



UNSW Medicine & Health

Phase 1 Undergraduate Medicine Program

Student Guide 2026

Table of Contents

| | |
|---|----|
| Aboriginal and Torres Strait Islander Acknowledgement and Commitment..... | 1 |
| Welcome..... | 2 |
| Cultural Safety and Racism | 3 |
| Structure of Phase 1 | 4 |
| Clinical Skills | 5 |
| Ethics..... | 6 |
| Quality of Medical Practice..... | 6 |
| Using AI in Medicine in 2026 | 7 |
| Close the Loop – myExperience Survey Feedback | 8 |
| Assessment in Phase 1..... | 9 |
| Overview of assessment in Phase 1..... | 9 |
| Student Code of Conduct..... | 13 |
| Academic Honesty and Plagiarism..... | 13 |
| Course Related Assessments | 15 |
| Exempted Assignment | 16 |
| Studiosity at UNSW..... | 16 |
| End of course examinations in Phase 1 | 16 |
| Phase Related Assessments..... | 17 |
| Feedback on your progress in the program..... | 25 |
| Progression | 27 |
| Preparing for Phase 2 | 28 |
| Convenors in Phase 1..... | 29 |
| Student Wellbeing | 30 |
| Prescribed Textbooks for Phase 1..... | 31 |

Aboriginal and Torres Strait Islander Acknowledgement and Commitment

The UNSW Medical Program acknowledges the Traditional Custodianship of the unceded lands on which the University of New South Wales campuses stand. We acknowledge those who have cared and continue to care for Country. We pay our deep respects to the people, the cultures, and the Elders past and present.

We are committed to improving the health and life outcomes for Aboriginal and Torres Strait Islander people through growing the Aboriginal and Torres Strait Islander medical workforce. We aim to promote a culturally safe learning environment for Aboriginal and Torres Strait Islander students, doctors and service delivery to patients.

We commit to strengthening our relationship with Aboriginal and Torres Strait Islander communities and the community-controlled health sector in guiding our culturally safe practice in teaching, learning and research.

Welcome

This guide is intended to serve as both an introduction and a useful resource during your time in Phase 1. For students joining the Phase in 2026 this will extend from the Foundations course in year 1 to the Ageing and Endings A course and the End of Phase examinations in year 2.

Phase 1 is a vital period in your education at UNSW, as it provides an opportunity for you to establish a base of knowledge and capability in many aspects of medicine. By the time you have finished Phase 1 you will have learned the basics of the key pre-clinical and para-clinical disciplines that underpin medical practice, including anatomy, histology, physiology, pharmacology, microbiology and pathology. You will have learnt a little about psychiatry, paediatrics, and obstetrics and gynaecology. You will also have had the opportunity to develop your information literacy, written communication and basic research skills to a greater level through your assignment and group project work, and you will have had much more experience in working as a team.

You will also have developed considerable expertise in those vital aspects of clinical medicine – effective communication and competent physical examination. All your learning in the program, and in this first Phase, will be focused on the program's eight capabilities: using basic and clinical sciences; social and cultural aspects of health and disease; patient assessment and management; effective communication; teamwork; self-directed learning and critical evaluation; ethics and legal responsibilities; and reflective practitioner. Your development in each of the capabilities will provide a solid foundation on which to build in subsequent Phases, and of course further on in your medical career. A lot to look forward to!

As well as this Phase 1 guide, the program guide and each individual course guide, there are four other important sources of information for you as you progress through Phase 1.

The first is the medicine program website (<https://medprogram.med.unsw.edu.au>) – this is a site available only to staff and students in the medical program, and is the repository of much helpful information. You should bookmark this site and take the time to explore it so you are familiar with its content, particularly with regard to Phase 1.

The second source of information is the Phase 1 newsletter which is published several times each year. Please take the time to read these newsletters when they become available – they will contain important announcements and the answers to many of your questions. Back copies of the newsletters are also available on the Medicine program website. (<https://medprogram.med.unsw.edu.au/newsletters-phase-1>)

The third source is eMed (<https://emed.med.unsw.edu.au>), the website that contains detailed information on all the teaching activities and assessments in the program. eMed is also the place where you will find many learning resources, submit items for assessment, get your timetable, give feedback to your peers, view your portfolio summary and get your results.

Fourthly, each course has its own Moodle page. You should regularly log into the Moodle page (<https://moodle.telt.unsw.edu.au/>) as it provides you with important announcements about the course and links to lecture materials, scenario materials, online learning resources, pre-reading, tutorial worksheets, practical class material, formative feedback assessments, etc. Also, there are discussion forums where you can ask questions related to the projects and assignments as well as direct questions to discipline experts. There are many online resources available in Moodle. While some of these resources are helpful to you for revision, some of them are **compulsory**. For example, for some practical classes you need to complete the online activity prior to attending the class or you will not be permitted into the laboratory. You can keep track of your progress via the progress bar which will indicate whether you have completed an activity or not. You might be interested to know this tracking information is also available to staff.

As you get to know the staff of the Faculty, you will also appreciate there are a number of people who can help you in different ways. Many of these are identified in this guide, as well as on the program website. Please feel free to contact us whenever you have a problem or question – we are always happy to help if we can.

So welcome to Phase 1! We hope you enjoy this initial stage of your medical studies, and importantly we hope that you can use this time to establish a groundwork of knowledge and capability that will serve you well, both at university and in your later professional life.



Marty Le Nedelec & Assoc. Prof. Linda Ferrington
Phase 1 Convenors
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Cultural Safety and Racism

Cultural safety is an endorsed philosophy of the Medical Program that ensures all staff and students are treated with regard to their unique cultural needs and differences.

Cultural safety is defined by an environment that is safe for people: where there is no assault, challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience of learning, living and working together with dignity and truly listening.¹

We reaffirm our commitment to cultural safety and will work toward the vision of “a culturally safe teaching, learning and research environment.”

We will strive to demonstrate and facilitate cultural safety through our professional practice, by examining our own cultural identities and attitudes and being open-minded and flexible in our attitudes towards people from cultures other than our own.

We will not tolerate racism, prejudice or harassment. We reject racially prejudiced attitudes, actions and ideologies that impede culturally inclusive relationships.

[UNSW Anti-Racism and Anti-Religious Vilification Policy](#)

¹ Williams, R Cultural Safety – what does it mean for our work practice? (1999) 23(2) Australian and New Zealand Journal of Public Health 213, p 213.

Structure of Phase 1

In Phase 1 of the program, your learning will be focused on your scenario group. Teaching in the courses in this Phase is organised around scenarios which present activities that a typical medical graduate might be engaged in. You will be encouraged to discuss these scenarios in your scenario group sessions, and to reflect on the issues that are raised in the scenario presentation and other activities.

Through a series of learning activities - lectures, tutorials, practicals, online lessons, and clinical visits - you will explore the key issues and concepts that will be examined at the end of each course. You will also be able to choose to pursue topics that interest you through your group project and assignment work.

Phase 1 consists of eight courses (each with an end of course exam) and three End of Phase examinations. The sequence of courses is as follows:

Year 1 Courses (2026)

Foundations [MFAC 1501]

This course will introduce you to the main modes of teaching and the styles of learning in the program

Beginnings, Growth and Development – A [MFAC 1521]

Health Maintenance – A [MFAC 1523]

Ageing and Endings – B [MFAC 1526]

Year 2 Courses (2027):

Society and Health [MFAC 1527]

Beginnings, Growth and Development – B [MFAC 1522]

Health Maintenance –B [MFAC 1524]

Ageing and Endings – A [MFAC 1525]

Embedded within all courses in the program are three elements which are described below: Quality of Medical Practice, Ethics, and Clinical Skills.

Name Badges

All first-year students will be issued with name badges. Studies indicate that being identifiable makes people more accountable for their behaviour and wearing a name badge is one aspect of professionalism. While wearing a name badge, students are representing the university and the faculty as well as themselves. **You are expected to wear your badge for all learning activities** except lectures, but particularly for tutorials, clinical skills and hospital sessions.

Clinical Skills

Phase 1 Lead: Dr Kalli Spencer (kalli.spencer@unsw.edu.au)

In Phase 1, the focus of the Clinical Skills element will be on understanding the impact of the illness on the patient and developing skills to gather information, using communication skills, both generic (interactional) and clinical (eliciting a medical history) and physical examination skills. There is no expectation that you will be able to determine a correct diagnosis.

An essential aspect of this element is the person- or patient-centred clinical method. You should appreciate the importance of fully understanding an individual's particular predicament and circumstances and their unique experience of illness, and how this contributes to their care. You will develop generic communication skills that enhance your ability to understand a person's perspectives regarding their health and illness and also be encouraged to reflect on your interpersonal communication style and how this can be improved to help elicit information from people in your care.

