate as members of the health care team, gaining the knowledge and experience necessary to assume the responsibilities associated with patient care.

Medical students are required to participate fully in medical education experiences which occur at various times and communities outside of the St. John’s metropolitan area throughout the undergraduate medical education program.

Students in good academic standing are qualified to write Part I of the licensing examinations set by the Medical Council of Canada (MCC) at the appropriate time.

7 Continuing Professional Development

The Faculty of Medicine’s Office of Professional and Educational Development (OPED) is a university-accredited provider of continuing professional development (CPD) for healthcare professionals and faculty as designated by the Committee on Accreditation of Continuing Medical Education (CACME). Such designation allows OPED to accredit Royal College of Physicians and Surgeons of Canada (RCPSC) and College of Family Physicians of Canada (CFPC) CPD programs, by following accreditation guidelines set forth by the two colleges. OPED offers a breadth of professional development and faculty development programming each year which addresses the needs of faculty and healthcare professionals who practice in both urban and rural healthcare settings across Newfoundland and Labrador, nationally and internationally. Programs are offered in a variety of formats, including: live/faceto-face; online/distance; discipline rounds; and educational assessment and training experiences. OPED also offers professional development certificate programs in a variety of program areas that address the various competencies of the CanMEDS and CanMEDS-Family Medicine frameworks.

1. The Office of Professional and Educational Development (OPED) offers a variety of accredited CPD and faculty development programs in partnership with Faculty of Medicine Disciplines and Divisions, and other community partners. Participants interested in registering for OPED programs or further information on services are advised to consult the OPED website at www.med.mun.ca/opd, or contact the Office by email at pdmed@mun.ca, or by telephone at (709) 864-3358.

2. The Certificate in Medical Teaching is a ten-month course offered on-site and online that introduces participants to fundamental concepts, principles and theories of teaching and learning in medical education settings. Participants are required to complete a
Medical Education Project and submit a final report to meet program requirements.

3. The Physician Management & Leadership Program is a ten module accredited certificate program combining on-site and online learning, and designed to prepare physicians (and other healthcare professionals working in medical leadership) to become effective leaders and managers. The program has been developed collaboratively by the Office of Professional and Educational Development (OPED) and the Faculty of Business Administration (Gardiner Centre). Participants are required to complete a series of reflective assessment activities to meet program requirements.

4. The Certificate in Local and Global Health Equity is an accredited twelve module program introducing participants to key concepts surrounding health equity, relationship of health equity to local and global health, and the impact of health equity on the professional work of physicians and other health care providers. Participants may register for individual modules or complete all program modules to receive the Local and Global Health Equity certificate.

8 Postgraduate Medical Training

Postgraduate medical training is offered in residency programs leading to certification by either the College of Family Physicians of Canada (CFPC) or the Royal College of Physicians and Surgeons of Canada (RCPSC). These are full-time training programs comprised of hands-on practical training complemented by formal teaching and academic study. Residency programs are completed in a structured learning environment consisting of hospital and community based teaching units, supervised by faculty. Residents are required to participate fully in all medical education experiences that occur at various times and communities throughout their respective residency program.

The Postgraduate Medical Education (PGME) Committee oversees all aspects of the planning of residency programs and reports to the Dean of Medicine through the Associate Dean, PGME. The structure of residency programs is based on Canadian Excellence in Residency Accreditation (CanERA), which includes accreditation standards, processes and support tools. Residency programs are accredited through the Canadian Residency Accreditation Consortium (CanRAC), comprising the College of Family Physicians of Canada, the Royal College of Physicians and Surgeons of Canada, and the Collège des médecins du Québec.

8.1 Admission

Persons interested in a residency program apply through the Canadian Resident Matching Service (CaRMS). Further information is available from the CaRMS website at www.carms.ca/en/; by writing to, CaRMS, Suite 802, 151 Slater Street, Ottawa, Ontario K1P 5H3; or, by contacting the CaRMS office by telephone at (800) 291-3727.

