### FACULTY OF MEDICINE

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1 The Memorial University of Newfoundland Code

The attention of all members of the University community is drawn to the section of the University Calendar titled The Memorial University of Newfoundland Code, which articulates the University’s commitment to maintaining the highest standards of academic integrity.

2 Student Code of Conduct

Memorial University of Newfoundland expects that students will conduct themselves in compliance with University Regulations and Policies, Departmental Policies, and Federal, Provincial and Municipal laws, as well as codes of ethics that govern students who are members of regulated professions. The Student Code of Conduct outlines the behaviors which the University considers to be non-academic misconduct offences, and the range of remedies and/or penalties which may be imposed. Academic misconduct is outlined in UNIVERSITY REGULATIONS - Academic Misconduct in the University Calendar.

For more information about the Student Code of Conduct, see www.mun.ca/student.

3 Background

The Faculty of Medicine of Memorial University of Newfoundland is one of 17 Canadian medical schools and was one of the four schools suggested by the Hall Royal Commission on Canadian Health Services 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 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 allied health workers 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. Services such as cafeteria and stores are common to the Faculty of Medicine and the Eastern Regional Health Authority. 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.

The General Hospital and Janeway Children’s Health and Rehabilitation Centre are part of a network of teaching hospitals in St. John’s, throughout Newfoundland and Labrador and other Atlantic provinces. 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.

4 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 all the people.

The Faculty seeks to attain these objectives through an organizational structure which allows optimum interaction among the various disciplines 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 the health of the world's peoples.
   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, and continuing medical education.
   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 Medical Education 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 medical 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)
2. Outside St. John’s: (hospital/community settings)
3. New Brunswick and other jurisdictions: (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](http://www.med.mun.ca/medicine/home.aspx).

The program consists of four phases; Phase one covers normal health and development, Phase two covers acute reversible or modifiable health issues, Phase three covers chronic disease, and Phase four 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, nationally and internationally. Programs are offered in a variety of formats, including: live/face-to-face; online/distance; discipline rounds; and educational assessment, retraining and traineeship experiences. OPED also offers professional development certificate 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 Office by email at pdmed@mun.ca, or by telephone at (709) 864-3358.

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.

The Physician Management & Leadership Program is a ten module accredited certificate program combining on-site and online education and project-based learning to equip participants with the skills necessary to lead and manage their organizations effectively.

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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 communities across Newfoundland and Labrador, nationally and internationally. Programs are offered in a variety of formats, including: live/face-to-face; online/distance; discipline rounds; and educational assessment, retraining and traineeship 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 continuing professional development (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](http://www.med.mun.ca/opd), or contact the Office by email at pdmed@mun.ca, or by telephone at (709) 864-3358.

2. 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 administration) 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, Orthopaedic 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 in-person at the Postgraduate Medical Education (PGME) Office.

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 - Discipline of Family Medicine.

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, 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 (normally September 15th). 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 Committee of the Faculty of Medicine. This 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 takes account of an applicant's academic background, performance on the Medical College Admissions Test (MCAT) and information on an applicant's personal characteristics and achievements as given by the applicant, by referees' reports and, in some cases, by personal interviews. Age by itself is not used as a basis for selection or rejection. Both age and the length of time away from full-time studies may be taken into consideration. The residency status of each applicant at the time of the closing date for application (normally September 15) will be determined by guidelines established by the Admissions Committee and approved by Faculty Council. The exact date can be found under Important Dates on the Faculty of Medicine website. For each candidate, 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 Aboriginal descent. Further information is available at Aboriginal 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 a candidate 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 prior to the application deadline. The MCAT should be written within the preceding five years of the date of application.

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, referee's reports, is supplied to the Admissions Committee, and for providing any further information required by this Committee. An application is not considered complete until these documents have been received.

9. The Admissions Committee may request that a candidate attend an interview.

10. Notification of the Committee's decision will be made to candidates 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 sign a document indicating 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.

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 (normally September 15).

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.

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.

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 all assessments of all students in each Phase. On the basis of this review, this Committee decides which students should 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, as well as 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 re-assessment 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 is deemed by the Student Promotions Committee to be unsuitable for promotion or graduation is either required to repeat the Phase or required to 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 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.