You will learn how to characterise common symptoms e.g. in a person with chest pain, the site, severity, duration and quality of the pain will help to indicate whether it is cardiac in origin. This approach will form the basis for future pattern recognition.

You will also have the opportunity to develop physical examination skills. The emphasis in Phase 1 in this regard is on correct technique in the physical examination, which will allow you to determine normality and assess abnormality. You should practise your physical examination skills on real patients so that you can appreciate the range of normality. In the End of Phase 1 clinical examination, you will be expected to perform satisfactory examinations of body systems with an emphasis on appropriate technique, in a professional interaction with a patient.

While seeing and describing abnormal physical signs will help you to understand their significance, you are not expected to interpret physical abnormalities by the end of Phase 1.

For all interactions with a patient, you must obtain appropriate consent from the person and they must understand that you are a medical student. This consent can also be obtained by the supervisor taking the student group. For intimate examinations and examinations on vulnerable adults, there is very specific information for students and staff to be aware of and this is detailed in the program guide and relevant phase Clinical Skills guides.

In all contact with patients you must remember the importance of infection control and must adhere to the **Bare Below the Elbows** policy and the **5 Moments for Hand Hygiene**. If you are unable to perform hand hygiene properly (e.g., you are wearing a cast on your arm), you are not allowed to be in direct contact with patients (see Appendix, Phase 1 Clinical Skills Guide).

Clinical Skills will be taught in integrated sessions on campus in the Clinical Skills Centre. These sessions will address communication skills and will introduce you to physical examination and simple procedural skills. Face-to-face sessions as well as online learning activities will involve simulated patients (well people playing the role of a patient) in most courses, in a variety of ways. You will then have the opportunity to further practise and develop these skills with real patients in hospital sessions. In the clinical environment, both simulated and real, students are expected to behave in a professional manner. To this end, students should review, be familiar with and abide by the [UNSW Medicine and Health Student Code of Conduct](#) regarding Professionalism in Medicine.

A supplementary guide (the Phase 1 Clinical Skills Guide), available in the Clinical Skills module (self-enrolment required), provides detailed information on the objectives of this element of the program.

[Clinical Skills Moodle Site](#) (Student enrolment key: CS_Student).

Ethics

Convenor: Dr Sarah Baldwin (s.baldwin@unsw.edu.au)

The teaching of Ethics is integrated within each of the courses in Phase 1 and throughout all the phases in the program. It is represented visually in the Ethics roadmap – <https://medicine-ethics.teaching.unsw.edu.au/>. Generally, in each course in Phase 1 there are two lectures and two associated tutorials (only one tutorial in Foundations). The lectures in each course are framed by one of the ethical perspectives represented in the Ethics Cube, <https://ethics.med.unsw.edu.au/> as well as relating to the course content. Questions relating to Ethics may be included in all examinations and there are relevant assignments and projects in most courses.

To achieve the Phase 1 expectations for the Ethics and Legal Responsibilities graduate capability, students should plan to do at least one individual assignment and a group project with a focus on ethics and legal responsibilities in medicine. You can also address this capability in a negotiated assignment. The capability will be assessed in the end of Phase Portfolio Examination to ensure that it has been adequately developed. If you are unsure about how to approach a topic for either an individual assignment or for a group project, you should discuss it with your ethics tutor, scenario group facilitator or with the Ethics Convenor.

There is an Ethics UNSW Medicine page in Moodle which has resources, videos, articles and podcasts. These can be accessed via <https://moodle.telt.unsw.edu.au/course/view.php?id=29809> (student enrolment key: Ethics_student). There is a recommended [ethics text available in the library](#), and there are many other reference books and online resources in addition to the Ethics Cube. Please feel free to email the convenor if you come across any additional interesting resources or have any specific feedback you would like to share.

Quality of Medical Practice

Convenor: Dr Amir Ariff (amir.ariff@unsw.edu.au)

The Quality of Medical Practice element (QMP) will give you a good grounding in Evidence-Based Practice (EBP) and medical statistics as well as Quality and Safety in Medicine. These are all very important topics for you to learn to become high quality medical practitioners. See the [QMP Roadmap](#) for information about QMP content across the program.

EBP and medical statistics will be taught within each course. In Foundations, the basic skills of information literacy will be taught in a series of tutorials. This will teach you how to source and reference high quality literature evidence at university level. You will also learn about the process of EBP and be introduced to the basic study designs in clinical research. Following on in Phase 1 you will learn how to appraise evidence and apply it to medical situations. By the end of Phase 1 you should have gained a good grasp of the essentials of medical statistics, critical appraisal, EBP, design of studies, basic research skills, analysis of data, and overall understanding of the concept of research.

QMP in Phase 1 is taught using face-to-face classes and online learning activities e.g. lectures and practical classes and tutorials accessed via the [QMP module in Moodle](#) (student enrolment key: QMP_Student), with many different types of online resources to assist your learning.

EBP and medical statistics will be assessed in the end of course written examinations and in the End of Phase examination. There is a compulsory research-based group project during the first half of the second year that involves the analysis and interpretation of simulated data, as well as published journal articles, to be written up in the format of a journal review article. There are also other assignments and projects offered specifically to assess topics involving EBP (e.g. screening and critical appraisal topics) and all individual assignments and group projects assess information literacy and critical appraisal skills under the generic capability of Self-directed Learning and Critical Evaluation. You will be required to complete a negotiated assignment, which will allow you to use some of the skills learned in QMP and provide evidence of development for the focus capability of Self-directed Learning and Critical Evaluation.

Quality and safety topics are presented in various activities throughout Phase 1, with medical error and adverse events specifically discussed within the Health Maintenance B course in a scenario-based activity. Learning about quality of care is essential in medical practice and is seen as a key requirement of the Australian Medical Council. You will learn more on this in Phases 2 and 3.

Using AI in Medicine in 2026

AI technologies are revolutionising medical practice by aiding in diagnosis, prognosis, and treatment decisions. AI can analyse large datasets quickly and accurately, helping doctors make more informed decisions. UNSW is at the forefront of integrating AI into medical education, and throughout Phase 1 and the whole program, students will be keen to utilise AI to enhance their studies. Beginning in Foundations, it is important for students to understand appropriate use of AI in their learning and tasks and assessments.

Responsible Use of Generative AI Tools

To assist you in responsibly utilising AI technologies during the Medicine Program, please see the following resources and guidelines from UNSW and the Australian Health Practitioner Regulation Agency (Ahpra):

<https://www.student.unsw.edu.au/sites/default/files/uploads/group47/Responsible-Use-Generative-AI-Students.pdf>

<https://www.ahpra.gov.au/Resources/Artificial-Intelligence-in-healthcare.aspx>

- **Transparency and Accountability:** Students must be transparent about their use of AI and take responsibility for their work. Any assistance from AI should be acknowledged according to institutional guidelines.
- **Educational Enhancement:** AI tools should be used to supplement learning and enhance educational outcomes, supporting critical thinking and clinical reasoning skills essential to medical practice.
- **Ethical Standards:** Students are expected to adhere to high ethical standards in their use of AI. This includes avoiding plagiarism, ensuring the accuracy of information, and maintaining professional integrity.
- **Patient Confidentiality and Data Security:** The use of AI must comply with guidelines such as Ahpra regarding patient confidentiality and data security.

AI in Assessment

Students should always read assessment instructions carefully to understand what level of AI use is permitted in any given assessable activity. Please note that what is permitted will vary across different assessments.

- **Responsible Use:**
UNSW recognises there are ethical and responsible uses of AI and Generative AI tools (such as ChatGPT and Copilot) that can support student learning. However, when it comes to submitting your assessments it is also important to understand the university adopts a firm approach to ensuring you complete the work that is expected and that this demonstrates you have met learning outcomes assigned within your courses.
- **Inappropriate Use of Tools:**
It is important that students are aware of what tools use generative AI and may be inappropriate in an assessment. <https://www.student.unsw.edu.au/assessment/ai>.
- **How does Turnitin's AI detection tool work?**
All teachers marking assessments submitted through either Moodle Turnitin Assignment or Inpera now have access to [Turnitin's new AI detection tool](#). This provides teachers with an estimated percentage of text that has similarities to AI generated or AI paraphrased text (text that was originally written by AI but then rewritten to avoid detection). The document will include highlights of the relevant passages that the detector has flagged.

This is not always conclusive evidence that a student has inappropriately used generative AI, however, this will be a flag for a teacher to further review a student's submission

Citing AI Use

When AI is used for assignments, it must be appropriately cited. Students are responsible for any inaccurate, biased, or unethical content generated by AI. The AI Declaration template for use in Medicine assignments and projects is provided in the Phase Guide and in your course guides under the Assessment section.