A Resident who is currently in a residency program at another university and is interested in a residency program at Memorial University of Newfoundland’s Faculty of Medicine is advised to consult the PGME website at www.med.mun.ca/pgme, or contact the Office by email at pgme@mun.ca, or by telephone at (709) 864-6331 for further information.

8.2 Residency Programs

The Faculty of Medicine offers programs leading to certification by the College of Family Physicians of Canada (CFPC) and programs leading to certification by the Royal College of Physicians and Surgeons of Canada (RCPSC).

8.2.1 Programs Leading to Certification by the College of Family Physicians of Canada (CFPC)

The Faculty of Medicine offers a residency program in Family Medicine and enhanced skills programs in Emergency Medicine, Care of the Elderly, and Care of Underserved Populations. Information regarding Programs Leading to Certification by the College of Family Physicians of Canada (CFPC) is available on the PGME website at www.med.mun.ca/pgme.

8.2.2 Programs Leading to Certification by the Royal College of Physicians and Surgeons of Canada (RCPSC)

The Faculty of Medicine offers residency programs in Anatomical Pathology, Anesthesia, Diagnostic Radiology, General Surgery, Internal Medicine, Neurology, Obstetrics/Gynecology, Orthopedic Surgery, Pediatrics, and Psychiatry. The Faculty of Medicine also offers postgraduate medical training in the subspecialty programs of Adult Nephrology, Child and Adolescent Psychiatry, Geriatric Psychiatry, General Internal Medicine, and Medical Oncology. Information regarding Programs Leading to Certification by the Royal College of Physicians and Surgeons of Canada (RCPSC) is available on the PGME website at www.med.mun.ca/pgme.

8.3 Registration

1. Residents are registered each year as full-time students of Memorial University of Newfoundland.
2. Residents must be eligible for, and obtain, educational licensure from the College of Physicians and Surgeons of Newfoundland and Labrador (CPSNL). Further information is available at www.med.mun.ca/pgme or by emailing the Postgraduate Medical Education (PGME) Office at pgme@mun.ca.

8.4 Assessment

Each Resident is expected to complete the requirements of the residency program, as outlined by the discipline Residency Program Committee (RPC), for each year/stage of the program, and to meet the prescribed goals and objectives through the completion of rotations/clinical experiences/clinical blocks. A Resident is assessed throughout each rotation/clinical experience/clinical block. A Resident’s performance and progress is determined by a subcommittee of the RPC, based on the review of written assessments and performance-based direct observations. The results of the Resident assessments indicate the competency level of the Resident for each goal and objective of the rotation/clinical experience/clinical block. The level of responsibility given to a Resident is based on regular assessment of abilities by faculty.

Assessment methods used in residency programs are discipline-dependent and in accordance with the appropriate accreditation standards.
8.5 Promotion
To successfully complete a residency program, a Resident, upon assessment, must be promoted through all the levels/stages of the program. A Resident must also successfully complete the Teaching Effectiveness Program. A Resident who does not meet the criteria for promotion will require appropriate modifications to their training, supervision, and assessment.

1. For Residents enrolled in programs leading to Certification by the College of Family Physicians of Canada (CFPC), detailed information regarding promotion, including criteria for remediation, probation and dismissal can be found in the Resident Assessment, Promotion, Dismissal and Appeal Policy-Discipline of Family Medicine, available at www.med.mun.ca/pgme.

2. For Residents enrolled in programs leading to Certification by the Royal College of Physicians and Surgeons of Canada (RCPSC) – CBD Curriculum, detailed information regarding promotion, including criteria for remediation, probation and dismissal can be found in the Resident Assessment, Promotion, Dismissal and Appeal Policy - Competence by Design, available at www.med.mun.ca/pgme.

3. For Residents enrolled in programs leading to Certification by the Royal College of Physicians and Surgeons of Canada (RCPSC) – Traditional Curriculum, detailed information regarding promotion, including criteria for remediation, probation and dismissal can be found in the Resident Assessment, Promotion, Dismissal and Appeal Policy, available at www.med.mun.ca/pgme.