8. a. Upon completion of a Phase or after the completion of 8710 and 8720 in Phase four, 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 with the appropriate Phase Lead. The student must make a written request to the Registrar of the University who will then consult the student's academic advisor and the Dean. The decision to have the student withdraw voluntarily is then made in consultation with the Dean. The student will then be provided with information about the procedures for academic reinstatement and the availability of academic supports.
   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 recommends to Faculty Council those students to be awarded the M.D. degree.

11 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.

11.1 Phase 1 - Health and Its Promotion

5710 The Healthy Person introduces students to the structure and function of healthy people in all age groups in an integrated way. Students will learn in the context of a person as part of a family in a community. Students will begin to examine their future roles as professionals in our health care system.

CH: 19

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.

AR: attendance is required

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

5740 Community Engagement I places students in community sites for two weeks to experience a variety of aspects of the health care system with various health agencies, a family physician, and other health care providers.

AR: attendance is required

11.2 Phase 2 - Disease Prevention and Disruptions of Health

6750 The Patient: Acute or Episodic Health Problems has students build on their knowledge of the normal structure and function of the body and analyze disruptions in health by exploring the pathophysiology of illnesses, their risk factors and risk prevention strategies.
6760 Clinical Skills II has students develop clinical reasoning skills used in patient-centered care using focused interviewing, examination, and communication skills.
AR: attendance is required

6770 Physician Competencies II has students apply concepts that encompass the non-medical expert physician roles of scholar, communicator, collaborator, advocate, manager and professional in the context of the patient’s change in health status management and prevention.

6780 Community Engagement II places students in physicians’ practices for two weeks to further experience interactions among patients, their family physician and the health care system when presenting with a change in health status.
AR: attendance is required

11.3 Phase 3 - Diagnosis and Investigation of Illness and Disease

7710 The Patient: Chronic Conditions has students apply knowledge of reversible or modifiable health problems to chronic conditions for diagnosis and management of the patient.
CH: 36

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.
AR: attendance is required

7730 Physician Competencies III continues to develop student competencies in the non-medical expert physician roles introduced in previous special project courses.

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

7750 Community Engagement III allows students to further explore the interactions between patients and the health care system.
AR: attendance is required

11.4 Phase 4 - Integration Into Clinical Practice

Phase 4 begins with students taking the core courses 8710 and 8720. These courses will be followed by 12 weeks of elective experiences and 12 weeks of advanced practice.

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 and psychiatry.
AR: attendance is required
CH: 56

8720 Advanced Procedural Competencies provides students with opportunities to advance their procedural and clinical skills to promote patient safety and work effectively in team settings.
AR: attendance is required
CH: 2

8730 Electives are offered in two - four week blocks in approved areas of study for a maximum of twelve weeks.
AR: attendance is required
CH: 12

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.
AR: attendance is required
CH: 12

8750 Practice Continuum will focus on the transition to postgraduate training as a part of the continuum of medical education.
AR: attendance is required
CH: 1

11.5 Advanced Career Planning

8999 Advanced Career Planning information is available at the MedCAREERS website.
AR: attendance is required
CH: 0
PR: permission of the Associate Dean, Undergraduate Medical Education (UGME)
UL: not applicable to the Doctor of Medicine (M.D.) program

11.6 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.
CH: 6
CO: Biochemistry 2201 or the former 2101
CR: Biochemistry 311A/B
LH: to be specified

4300 Introduction to General and Autonomic Pharmacology deals with the general principles of pharmacology (dose-response relationship, drug-receptor interaction, absorption, distribution, metabolism, excretion of drugs), and drugs that affect neuromuscular and autonomic neurotransmission, the cardiovascular, gastrointestinal, and central nervous systems, and autacoids/prostanoids.
CO: Biochemistry 3206 or 3106, or Pharmacy 3111
CR: the former Biochemistry 4220
LH: to be specified
PR: Medicine 310A/B or Biochemistry 311A/B, or Pharmacy 2002/2003 or the former Pharmacy 3201/3202