Close the Loop – myExperience Survey Feedback

The Faculty is committed to working with students to continuously improve the Medicine program. In response to requests from MedSoc for greater transparency regarding the Faculty's response to feedback obtained from student surveys such as myExperience and MedSEQ, we have created a website at:

<https://medprogram.med.unsw.edu.au/survey-feedback-phase-1> (zID and zPass required), which contains:

1. A summary of the myExperience feedback for recent iterations of each course;
2. A summary of the intended actions and/or action taken in response to myExperience feedback;
3. A link to the report on the most recent MedSEQ survey, which includes intended actions in relation to issues raised by students; and
4. A link to provide real-time anonymous feedback to the Faculty on current issues, outside of the regular myExperience surveys (please note that providing real-time feedback does not substitute for completing a myExperience survey at the end of each course).

Your input is valued, and leads to changes intended to improve your learning experience.

Assessment in Phase 1

Overview of assessment in Phase 1

Your participation in the Foundations course will be assessed based on attendance and engagement in the activities undertaken as well as a written assignment and project. You must also pass the end of course examination. If you do not pass the end of course examination, you will not be permitted to continue in Phase 1.

In each of the seven courses that follow Foundations (Beginnings, Growth & Development A and B; Health Maintenance A and B; Ageing & Endings A and B; and Society & Health) you will be assessed on an individual assignment, a group project and an end of course examination. If you meet the attendance and engagement requirements (see below), the final mark for each individual course is based entirely on the examination mark. Additional formative assessment activities will be scheduled to give you an idea of the level of performance required in the end of course exam. Your project and assignment work forms the basis of your portfolio, which is assessed at the end of your second year.

Assignments and projects in each course will be graded **Fail, P-, P or P+** as explained in the Assessment section of the Program Guide. Failure to submit an assignment in a course without an approved exemption will result in a Fail grade being recorded for that assignment. Inadequate contribution to a project in a course will result in a Fail grade being recorded for that project and a formal comment regarding this lapse in Professionalism submitted in eMed.

You are required to submit a negotiated assignment as an individual assignment in at least one of the Phase 1 courses. The negotiated assignment will provide useful evidence of achievement in the Self-Directed Learning and Critical Evaluation Capability, as required for the Phase 1 Portfolio Examination.

You are also required to complete Student-Patient Observed Communication Assessments (SOCA) across multiple courses in Phase 1. SOCA include use of the Online Simulated Patient Interaction and Assessment (OSPPIA) platform which is an application which facilitates you to interact with simulated patients in the online environment. SOCA will provide important evidence of Effective Communication required for the Phase 1 Portfolio Examination. More information is provided in your Phase 1 Clinical Skills Student Guide and [Clinical Skills Moodle](#) module.

The end of course examination for each course will be an integrated written examination with questions focusing mainly on biomedical and social sciences. This examination will be based on relevant "real world" scenarios, and will assess your understanding of the material presented in the course, including lectures, practicals, tutorials (both online and face to face) and scenario group sessions. It will generally comprise four questions, one of which will contain a number of objective item multiple choice questions (MCQ) and three of which will be in short answer format.

After the completion of Year 2 you will need to complete the End of Phase examinations. These consist of the Portfolio Examination, the End of Phase written examination and a Clinical Skills examination (Objective Structured Clinical Examination – OSCE). To be eligible to attempt these examinations, you will be required to have already obtained a pass in at least 7 of the 8 Phase 1 courses that you have completed (either initially, in a supplementary examination, or after repeating the course). In order to sit the Clinical Skills examination, you will also have demonstrated appropriate professional behaviour with regard to attendance at Clinical School teaching sessions (as evidenced by signed completion of a Clinical Skills Logbook) and compliance with NSW Health ClinConnect requirements (see below). To be eligible to present your portfolio for examination you must also have obtained an **overall grade** of P- or higher in at least 11 formal projects and assignments, of which at least 5 must be individual assignments. Your portfolio will include:

- the results in the group projects and individual assignments, including grades and comments from the assessors
- a negotiated assignment
- at least four completed SOCAs (with reflection)
- feedback on teamwork contributions that you have given and received in the eMed: Feedback system
- an essay reflecting on your progress in addressing the eight graduate capabilities

The End of Phase written examination consists of two components. The first component will consist of objective items (MCQs) addressing mainly concepts arising in the Using Basic and Clinical Sciences and the Social and Cultural Aspects of Health and Disease capabilities from all the courses in Phase 1. The second component, known as the progressive practical exam, will examine material covered in practical classes and may involve a range of different question types including objective items, short answer and practical items. This component is in the form of three practical tests administered during the Phase, one at the end of the first year and two in second year. You are required to obtain a pass grade in both the MCQ exam and the cumulative practical exam (including each discipline component) in order to pass the End of Phase written exam.

The Clinical Skills examination will consist of six stations and requires you to effectively communicate with (real or simulated) patients and physically examine them. In special circumstances, students may be permitted to sit the OSCE if they have passed 6 of the 8 Phase 1 courses. Eligible students will be notified if applicable. More information on the OSCE is found in the P1/Graduate Entry Student Clinical Skills Guide.

All three End of Phase examinations are barrier assessments: the Portfolio Examination, the Written Examination (MCQ and practical components) and the Clinical Skills Examination. You must pass all three to progress to Phase 2 of the program.

Assessment in any General Education course(s) you take during this Phase will be the responsibility of the Faculty providing the course.

Attendance at Classes

You are expected to attend **all** classes and it is to your advantage to do so. Studies have shown that high attendance correlates with better engagement and success in courses and disciplines. By attending, engaging and actively participating in your classes you not only increase your own opportunities for success, but you also help build a learning community with other students. Attendance is a student's responsibility and attendance and engagement are important aspects of professionalism. Please see the university policy on Class Attendance. <https://student.unsw.edu.au/attendance>

UNSW Medicine expects students to attend **all** scheduled activities (including those online), and to be punctual. It is important that you contact your course convenor or the Phase 1 convenors if you need to allow for illness or misadventure. If you fail to comply with the attendance and engagement requirements for a course or term, you may be awarded an Unsatisfactory Fail (even if you pass the end of course examination).

If you have unsatisfactory attendance and engagement in a Phase 1 course, you will meet with either a Course or Phase convenor.

- **First Phase 1 Course with Unsatisfactory Attendance and Engagement** → Attendance Professionalism Comment
- **Second Phase 1 Course with Unsatisfactory Attendance and Engagement** → EOC exam capped at 50%
- **Third & Subsequent Phase 1 Course with Unsatisfactory Attendance and Engagement** → Unsatisfactory fail for the course

If you have a potentially infectious illness, it is important to stay home. If you will miss your scenario group session, you should inform your facilitator that you will be absent. Please copy that email to medphase1@unsw.edu.au. Please also inform the relevant teachers for any other small group sessions you will miss (e.g. clinical skills, ethics tutorials). If you will miss a practical class, it is not necessary to inform the principal teacher unless you want to discuss whether you can attend an alternative session on another day (if this is possible). It is your responsibility to ensure that you catch up on any material that you missed. If you are going to be away from campus for a prolonged period (more than 3 days) you will need to present a medical certificate and inform your Course Convenor.

If you are unable to complete an assessment or exam on time because you are incapacitated due to illness or other causes you will also need to complete a Special Consideration application. Information about the Special Consideration application process and the online application form can be found on the [Special Consideration](#)

[website](#). Once you have submitted your application you should hear back within 3 days but usually within less time. Please also see the Student Wellbeing Tab at the top of the page for further assistance.

Where a significant absence is anticipated during course time (such as conference attendance or important cultural or personal commitments) it is imperative that the student contact the Phase 1 Convenors as soon as possible so that leave of absence can be considered and alternative arrangements for study/assessment put into place. Failure to provide sufficient notice may result in an Unsatisfactory Fail grade for the course.

If a student is absent from any learning activity, it is their responsibility to independently learn the material they missed. If a student fails a course, they cannot use absences from learning activities, for any reason, as grounds for appeal.

Facilitators and tutors will keep attendance records in all scenario group sessions, campus clinical skills sessions, hospital sessions, ethics tutorials and practical classes. Student attendance at hospital teaching sessions is particularly important. Poor attendance is flagged by shared systems across all clinical campuses and Faculty. Failure to attend without an acceptable reason will result in a comment regarding a lapse in professional behaviour being added to the student's Portfolio. More than one such Professionalism comment in eMed may lead to a recommendation that the student is not eligible to sit the Phase 1 Clinical Skills examination.

It is important that students are aware of and comply with NSW Health (ClinConnect) compliance requirements, as discussed in the Program Guide.

It is your responsibility to frequently check the timetable for assigned classes and for any changes. Ignorance of classes, which are scheduled in the timetable, is not an acceptable excuse for non-attendance.

You can attend only classes to which you are allocated. You **may not attend** hospital sessions, practicals or other classes at different times or locations to those in your timetable. Staff may ask you to leave if you are not in the correct class.