8.6 Other information
The Residency Program Committee (RPC) decides which Residents are eligible to sit the national examinations of the College of Family Physicians of Canada (CFPC) or the Royal College of Physicians and Surgeons of Canada (RCPSC).

8.7 Appeal
A Resident has the right of appeal in accordance with the following policies:

1. Resident Assessment, Promotion, Dismissal and Appeal Policy - Discipline of Family Medicine

2. Resident Assessment, Promotion, Dismissal and Appeal Policy - Competence by Design

3. Resident Assessment, Promotion, Dismissal and Appeal Policy

Details regarding the appeal process are available at www.med.mun.ca/pgme.

9 Graduate Studies
Interdisciplinary interaction and research among the divisions of BioMedical Sciences, Community Health and Humanities and the Clinical Disciplines is promoted.

Programs have been designed to attract students interested in a Graduate Diploma or a M.Sc., M.P.H., M.H.E., Ph.D. or M.D.-Ph.D. degree. Areas of strength include Applied Health Services Research, Cancer and Development, Cardiovascular and Renal Sciences, Clinical Epidemiology, Community Health and Humanities, Human Genetics, Immunology and Infectious Diseases, Neurosciences, Nutrition/Dietetics, Population/Public Health, and Health Ethics. Details of the graduate programs are provided in the School of Graduate Studies section of this Calendar.

10 Regulations for the Degree of Doctor of Medicine

10.1 Admission to the Faculty of Medicine

1. All applications for entry to the program of studies leading to the Doctor of Medicine (M.D.) degree are dealt with by the Admissions Office of the Faculty of Medicine and must be submitted to that office on or before the closing date. The exact date can be found under Important Dates on the Faculty of Medicine website. No application received after this date will be considered. An application processing fee of $75.00 is required from all applicants.

2. Applications are reviewed after the closing date by the Admissions and Interview Committees of the Faculty of Medicine. The Interview Committee, a sub-committee of the Admissions Committee, collaborates and decides which applicants will be invited for an interview. The Admissions Committee has the delegated authority of the Faculty Council to admit or decline to admit students, following guidelines and procedures acceptable to that Council.

3. Admissions will normally be to the first year of medical studies. In exceptional circumstances, admission with advanced standing may be offered.

4. Entry to medical school is on the basis of competition for a fixed number of places. The Admissions Committee considers an applicant's academic background, performance on the Medical College Admissions Test (MCAT) and information regarding an applicant's personal characteristics and achievements as described by the applicant, the applicant's references, and by personal interviews. Age is not used as a basis for selection or rejection. Both age and the length of time away from full-time studies may be considered. The residency status of each applicant at the time of the deadline date for applications will be determined by guidelines established by the Admissions Committee and approved by Faculty Council. For each applicant, the residency status determined at that time will apply throughout the admissions process and the period of undergraduate medical education. Priority is given to applicants who are bona fide residents of this province as well as applicants of Indigenous descent. Further information is available at Indigenous Applicants on the Faculty of Medicine website.

5. The Admissions Committee's decision to admit or decline to admit an applicant will be made on the basis of the competition for entry in the year of application and will be determined by the Committee's judgement of the likelihood of an applicant succeeding in the academic and professional studies leading to the award of the M.D. and in the eventual practice of medicine.

6. To be eligible for admission, an applicant shall have completed a bachelor's degree at a recognized university or university college before admission.

In exceptional circumstances an application may be considered from someone who does not expect to hold a bachelor's degree at the time of admission. Such an applicant will have completed at least 60 credit hours at a recognized university or university college before admission and be a student who has work-related or other experience acceptable to the Admissions Committee.

No application will be considered from an applicant who cannot produce evidence that the above requirements have been met or will have been met by the time of entry to the Medical School.

In addition, all applicants must write the MCAT a minimum of 14 days prior to the application deadline date which can be found under Important Dates on the Faculty of Medicine website. The MCAT must be written within the preceding five years of the application deadline date.

7. Applicants need to be aware of the policy related to Essential Skills and Abilities Required for the Study of Medicine. This policy
outlines essential skills and abilities needed to succeed in the M.D. program and it includes technical standards for students in the program and information for students with disability. This information is available at Application Preparation on the Faculty of Medicine website.

8. Each applicant is responsible for ensuring that all the required information on the application form, e.g. transcripts, MCAT scores, CASPer scores and references, is supplied to the Committees, and for providing any further information required by the Committees. An application is not considered complete until these documents have been received.

9. The Interview Committee may request that an applicant attend an interview.

10. Notification of the Committee's decisions will be made to an applicant by letter signed by, or on behalf of, the Chair of the Admissions Committee. No other form of notification can be considered to be official.

11. The letter of acceptance will give the successful applicant fourteen (14) days in which to confirm that the applicant will accept the place offered. The signed intention to accept the offered place must be accompanied by a deposit of $200.00 which will be credited towards tuition fees. The deposit will be forfeited if the applicant subsequently declines the place.

   If no reply to the offer of a place is received within fourteen days, the offer by the Faculty of Medicine will be withdrawn on the appropriate date, and the applicant will be informed of this by letter.

12. In order to register, applicants who have been accepted as international students will be required to indicate in writing that they will pay differential fees throughout the undergraduate medical program and that they will have the status of non-Canadians in the postgraduate matching process (Canadian Resident Matching Service (CaRMS), www.carms.ca).

13. The Admissions Committee, at its discretion, may grant deferral of admission for one year to four successful applicants (normally not to exceed this number) in the first round of offers for any one admission cycle. An applicant must request a deferred entry at the time of responding to an offer of admission. The first round of offers are normally confirmed by mid-May and requests for deferral are considered by mid-June.

14. Unsuccessful applicants who wish to reapply for admission are required to submit the application forms relevant to the year of re-application and will be required to enter the competition in that year. An unsuccessful applicant can meet with the Assistant Dean for Admissions or the Admissions Officer to discuss reapplying prior to the deadline for submission of a new application.

15. An unsuccessful applicant has the right to appeal against the decision of the Admissions Committee not to offer the applicant a place, if it is felt by the applicant that the decision was reached on grounds other than those specified in Clauses 1-4 above. The appeal should be made in writing within fourteen days of the notification of the decision and should be directed to the Dean of Medicine. The letter should state clearly and fully the grounds for the appeal. If the Dean of Medicine, in consultation with the Registrar, judges the grounds to be sufficient, the formal appeals mechanism will be initiated.

10.2 Registration in Newfoundland and Labrador and Other Approvals

All students are required to be on the Education Register of the College of Physicians and Surgeons of Newfoundland and Labrador (CPSNL). The Faculty of Medicine does not require criminal record checks or other screening procedures as a condition of admission to its program.

Students, however, should be aware that such record checks or other screening procedures may be required by agencies used by the University for professional registration, clinical experiences or academic course assignments necessary for graduation. Such agencies may refuse to accept students on the basis of information contained in the record check or other screening procedure thus preventing the student from completing a practice experience or other requirement. As a result, such students may not be eligible for promotion or graduation. The student is responsible for having such procedures completed as required at the student's own expense. The screening procedures of any given agency may change from time to time and are beyond the control of the University.

10.3 Evaluation

Subject to the approval of Senate, the overall policy of evaluation and the planning of the programs of studies leading to the M.D. degree are the responsibility of the Undergraduate Medical Studies Committee, which is a standing committee of the Council of the Faculty of Medicine.

10.4 Assessment

1. Each student is expected to complete the work of the class as described in the current regulations of the Faculty of Medicine for each Phase of the program and to pass the prescribed academic and professional assessments. In this context, the professional assessments will cover not only the skills expected of a student, but personal conduct and relationships with peers, patients, hospital personnel, faculty members and staff.