Self-Care Days

Self-Care Days were introduced as an innovation to promote student wellbeing. Students can take up to 8 Self-Care Days per year and up to 2 per term. Self-Care Days should be planned and registered on eMed (<https://emed.med.unsw.edu.au/Portfolio.nsf>) **more than 24 hours in advance**. Please ensure that you follow the guidelines on the Medicine Program website <https://medprogram.med.unsw.edu.au/getting-started-0#SelfCare>. Note that this includes notifying relevant teachers/facilitators of any small group classes that you will be missing e.g. scenario groups, ethics tutorials, clinical skills and hospital sessions, **at least 24 hours ahead**.

It will be your responsibility to catch up with any learning activities missed. We would advise you to think carefully about the timing of any Self-Care Days as some learning activities are harder to make up and your absence may also impact on your peers. Self-Care Days are a privilege that allow you to take a break from academic work and focus on your life-administration and wellbeing, they should not be used as sick days.

IMPORTANT: NSW HEALTH COMPLIANCE & CONSEQUENCES OF NOT BEING COMPLIANT.

COMPLIANCE

As medical students, you must meet all NSW Health compliance requirements – including vaccinations, a National Police Certificate and other mandatory checks – to ensure you are permitted to access NSW Health facilities for your clinical learning. Further information on NSW Health compliance requirements can be found on the HETI Student Compliance page. More information about these and other regulatory requirements for clinical placements is also available in the Program Guide.

Students will receive an email from the Work Integrated Learning (WIL) team in the first week of Foundations outlining the information they need to provide to NSW Health to become compliant. This information is managed through the NSW Health database, ClinConnect.

If you are not compliant with NSW Health requirements, you will not be permitted to attend hospital sessions at your allocated hospital. These requirements are mandated by NSW Health, not by the Faculty. However, due to the substantial administrative workload involved in monitoring student compliance, the Faculty requires that you are **fully compliant ON THE DAY** the teaching period commences, or you will be **BANNED** from **ALL** hospital clinical sessions in that teaching period. The BAN will also apply if you allow a status of Temporary Compliance to lapse whilst on placement. This ruling has become necessary due to a small number of students failing to respond to repeated Faculty notifications advising that they were non-compliant or that their Temporary Compliance was approaching expiry.

Students who are not compliant for clinical placements do not meet course requirements. As a result, in addition to being banned from hospital sessions, their end-of-course exam marks will be capped at 50% until compliance is achieved. This will apply from the BGDA end-of-course exam onward. Students should note that this may negatively impact their weighted average mark (WAM). It is therefore imperative that you fulfil your responsibility to ensure clinical placement compliance as soon as possible. In addition, a Professionalism comment will be added to the student's Portfolio.

Students are required to email compliance documentation directly to the NSW Health Compliance Team at SESLHD-StudentCompliance@health.nsw.gov.au for verification and updating in ClinConnect. Emails to NSW Health must be sent from your UNSW student ID email.

Faculty and NSW Health also hold face-to-face compliance sessions on the Kensington campus in March of each year for Sydney metro students; online sessions are also scheduled. Information about these events will be sent to your student email – please keep a look out for these emails. It is essential that students come to their appointment with NSW Health with all required documentation to achieve compliance – the NSW Health face-to-face compliance session should be the end of your compliance journey, not the beginning. Collation of compliance documentation may take more time than you expect, and it is vital that you have EVERYTHING required.

NSW Health will issue you a receipt outlining your compliance status and any further documentation you still need to provide, with a due date if you have a temporary compliance status. Temporary compliance is occasionally granted by NSW Health for hepatitis B and tuberculosis (TB) only and usually lapses after 6 months, although for TB it can be sooner.

Faculty cannot follow up each individual student's compliance and will not do so. Thus, it is your responsibility to ensure that you become FULLY COMPLIANT within the appropriate timeline.

Get your clinical training off to a good start – BE COMPLIANT.

NSW Health HETI Training Modules

NSW Health also requires all students entering clinical placements to have completed mandatory My Health Learning training modules. More information on the modules can be found on the HETI My Health Learning page.

My Health Learning modules only become available for completion 13 days prior to the start date of your hospital placement, which will commence in the BGDA course. The WIL team will inform students of the modules to be completed and the timeline for completion, but it is each student's responsibility to complete the modules in a timely manner. Some modules need to be repeated on a regular basis.

Non-completion of mandatory modules at any stage of a student's training may result in sanctions including but not limited to being banned from the relevant placement and clinical assessments. Furthermore, continued non-completion of HETI training modules will result in a Professionalism comment being added to a student's Portfolio, which will need to be addressed as part of the Portfolio Examination, and will be visible to portfolio examiners throughout your Medicine program. Non-completion of HETI training modules may also result in your exclusion from sitting the end of phase OSCE exam.

Access to NSW Health Records

Students must be aware of their responsibilities when on placement in relation to accessing health care records. Students are expected to comply with the principles and requirements set out in the Health Care Records – Documentation and Management policy directive, https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2025_035. Privacy training is also provided in the mandatory HETI My Health Learning modules.

Section 1.4.1.1 of the NSW Health policy directive states that, “Health Care Records must only be accessed, used and disclosed in accordance with the relevant legislation and only where it is directly related to the Health Practitioner’s duties, they are authorised to do so or is provided for under the relevant legislation. Health Practitioners must not access, use nor disclose the health information of patients to whom they are not providing direct care, this includes family members, high profile individuals, colleagues and friends.”

This means it is unlawful to access your own personal medical records or those of family members, relatives or friends if it is not related to your direct duties or you are not authorised to do so.

Accessing medical records not related to your direct duties or when you are not authorised to do so may result in disciplinary action by NSW Health and/or UNSW, including referral to the UNSW Conduct & Integrity team and being removed from a placement.

NSW Health completes routine eMR audits across its various hospital sites for compliance with this policy. You must ensure you adhere to your legal responsibility of eMR access.

Student Code of Conduct

Being a medical student means you are beginning your journey to becoming a doctor and are considered a doctor-in-training. This role gives you special access to patients and their sensitive health details. Such access is a privilege that comes with serious duties and professional standards. When you embrace these responsibilities from Day One, you will build a strong ethical foundation for your medical practice. This early commitment to professional ethics will help you develop trusted relationships with patients, both during your training and throughout your future career as a medical practitioner.

Students and staff are governed by the normal laws that regulate our daily lives, but in addition the University has its own code of rules and conduct expressed through its policies and procedures. Good conduct and academic honesty are fundamental to the mission of the University as an institution devoted to the pursuit of excellence in scholarship and research, and to the service of society. These principles apply to the whole University community, including students and staff, and have been developed over many years. There are also specific documents that relate to the use of [Social Media](#) whilst a student at UNSW.

In addition to the general standards of UNSW, medical students are expected by their colleagues and the public to demonstrate a high degree of professionalism and these expectations are outlined in the Faculty-specific [Professionalism Student Code of Conduct](#). Professionalism extends across all eight graduate capabilities. The consequences of unprofessional behaviour can range from a comment placed by a course or Phase Convenor in the student’s Portfolio to a formal allegation of student misconduct. Serious or repeated incidents will be dealt with as outlined in the relevant documents hyperlinked above. Please ensure that you are familiar with the content of these documents.

All students should familiarise themselves with all policies and guidelines on the [Medicine Program website](#). Further information is available at: <https://medprogram.med.unsw.edu.au/phase-one> and <https://student.unsw.edu.au/policy>.

Academic Honesty and Plagiarism

Students should be familiar with the UNSW Student Conduct Policy and the policies relating to code of conduct, including academic misconduct and plagiarism: <https://student.unsw.edu.au/conduct>. The Academic Skills website is the main repository for resources for staff and students on plagiarism and academic honesty. These resources are located at: <http://www.student.unsw.edu.au/plagiarism>.

The Faculty of Medicine and Health regards the maintenance of academic integrity by staff and students as a matter of the highest priority. The Faculty participates in the University's use of the similarity detection software Turnitin. Students' work will be compared to other items in the eMed system, to material on the Internet, electronic publications and to items in the Turnitin database.

You must submit identical copies of each assignment and project to eMed Portfolio and to Turnitin by using the link in the Moodle module for each of your courses, located under Assessment Activities.

Phase 1 AI Statement for Assignments and Projects

During the early planning, researching and evaluation stage of your assignment or group project you are permitted to use software to generate initial ideas and structures. However, you must develop or edit those ideas to such a significant extent that what is submitted is your own work, i.e., what is generated by the software should not be a part of your final submission. It is a good idea to keep copies of your initial drafts to show the convenors if there is any uncertainty about the originality of your work.

If you have used AI tools during any stage of your assignment or project, you should reflect on this usage in your generic reflection/teamwork reflection including how it helped your learning or preparation. All students are required to include the Phase 1 AI declaration on the title page of their assignment.