2. Course grades are recorded as pass or fail on a student’s University transcript. Within each Phase, there will be multiple prescribed assessments. For all Phases, assessment of an individual student’s performance is the responsibility of the appropriate Phase Lead.

   Grades for all Phases may be reported using an internal scale.

   a. The appropriate Phase Lead or designate is responsible for ensuring that each student is informed of the results of each assessment. The appropriate Phase Lead will notify the student, in writing, of any concerns that have arisen about performance. The Associate Dean, Undergraduate Medical Education will also be informed.

   b. It is the responsibility of the student to consult immediately with the appropriate Phase Lead regarding any assessment in which concerns about performance have been expressed. Within one week of receiving notification of the result of an assessment, a student may submit a written request to the appropriate Phase Lead for reconsideration of the assessment result or for a reread of an exam or paper.

   c. The student is responsible for notifying the appropriate Phase Lead immediately of any new or pre-existing circumstances that could affect the student’s individual performance in the work of the class.

   d. For exemptions from final examinations and procedures for applying to write deferred examinations - see UNIVERSITY REGULATIONS - General Academic Regulations (Undergraduate), Exemptions From Final Examinations and Procedures for Applying to Write Deferred Examinations. For detailed information about deferred examinations or assessments see the Undergraduate Medical Education Deferred Examination Policy.

3. A student’s progress is monitored in each Phase of the program by the appropriate Phase Management Team.
10.5 Promotion

1. The Student Promotions Committee is a standing committee of Faculty Council. The Student Promotions Committee reviews assessment results of all students in each Phase. On the basis of these reviews, this Committee decides which students will be promoted to the next Phase and which students are eligible to graduate. In reaching its decisions, the Student Promotions Committee takes into account professional and academic factors, and any special circumstances, duly authenticated, which warrant consideration.

2. Within each Phase, students may be required to be reassessed or to remediate with reassessment in order to demonstrate competence and understanding of the required learning objectives. The amount and quality of remediation and reassessment required of a student is at the discretion of the appropriate Phase Management Team. Students with a Fail grade in any course cannot be promoted to the next Phase.

3. Even in the absence of any Fail grades, a student for whom substantial concerns about performance have been expressed may either be required to repeat the Phase or required to withdraw conditionally or unconditionally.

4. A student who has been deemed by the Student Promotions Committee to be unsuitable for promotion or graduation is either required to repeat the Phase or withdraw either conditionally or unconditionally.
   a. If a student is required to repeat a Phase with academic prejudice, the student's performance in the repeated Phase must be at a level at which no remediation or reassessment is required. If this standard is not met, the Student Promotions Committee requires the student to withdraw unconditionally. The option to repeat a Phase with academic prejudice can only be offered to a student once during the student's M.D. program.
   b. A student may repeat a Phase without academic prejudice if it has been demonstrated that the student's performance has been adversely affected by other factors acceptable to the Student Promotions Committee and duly authenticated.
   c. If the Student Promotions Committee requires a student to withdraw conditionally, the Chair of the Student Promotions Committee informs the Dean and the appropriate Phase lead about the nature of the conditions to be met and the time period specified for meeting the conditions. The Dean then recommends to the Registrar that the student be required to withdraw from the program. Any student who has been required to withdraw conditionally may be readmitted once the conditions have been met. If the conditions are not met within the specified time limit, the student is required to withdraw unconditionally.
   d. If the Student Promotions Committee requires a student to withdraw unconditionally, the Chair of the Student Promotions Committee will report the decision and the basis upon which it was reached to the Dean and the appropriate Phase lead. The Dean then recommends to the Registrar that the student be required to withdraw from the program. Any student who is required to withdraw unconditionally and who wishes to re-enter the Faculty must apply by the appropriate deadline date to the Admissions Committee in competition with all other applicants.