Please note that your submission will be passed through an AI-text detection tool. If your marker has concerns that your answer contains passages of AI-generated text that have not been sufficiently modified you may be asked to explain your work, but we recognise that you are permitted to use AI generated text as a starting point and some traces may remain. If you are unable to satisfactorily demonstrate your understanding of your submission you may be referred to UNSW Conduct & Integrity Office for investigation for academic misconduct and possible penalties.

Phase 1 AI Declaration

Please include ONE of the following declarations on the title page (not included in word count).

- During the preparation of this assessment, I/we used [NAME of TOOL/ SERVICE/ SOFTWARE] for the purpose of [briefly explain]. After using this AI assistance, I/we reviewed and edited the content and take full responsibility for the content of this assessment.

OR

- During the preparation of this assessment, I/we did **NOT USE ANY** AI tools, services or software.

Please note that the reflective essay for the Portfolio Examination is not an assignment. As this is a personal reflection, use of AI is not permitted for the Portfolio Examination.

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Course Related Assessments

Individual Assignments and Group Projects

The individual assignments and group projects in Phase 1 have been designed to allow you to explore aspects of medicine that are of particular interest to you or that you need to address in order to meet the requirements of the Phase 1 Portfolio Examination. The individual assignments and group projects offered in each course will be related to course themes rather than to the individual scenarios within a course. During Phase 1, you must also complete a negotiated individual assignment.

Topics, Length and Choice

Most courses will offer a choice of individual assignments and group projects. You must complete one individual assignment and one group project in each course, although in Year 2 you will not be required to complete an individual assignment in AE unless you need this assignment to be eligible to sit the Portfolio Examination. Projects and assignments are marked with an overall grade, and grades for each capability that is addressed in that assignment/project. These are either **focus capabilities** or **generic capabilities**.

Focus Capabilities

An assignment or project will have a specific focus on two of the eight graduate capabilities.

Generic Capabilities for assignments

In addition, all assignment reports will be graded for the capabilities of:

- Effective communication
- Self-directed learning and critical evaluation
- Development as a reflective practitioner

Generic Capabilities for projects

In addition, all project reports will be graded for the capabilities of:

- Effective communication
- Self-directed learning and critical evaluation
- Teamwork

Each of the generic capabilities will be assessed for each project and assignment using “generic” criteria described in the Assessment section of the Program Guide. If the project or assignment also has one or two of these capabilities as a focus, different criteria to the generic criteria will be used when the focus capabilities are assessed.

Unless otherwise specified, the length for reports is up to 2000 words for an individual assignment and up to 2500 words for a group project. Reports that are more than 10% above the permitted word count may be penalised in the grading for Effective Communication. Projects or assignments that result in posters or other education materials or resources will require a written report to explain the research undertaken and the judgments made in developing the materials, and evidence that the sociocultural context of the target group has been considered. One additional file may be submitted as supporting evidence e.g. a poster, leaflet, video or audio file.

Group projects are designed for 4 to 6 students. Group project reports should present a coherent and focused response to the project task or question. They should not be a simple compilation of the individual reports of group members.

Suggested Media and Formats

All student work is stored electronically and is available to examiners throughout Phase 1 and subsequent Phases of the program. For ease of access by multiple users, written reports may be submitted in Word or PDF format. Patient education materials such as brochures and booklets may be developed using other programs but should be submitted as supporting files in PDF format. The following formats will be supported:

- Written report (Word “.doc”, “.docx”, PDF, or RTF)
- Poster (PowerPoint, .ppt, .pptx or PDF)
- Patient education materials (PDF)

- Audio and Video (digital format) AVI, MPEG or QuickTime (may be directed to a different location to upload)

All submissions must be made using the eMed Portfolio system using one of these formats. Large files containing multiple images, movies or imported data may not be accepted by eMed.

Negotiated Individual Assignment

As evidence for the capability of Self-Directed Learning and Critical Evaluation, you are required to negotiate at least one assignment in Phase 1, on a relevant topic of your choosing. This will allow you to develop the ability to conceive a research question and plan and implement a learning project. The experience of negotiating an assignment in Phase 1 is intended as a preparatory activity for the more independent style of learning that will operate in the later Phases in the program, especially in the Independent Learning Project or Honours Project and Phase 3. You must complete a negotiated assignment before the Portfolio Examination at the end of second year. It is recommended that you do not negotiate an assignment until at least the last course of your first year, so that you have gained experience in the requirements of assignments.

Only 110 students can submit a negotiated assignment proposal in any individual course. Because of this quota, if you wish to complete a negotiated assignment you need to register an Expression of Interest (EOI) by Wednesday 9 am in Week 1 of the course. You will be notified by the end of the day whether you have been selected within the quota. If you are selected, then you can submit a proposal. You should try to avoid leaving your negotiated assignment until the final course of Phase 1 because, if the proposal is not accepted, you will not have another chance to fulfil this requirement for your Portfolio. Developing a proposal, considering feedback and implementing the plan are essential parts of the process and of the learning involved in this activity, and require due attention and thought. Although you may negotiate more than one assignment in Phase 1, in order to accommodate all students within the quota, this option is available only in the Ageing and Endings course in Year 2.

See the medical program website for further instructions about the negotiated assignment.

<https://medprogram.med.unsw.edu.au/negotiating-assignment>

Exempted Assignment

Year 2 students may elect to be exempt from doing an assignment in Ageing and Endings if they have already met eligibility requirements to sit the Portfolio Examination. With this exception, all students must complete an assignment and a project in each Phase 1 course they attempt, including when they are repeating a course. Only one exemption is permitted during Phase 1.

Studiosity at UNSW

Studiosity is an online writing support service officially approved by UNSW. It is free for all students and features 24/7 accessibility to services, which students can access to receive formative feedback on their written drafts by subject specialists. Feedback is given on various aspects including structure, language, grammar and use of sources, with suggestions on areas for improvement. Feedback can be given on a range of writing, including essays, reports and literature reviews. This service is personalised, ethical and quick – received within 24 hours of submission.

It can be useful for students who find written tasks challenging or who are not sure about the best approach to written assignments in Medicine. It is important to realise that they will not write your assignment for you! They will only help students develop writing skills. This service is offered to all students. There are limits on how much support each student can request in each course. More information is available at the Feedback Hub [webpage](#).

End of course examinations in Phase 1

At the end of each course in the Phase, you will be required to sit a written examination. These end of course examinations (apart from the Foundations course examination) are generally of 2 hours duration. They primarily examine the Using Basic and Clinical Sciences and Understanding the Social and Cultural Aspects of Health and

Disease capabilities but may also assess some of the other capabilities. Typically, these exams will consist of multiple choice questions (40%) and short answer questions (60%).

The overall grade for the course will be derived from your performance in this examination. To pass the end of course examination you must achieve a mark of 50% or greater.

Phase Related Assessments

Student-Patient Observed Communication Assessment (SOCA)

The SOCA is a **mandatory** assessment related to multiple courses in Phase 1. Some SOCAs will be performed online using the OSPIA platform. SOCAs will also be performed on campus and in hospital. SOCAs are part of the Clinical Skills assessment and contribute to the Phase 1 Portfolio. More details about SOCA are found in the Phase 1 Clinical Skills Guide and in the Clinical Skills Moodle module. **Failure to complete** SOCA requirements may result in students **not being permitted** to take the **end-of-phase clinical assessment**.

Phase 1 Portfolio Examination

For each Phase, capability indicator statements describe goals and specify the minimum expectations (range and depth) for the graduate capabilities (see the Phase 1 Expectations for the Graduate Capabilities document later in this Guide). These indicator statements are the assessment criteria for the Portfolio Examination. Capabilities are cumulative: once developed they are expected to be used and refined in subsequent Phases.

The Phase 1 Portfolio Examination consists of two components:

- (1) combined overall grades awarded for assignments and projects throughout Phase 1
- (2) the Portfolio Review.

To be eligible to present your portfolio for examination you must have completed the eight Phase 1 courses and already passed a minimum of seven courses. In addition, you must have obtained an **overall grade** of P- or higher in at least 11 assignments and projects, of which at least five must be individual assignments. Your portfolio must include a negotiated assignment. If you have not gathered sufficient evidence, you will not be allowed to submit your portfolio. Foundations course assessments and feedback are not included in your Portfolio for examination. The results for all other submitted assignments and projects, SOCA including your subsequent reflections, comments from tutors and peers and feedback given to peers are part of the record of evidence considered at the Portfolio Review. The Phase 1 Portfolio Examination is a barrier for progression to Phase 2.

For the Phase 1 Portfolio Examination review component you are required to consider how your assignment and project work and other experiences have contributed to your achievement of the indicators in each capability for Phase 1, and to write reflectively about your strengths and areas identified for improvement. All the Medicine Program graduate capabilities must be addressed.

The portfolio, consisting of the record of evidence held in the eMed system and your reflective essay, is reviewed. A grade is awarded for each of the eight graduate capabilities using the Faculty's four-point grading system (F / P- / P / P+). An overall result is calculated using an algorithm based on distribution of these capability grades. The award of a Fail grade for any capability or more than two P- grades for individual capabilities will constitute an overall Unsatisfactory result.

Portfolio preparation

- You must address each capability **at least once** as a focus capability in an individual assignment. The only exception is the graduate capability of Teamwork, for which a focus capability in a group project will be accepted instead. (You may still select an assignment which has Teamwork as a focus capability, but it is not compulsory).
- Teamwork must be addressed as a focus capability in **at least one** group project; it is not necessary to address every other capability as a focus capability in a project.
- Your communication assessments (SOCA) are included in the determination of your grade for the graduate capability of Effective Communication but are not sufficient alone. Effective Communication also needs to be addressed as a focus capability in an assignment.

- Use the negotiated assignment to balance your portfolio. If all graduate capabilities are already being developed satisfactorily, it is an opportunity to pursue an area of interest.
- Discussions in the scenario group will help you to plan your projects and assignments to ensure you cover all the capabilities adequately.
- Performance in the generic capabilities is considered when assessing these four capabilities (Effective Communication, Teamwork, Self-directed Learning and Critical Evaluation, Development as a Reflective Practitioner). However, you cannot rely on your performance in these capabilities based on the generic criteria only. For example:
 - You cannot completely offset a poor grade for a focus capability for Development as a Reflective Practitioner in an assignment with satisfactory grades for the generic capability.
 - An unsatisfactory grade in the Self-directed Learning and Critical Evaluation focus capability in a negotiated assignment cannot be fully compensated by obtaining good grades in the generic Self-directed Learning and Critical Evaluation capability.
- Try to repeat a focus capability for which you receive a P- or F grade in any previous assignment or project. It is important to demonstrate that you are responding to critical feedback. You should aim to have positive comments and improving grades in your assignments and projects for each capability over the Phase.
- If you receive a poor grade (particularly F grade) for Self-directed Learning and Critical Evaluation as a focus capability in your negotiated assignment, you should consider negotiating another assignment. If this is not possible due to the quota system limiting the number of negotiated assignments in each course, it is recommended that you address this capability again as a focus capability in a set assignment.
- If you receive a P- or F grade late in Phase 1, you should consider whether it is preferable to complete an assignment in Ageing and Endings in Year 2 rather than taking the exemption. If you do not have the opportunity to address the shortcoming in another assignment or project, you will need to describe in your portfolio essay how you plan to deal with this in Phase 2. It is not sufficient to say that you will “do better next time”: you need to provide a detailed plan that identifies the issues that led to the initial result and shows how you intend to address them. You might also consider how you will evaluate whether your proposed changes are successful.
- Throughout Phase 1, you should monitor your own progress accumulating evidence for your Portfolio. It has been identified that students whose record of evidence by the end of BGDB in Year 2 is poor (e.g. failed assignments or multiple P- and/or F grades for graduate capabilities) or deficient (e.g. an assignment or project not submitted in one or more courses) are at increased risk of failing the Portfolio Examination. They should **seek advice from their Portfolio Advisor** regarding remedial action they can take during their remaining Phase 1 courses.
- Ensure that you and other members of your project groups provide individualised peer feedback via the eMed:Feedback tab in eMed. The comments that you contribute and receive in this system form part of your portfolio evidence for the Teamwork capability. If no comments to peers are recorded, or you do not respond appropriately to feedback in subsequent group projects, this may be reflected in the grade for this capability in your Portfolio review.
- Your reflection on SOCA performance and feedback is evidence for the capability of Development as a Reflective Practitioner.
- Collect informal evidence from other activities (e.g. community service, conferences) and submit it to eMed: Portfolio as other **Evidence of Achievement**. When you submit this Evidence of Achievement you should indicate for which **single** capability you wish it to be considered as evidence (although more than one graduate capability may be applicable, choose the most pertinent). As this informal evidence will not have been assessed or corroborated by the Faculty, it must be clearly referenced with the contact details of a person who can verify its authenticity when it is submitted. You must not rely solely on other Evidence of Achievement for any capability. Submit **relevant** evidence only: if it does not demonstrate your development in the selected graduate capability, your Portfolio Examiner will perceive that you do not have a good understanding of the capability indicator statements.

Portfolio Advisors

Each student is allocated a Phase 1 Portfolio Advisor - see Phase 1 Newsletter for details.

- Portfolio Advisors focus on academic questions around preparation for the Portfolio Examination, including advice on feedback from assessors.
- You may seek advice about which capabilities you should focus on to balance your portfolio, or whether you need to do any further assignments or projects focusing on a particular capability.
- Your Portfolio Advisor can assist in determining what informal evidence may be suitable for your portfolio.
- Your Portfolio Advisor **cannot give you feedback on a draft version of your portfolio essay.**
- If you fail the portfolio review, your Portfolio Advisor will help you to identify areas to be addressed before your supplementary assessment.

Portfolio reflective essay

- The portfolio essay is **maximum 3500 words**. Exceeding the word count may result in a reduced grade for the graduate capability of Effective Communication. The 10% leeway in word count allowed for Phase 1 course assignments and projects to compensate for in-text references is **not** applicable for this essay.
- It is unlikely that there will be references as the essay is a personal reflection. If required, they are not included in the word count (but in-text citations are included). APA 7th edition referencing style should be used.
- The title page is not included in the word count. It should state the word count and your zID but should not include your name. (The uploaded file name also should not identify you except by zID). The stated word count must be accurate.
- This essay is a personal reflection and use of AI for this assessment is **not** permitted. A declaration confirming that AI has not been used is required on the title page.
- Do **not** include an introduction, conclusion and tables (including a contents table) in your essay. These are not the most appropriate use of the word count.
- Structure your reflective essay using each capability as a sub-heading, **in the order that they appear in the Phase 1 Expectations for the Graduate Capabilities document**. Read the capability indicator statements and select your examples carefully to relate to each capability.
- Your portfolio reviewer has access to ALL your grades and assessors' feedback from your assignments and projects and to peer feedback, **so there is no need to copy these comments**. It is not necessary to include eMed receipts in your essay, as it should be apparent from your discussion if you are reflecting on your development related to an assignment or group project.
- The portfolio reviewer will be looking for evidence of your progress in achieving each capability, and will use the indicator statements as a guide to the level of development expected by this stage. There are too many indicators for you to be able to address all of them adequately or separately in your essay. You should try to provide evidence of your development and discuss progress in relation to **2 or 3 indicator statements for each graduate capability**.
- The portfolio examiner will look for evidence of your ability to reflect honestly and openly on your development in each capability. Do not claim to have addressed indicators without any evidence to support this.
- It should not be assumed that P or P+ grades for a particular capability in all Phase 1 assignments and projects will ensure a pass in that capability in the portfolio review. The final grade for the review will also depend on other accumulated evidence and the reflective essay. It is unlikely that a student will perform so poorly in the essay that good grades in the assignments and projects will be negated, but it can occur. Conversely the reflective essay may help to offset poor performance in assignments and projects.
- Do not ignore any poor grade from an assignment or project when writing the reflective essay take note of the examiner's comment, reflect on why your mark was low and the concerns raised in the feedback, identify relevant issues and show how you have sought to address them. If you have received constructive feedback

that recurs in subsequent assignments and projects, be prepared to explain why you have not already made appropriate changes.

- Do not focus solely on your performance in assignments and projects. The portfolio essay is intended to be a personal reflection on your development. Use your experiences over the Phase, especially your clinical experiences, to illustrate how you have developed, where your strengths and weaknesses lie, and how you plan to address the latter.
- The portfolio examiner has access to any Professionalism comments that you may have received during the Phase regarding lapses in professional behaviour. It is essential that you reflect on these comments, show how you have dealt with them and discuss the broader ramifications of your unprofessional behaviour. Failure to address the lapse in professionalism adequately in your reflective essay, **as part of your discussion for the relevant capability**, is likely to be reflected in your grade for that graduate capability.
- Do not use your reflective essay to argue or defend a poor grade for an assignment or project.
- Do not use your reflective essay to provide general feedback on the Medicine program. (There are other avenues available for general feedback.)
- You must **not** refer to your end of Course and other end of Phase examination results (including the Clinical Skills examination) in your portfolio reflective essay.
- You must not collude with another student to write your portfolio. The portfolio will be checked by plagiarism detection software.
- The Phase 1 Portfolio Examination is the culmination of at least two years of preparation and gathering of evidence. As a result, and because it is not an assignment, Equitable Learning Plan adjustments and short extensions are not applicable to this assessment. If an extension is required due to unforeseen circumstances that meet the UNSW eligibility criteria, an application for Special Consideration with supporting documentation can be made.