5. A student has the right to make a formal appeal against a decision of the Student Promotions Committee. However, this appeal cannot be made on the basis of the grades awarded in individual courses, as the student will normally have had the opportunity of contesting grades and assessment results immediately after notification. A formal appeal by a student against the decision of this Committee must be made on grounds other than the grades awarded, e.g. default of procedure. This appeal should be made in writing, clearly stating the basis for the appeal and should be directed in the first instance to the Dean. The Dean in consultation with the Office of the Registrar determines whether or not the grounds stated are sufficient to warrant a formal hearing of the appeal. Details regarding the appeal process are available on the Faculty of Medicine website under Student Promotions Appeal Procedure.

6. In addition to the above clauses, the Faculty of Medicine reserves the right to require a student to withdraw from the program at any time when acceptable cause is demonstrated. In such cases, the Dean, on behalf of the Faculty, recommends such withdrawal to the Registrar who will then take appropriate action. Any such action is subject to the right of appeal by the student. An appeal should be made in writing clearly stating the basis for the appeal and should be directed in the first instance to the Registrar of the University. The Registrar, in consultation with the Dean, will determine whether or not the grounds stated are sufficient to warrant a formal hearing of the appeal.

7. Any student who enters the first Phase of the medical program but withdraws within the first seven weeks may be permitted re-entry only by re-application to the Admissions Committee in competition with all other applicants by the appropriate deadline date. Withdrawal at all other times is in accordance with UNIVERSITY REGULATIONS - General Academic Regulations (Undergraduate).

8. a. Upon completion of a Phase or after the successful completion of MED 8710 and MED 8750 in Phase 4, a student in good academic standing may elect to withdraw temporarily from studies (e.g. to pursue graduate studies).
   b. Any student may be permitted to withdraw in accordance with UNIVERSITY REGULATIONS - General Academic Regulations (Undergraduate), Withdrawing From The University. In all cases, the intent to withdraw voluntarily should be discussed the appropriate Phase Lead. The student must make a written request for voluntary withdrawal to the Dean who will then consult the appropriate Phase Lead. In the event that a student wishes to return to medical school, the Dean should ensure that sufficient revision and preparatory work are undertaken before the student is permitted to resume medical studies.
   c. Students permitted to withdraw are advised of the date upon which they are required to resume medical studies. In the absence of good cause, any such student who does not resume studies on the specified date will be deemed to have left the program.

10.6 Curricular Requirements (M.D.)

Students entering the M.D. program will be governed by curricular requirements in effect at the time of their admission. In the event of readmission, students will be governed by curricular requirements in effect at the time of their readmission.

The Student Promotions Committee provides an annual report to Faculty Council indicating the students to be awarded the M.D. degree.

11 Graduation

Up on meeting the qualifications for the program, students must apply to graduate on the prescribed “Application for Graduation” form. This form may be obtained on-line at the Memorial Self Service at www.mun.ca/regoff/stuweb.htm. The deadline for application submission is January 15 for Spring (May) convocation. Applications received after this date will be processed as time and resources permit. Additional information is available from the Office of the Registrar at www.mun.ca/regoff/graduation. Information regarding Convocation, including the date of the ceremony, is available at www.mun.ca/convocation.
12 Course Descriptions

The courses in all Phases form a continuum. Each Phase provides blended and clinical learning experiences in the medical school, teaching hospitals and community sites. In Phase 4, the students become members of the patient care team and have graded and supervised responsibility. In any given course, multiple teaching and learning methods such as lectures, small group discussion, labs and self-directed learning will be used.

12.1 Phase 1

5710 Patient I introduces students to themes integrating physician competencies and clinical skills with basic and clinical sciences as they relate to common clinical encounters and patient symptoms. Students will begin to examine their future roles as professionals in our health care system.

5720 Clinical Skills I introduces students to the main elements of the medical interview and techniques of interviewing. Students will develop skills in examining healthy individuals within all age ranges. Communication and collaboration skills will be developed in the context of patient-centered care and working with other health care providers.

5730 Physician Competencies I introduces students to concepts that encompass the non-medical expert physician roles of scholar, communicator, collaborator, advocate, leader and professional in the context of the patient, family and physician within health care systems.

5740 Community Engagement I places students in early clinical experiences with a family physician. Through a variety of sessions, students will also explore concepts of health and its determinants.

12.2 Phase 2

6750 Patient II has students build on their knowledge obtained from the themes presented in Phase 1 and encounter new themes that integrate physician competencies and clinical skills with basic and clinical sciences as they relate to common clinical encounters and patient symptoms.

6760 Clinical Skills II has students develop clinical reasoning skills used in patient-centered care using focused interviewing, examination, and communication skills.

6770 Physician Competencies II has students build on their knowledge of concepts that encompass the non-medical expert physician roles of scholar, communicator, collaborator, advocate, leader and professional in the context of the patient, family and physician within health care systems.

6780 Community Engagement II places students in community sites to experience a variety of aspects of the health care system with various health agencies, a family physician and other health care providers. Through a variety of sessions, students will also explore assessing health and interventions at the population and individual level.

12.3 Phase 3

7710 Patient III has students build on their knowledge obtained from the themes presented in Phase 1 and 2 and encounter new themes that integrate physician competencies and clinical skills with basic and clinical sciences as they relate to common clinical encounters and patient symptoms.

7720 Clinical Skills III has students advance their assessment skills of patients who have chronic health issues. They will develop verbal and written communication skills required for patient-centered care.

7730 Physician Competencies III continues to develop student competencies in the non-medical expert physician roles of scholar, communicator, collaborator, advocate, leader and professional in the context of the patient, family and physician within health care systems.

7740 Phase 4 Preparation introduces students to skills required to succeed in their clinical experiences to achieve a level of competency for Phase 4.

7750 Community Engagement III places students in physicians’ practices to further experience interactions among patients, their family physician and the health care system when presenting with a change in health status. Through a variety of sessions, students will also explore other community health related topics.

12.4 Phase 4

Phase 4 begins with students taking the core courses MED 8710 and MED 8750. These courses will be followed by twelve weeks of Elective experiences MED 8730 and twelve weeks of Advanced Practice Integration MED 8740, followed by MED 8720 Clinical Skills IV.

8710 Core Experiences immerses students in the clinical environment through experiences in core disciplines including internal medicine, surgery, obstetrics and gynecology, rural family practice, paediatrics, psychiatry, anesthesia and emergency medicine.

8720 Clinical Skills IV provides students with opportunities to advance their procedural and clinical skills to promote patient safety and work effectively in team settings.

8730 Electives are offered in two to four week blocks in approved areas of study for a maximum of twelve weeks.

12.5 Advanced Career Planning

8999 Advanced Career Planning information is available at the MedCAREERS website.

8740 Advanced Practice Integration enables students to be assigned to a physician, physician group or discipline for experiences that focus on following patients as they interact with the health care system.

12.6 Courses Offered By the Faculty of Medicine for Non-Medical Students

310A and 310B Human Physiology covers the properties of nerve and muscle cells, the special senses, blood and body fluids, and the nervous, cardiovascular, digestive, immune, respiratory, urinary, endocrine and reproductive systems. Integration of the body’s systems in maintaining homeostasis is emphasized. Priority for entry into this course is given to Biochemistry, Nutrition, Dietetics, and other students who are interested in experimental science.

8710 Patient III has students build on their knowledge obtained from the themes presented in Phase 1 and 2 and encounter new themes that integrate physician competencies and clinical skills with basic and clinical sciences as they relate to common clinical encounters and patient symptoms.

CH: 6
CO: Biochemistry 2201 or the former 2101
CR: Biochemistry 311A/B
LH: to be specified

AR = Attendance requirement; CH = Credit hours are 3 unless otherwise noted; CO = Co-requisite(s); CR = Credit can be retained for only one course from the set(s) consisting of the course being described and the course(s) listed; LC = Lecture hours per week are 3 unless otherwise noted; LH = Laboratory hours per week; OR = Other requirements of the course such as tutorials, practical sessions, or seminars; PR = Prerequisite(s); UL = Usage limitation(s).