Portfolio submission

At the end of Phase 1 you must submit your portfolio for examination. The portfolio is submitted in electronic format to eMed:Portfolio and Turnitin on Moodle. Submission to eMed must be completed by the Portfolio deadline, and you have a further one hour to submit the identical reflective essay to Turnitin. The full portfolio seen by the examiner includes the following **information, automatically collated by the eMed:Portfolio system**.

- A list of assignments and projects that you have completed during the Phase (except Foundations course) with their grades, capability focuses and examiner feedback
- SOCA including grades, feedback and your reflection
- Facilitator feedback
- Feedback you have given to, and received from, your group project members as evidence towards your achievement of the Teamwork capability. You may also submit self-assessment comments on your teamwork at any time, and these will also be available
- Other Evidence of Achievement records you have submitted
- If you have received any Professionalism comments, these will be visible to the examiner
- The essay, in which you reflect on your assignments and projects in Phase 1, relevant significant experiences such as critical incidents that occurred in class, cross-cultural encounters, clinical experiences and extra-curricular activities. You should demonstrate your ability to reflect on your learning in Phase 1 by highlighting your strengths and areas for improvement in each capability, and how you are addressing the latter. **Use examples to illustrate your progress** so that your essay shows how your work in the program has contributed to your achievement of each capability.

Portfolio Examination grades

- (1) **Combined overall grades** awarded for Phase 1 assignments and projects – counts 12% towards BMed WAM
+
- (2) **Portfolio review** – SATISFACTORY/UNSATISFACTORY

- In the portfolio review, the grade awarded for each capability is based on the capability grades in the assignments and projects, other evidence AND how the capability is addressed in the reflective portfolio essay. There is no formula for averaging the grades from assignments and projects for the capabilities.
- Each capability receives a grade of F, P-, P or P+. In this marking scheme a P grade indicates a performance that meets expectations, a P+ grade exceeds expectations, and a P- indicates a performance that requires further work to bring it to the expected standard. F grade indicates a substantial failure.
- All capabilities are weighted equally. An overall result for the portfolio review is calculated using an algorithm based on distribution of the eight capability grades.
- The award of F grade for any one capability or more than two P- grades for individual capabilities in the portfolio review will constitute an overall Unsatisfactory in the Phase 1 Portfolio Examination. In cases of unsatisfactory performance, double marking is used to ensure reliability.
- Students with P- grades for one or two graduate capabilities, but all other grades satisfactory in the portfolio review, will be deemed to have passed the Portfolio Examination requirement for progression to Phase 2. They will usually be advised in examiner feedback of areas requiring evidence of further development during Phase 2.

Portfolio Examination – Unsatisfactory outcome

- Students who have an Unsatisfactory result in the Portfolio Examination at the first attempt will be given an opportunity to re-submit their amended portfolio for supplementary assessment.
- Students who fail a supplementary portfolio assessment may be required to undertake an individual study program (ISP) in a further one or two teaching periods in Phase 1 before being eligible to resubmit their portfolio for final supplementary assessment. These ISPs require the students to meet attendance and engagement requirements for SG sessions for the relevant courses and submit an assignment and group project for each course, but will exempt them from the end of course examinations. Students may enrol in extra-Faculty courses during these teaching periods.
- Students who subsequently have an Unsatisfactory result during further assessment of their Portfolio will formally fail the Phase 1 Portfolio Examination and exit the Medicine program according to the Rules of Progression.

PHASE ONE EXPECTATIONS FOR THE GRADUATE CAPABILITIES

| 1.1: Using Basic and Clinical Sciences | 1.2: Social and Cultural Aspects of Health and Disease | 1.3: Patient Assessment and Management | 1.4: Effective Communication |
|--|---|---|--|
| <p><i>In relation to themes and content areas which have been studied, the student:</i></p> <p>Mechanisms of Health and Disease</p> <p>1.1.1 Explains mechanisms that maintain a state of health.</p> <p>1.1.2 Recognises health problems and relates normal structure and function to abnormalities.</p> <p>1.1.3 Describes the pathophysiological process of health problems and can explain their basis at the whole person, organ system, cellular and molecular levels.</p> <p>1.1.4 Identifies the components of "basic/ medical" science that are necessary to understand a scenario that has not been studied, locates relevant information and interprets the scenario when the relevant information is available.</p> | <p><i>In relation to themes and content areas which have been studied, the student:</i></p> <p>Social Determinants of Health & Disease</p> <p>1.2.1 Identifies environmental, psychological, social and cultural issues which contribute to health problems in a scenario (eg sexuality, stress, family relationships, risky behaviours).</p> <p>1.2.2 Explains the mechanisms by which those psychological, social and cultural issues identified affect health.</p> <p>1.2.3 Identifies health care needs of different groups in society (eg the elderly, indigenous people, immigrant groups and refugees).</p> <p>Measuring Health Status</p> <p>1.2.4 Describes and interprets patterns of illness including use of basic statistical and epidemiological concepts.</p> <p>Health Care Systems</p> <p>1.2.5 Understands equity and its implications for health care delivery for individual and population based approaches.</p> <p>1.2.6 Describes the basic structure of the Australian health care system including the responsibilities of Commonwealth, State, non-government organisations and the private sector.</p> <p>1.2.7 Describes how people living in Australia access (or are unable to access) their health care system.</p> <p>Improving Health by Public Health Approaches</p> <p>1.2.8 Describes primary, secondary and tertiary approaches to disease prevention and health improvement.</p> <p>1.2.9 Distinguishes between surveillance and screening and can describe the principles of screening, including characteristics and impact of tests.</p> | <p>Consultation</p> <p>1.3.1 Elicits important symptoms and signs related to body system(s).</p> <p>1.3.2 Relates symptoms and signs to relevant underlying basic and clinical sciences.</p> <p>1.3.3 Understands patients should share decision-making and planning of their treatment, including communication of risk and benefits of management options.</p> <p>Physical Examination</p> <p>1.3.4 Examines a system in isolation to a standard as described in the Phase 1 Clinical Skills guide.</p> <p>1.3.5 Relates examination skills (both how and why they are performed) to relevant underlying basic and clinical sciences.</p> <p>Procedural Skills</p> <p>1.3.6 Satisfactorily performs procedural skills listed in the Phase 1 Clinical Skills guide.</p> <p>1.3.7 Relates procedural skills (both how and why they are performed) to relevant underlying basic and clinical sciences.</p> <p>Clinical Reasoning</p> <p>1.3.8 Applies clinical reasoning to relevant health scenarios, including the identification of key features and clinical patterns.</p> <p>Management</p> <p>1.3.9 Articulates a general strategy of management, consistent with the pathophysiological model of illness at an elementary level that includes an understanding of foundation principles, e.g. pharmacology. <i>There is no expectation for students to devise management plans.</i></p> <p>Quality & Safety</p> <p>1.3.10 Places the needs and safety of patients at the centre of the care process.</p> <p>1.3.11 Complies with relevant safety skills and policy including: infection control, manual handling, safe use of hospital equipment, and occupational immunisation requirements.</p> <p>Patient Assessment and Management involves communication. Refer to the capability of Effective Communication for other relevant elements.</p> | <p>Communicates Effectively with Patients and their Families</p> <p>1.4.1 Understands principles of good communication (e.g. effective questioning, active listening, understanding the patient perspective including recognising cultural differences and commonalities, acknowledging and working to overcome judgement & prejudice).</p> <p>1.4.2 Applies these principles to 1:1 consultation with a patient:</p> <ul style="list-style-type: none"> • Establishes rapport. • Identifies reason for encounter. • Explores patient problem(s). • Identifies significant features of history. • Determines patient expectations. • Displays respect and empathy for patients from differing backgrounds. • Determines impact of problem on patient's life. • Provides structure to consultation. <p>Communicates Effectively with Peers and Tutors</p> <p>1.4.3 Presents reports effectively to groups of peers.</p> <p>Communicates about health behaviour</p> <p>1.4.4 Develops clear written/visual information in relation to health and health promotion for specific target groups.</p> <p>1.4.5 Explores patient views about lifestyle and behaviours that may be detrimental to health.</p> <p>Written Communication</p> <p>1.4.6 Writes clearly and logically, using appropriate language, media and style for the intended audience.</p> |

Section One: 2

PHASE ONE EXPECTATIONS FOR THE GRADUATE CAPABILITIES

| 1.5: Team Work | 1.6: Self-Directed Learning and Critical Evaluation | 1.7: Ethics and Legal Responsibilities | 1.8: Reflective Practitioner |
|--|---|---|--|
| <p>Participates Effectively in Peer Groups</p> <p>1.5.1 Identifies different purposes of group work, analyses how well groups work, discusses differences in contribution styles and identifies contributions in terms of task focused behaviour, group support behaviour, non-productive behaviour.</p> <p>1.5.2 Gives feedback on group roles and contributions constructively and respectfully, receives feedback openly and non-defensively.</p> <p>1.5.3 Analyses and evaluates own roles and contributions to group work using own observations and feedback from others.</p> <p>1.5.4 Monitors roles and contributions to group work, the learning environment and group process, communicates concerns appropriately and acts to ensure effective group process.</p> <p>Participates Effectively in Health Care Teams</p> <p>1.5.5 Explains roles and functions of other health professionals in patient care.</p> | <p>Directing own learning</p> <p>1.6.1 Identifies questions and learning needs arising from scenario sessions and other teaching activities. Engages in appropriate activities to address identified needs.</p> <p>1.6.2 Initiates at least one individual assignment in Phase 1. Negotiates the focus and scope and completes the project substantially as planned.</p> <p>1.6.3 Registers for and submits an individual assignment and group project in each course, addressing registration and task requirements satisfactorily and in a timely manner.</p> <p>Finding, Evaluating and Synthesising Evidence</p> <p>1.6.4 Demonstrates the following skills in Phase 1:</p> <ul style="list-style-type: none"> Formulating and applying appropriate information searching strategies. Using databases such as Medline and other information sources appropriately. Appraising the quality and relevance of the information found. Using appropriate citation standards. <p>1.6.5 Demonstrates an understanding of basic statistical principles and ability in handling and presenting quantitative, and to a lesser degree qualitative, information appropriately.</p> <p><i>Self-Directed Learning and Critical Evaluation involves both self-assessment and reflection. These elements are addressed under the capability of Reflective Practitioner.</i></p> | <p>Developing a Personal Value System</p> <p>1.7.1 Explores the psychological, social and cultural determinants of one's own values and can discuss the relevance and appropriateness of personal values in clinical medicine.</p> <p>Sensitivity, Tolerance and Respect for Others</p> <p>1.7.2 Develops sensitivity to different needs and values of others, including those from different social and cultural backgrounds, and acts with respect.</p> <p>1.7.3 Identifies and discusses ethical issues in interactions between fellow students, with staff and with patients.</p> <p>Clinical Ethics</p> <p>1.7.4 Identifies and discusses the ethical aspects of scenarios and other experiences.</p> <p>1.7.5 Understands the need for patient autonomy, informed consent, confidentiality and privacy.</p> <p>1.7.6 Understands and can discuss a number of different ethical perspectives and apply at least three of these to clinical situations.</p> <p>Legal Responsibilities</p> <p>1.7.7 Understands the legal responsibilities of health professionals in relation to duty of care.</p> <p>Academic and Professional Conduct</p> <p>1.7.8 Demonstrates professionalism, honesty and integrity in all academic and professional contexts</p> | <p>Self and Peer Assessment</p> <p>1.8.1 Engages in self-assessment of own work and of contributions to project, scenario and clinical group activities.</p> <p>1.8.2 Engages in peer assessment of others' work and of others' contributions to scenario and clinical groups.</p> <p>1.8.3 Participates constructively in portfolio and small group reviews, evaluating own learning outcomes and processes, and identifying issues that need to be addressed.</p> <p>Reflective Practitioner</p> <p>1.8.4 Provides accurate and neutral descriptions of own behaviour, emotions, and intentions. Analyses the impact of own and other's behaviour and cultural background on self and others.</p> <p>1.8.5 Analyses experiences and feedback in terms of strengths and weaknesses, identifies barriers to improvement in all capability areas and addresses these barriers, or articulates realistic and coherent plans to do so.</p> <p>1.8.6 Identifies limits of own understanding and skill, and identifies issues for further learning.</p> <p>1.8.7 Seeks additional information and help appropriately.</p> <p>Recognising Limits</p> <p>1.8.8 Demonstrates awareness of factors that affect and support doctors' health and wellbeing, including fatigue and stress management, to mitigate health risks of clinical training and professional practice and ensure fitness to practice.</p> <p><i>Reflective practice involves giving and receiving feedback. Feedback is addressed in the Teamwork and Effective Communication capabilities.</i></p> |

UNSW Medicine Program Graduate Capabilities
Last updated Dec 2017

End of Phase 1 Clinical Skills Examination

At the End of Phase 1, you will sit a Clinical Skills examination consisting of stations at which your performance in simulated clinical and communication tasks is assessed. At each station, your performance will be assessed in relation to two of the relevant graduate capabilities: Patient Assessment and Management and Effective Communication. The expectations for your performance in this examination are derived from the Phase 1 indicators for these capabilities. The focus will be on the skills and issues addressed in the Clinical Skills program. More details on this examination are provided in the supplementary guide for this element, the Phase 1 Clinical Skills Student Guide (see the Clinical Skills module <https://moodle.telt.unsw.edu.au/course/view.php?id=7698>).

Students' eligibility to sit this examination may be determined by

- Professionalism comments entered in their eMed Portfolio in regard to **attendance** (and in turn, attendance may be determined by student compliance – see next point).
- Student **compliance with NSW Health** (ClinConnect and MyHealth Learning mandatory module) requirements. It is critical that students are aware of and follow all NSW Health and attendance requirements.
- Completion of the minimum requirements for **SOCAs (with mandatory reflection)**.
- Completion of clinical skills logbook

Location for clinical examinations

The preference for student examination location is at the student's home clinical campus. However, students should note the following:

- The actual location for a clinical examination may be in a part of the campus/hospital site with which students are not familiar. Do not expect to be examined in areas typically used for teaching.
- Faculty retain the right to follow the above principle in allocating students but also to place students according to Faculty need that may arise as planning for clinical examinations proceeds. This may mean students are allocated to unfamiliar locations both near and further away from their usual allocated campus/hospital, and this **may include some students being allocated to other clinical campuses** or other facilities depending on a number of issues including numbers of students to be examined, equipment or personnel required, or any other need identified by Faculty.
- Whether students are allocated to their "home" location or not, students must always check that you know how to access the specific, identified location well prior to the examination. Even some parts of home campuses can be quite distant from your usual teaching locations. Students **MUST** allow sufficient time to travel to a campus/hospital/other location and attend the specific place of an examination, taking into account issues such as traffic, weather and any other events on the day of examination.

Students with an equitable learning plan (ELP) which includes time adjustments are eligible to sit a time adjusted end of phase assessment (the OSCE). This time adjustment is part of an extended pilot process in 2026. To be eligible you need to have a valid ELP in place in T3 (not TP3) of 2026. This adjusted assessment will take place in the week where all Phase 1 OSCEs take place (exact date to be confirmed). It will take place at a centralised location, likely Kensington campus in Sydney or a suitable location at Prince of Wales Hospital. If you are from a rural campus and choose to sit the OSCE, arrangements will be made for you to travel to Sydney. If you are eligible to sit the time adjusted assessment you will be notified by the Equitable Learning Service. You will have one week to confirm whether you would like to sit the time adjusted assessment from date of email being sent.

In this assessment you will be offered an extra 2 minutes reading/planning/resting time prior to each of the six stations – so 4 minutes of reading time in total before each of the 6 stations. The duration of each station itself will follow the regular 15-minute format (see Phase 1 clinical skills student guide for more information about this structure) i.e., there is no extension of the station time. Any other reasonable adjustments included in your approved ELP will also be considered and applied where possible. As this is a pilot, you will be asked to provide feedback about the process once the OSCE is complete. Please note you will not be penalised in any way for not taking part in the pilot assessment, or if you decline to provide feedback.

End of Phase 1 Written Examination

At the end of Phase 1, you will sit an examination that addresses the content from all courses in the Phase. This examination mainly aims to test your understanding of the medical and social sciences taught in Phase 1. It will also encourage you to review previous work in Phase 1 and improve your understanding of common themes and concepts. The written examination consists of two components, undertaken at separate times and in separate venues. Each component is worth 50% and you must pass each component.

The first component, the multiple choice question exam, consists of 80 objective items that focus on Using Basic and Clinical Sciences and Social and Cultural Aspects of Health and Disease capabilities. Some of the questions in this exam will be drawn from previous end of course exams and some will be entirely new. The distribution of questions will reflect the scope and depth of material covered in all Phase 1 courses. You will have 120 minutes to complete this examination.

The second component, the cumulative practical exam, will be based on practical classes taught in all courses of Phase 1. It consists of three practical exams conducted during the Phase, which together provide the 50% for this component. The three exams are held at the end of Year 1 and at the middle and end of Year 2. Each practical exam consists of four sections or discipline groups (Anatomy/Neuroanatomy; Biochemistry/Microbiology/Genetics; Histology/Pathology/Embryology; Physiology/Pharmacology) which are separately assessed. Questions may be objective items, short answers, or may require some practical manipulation of objects or data. All questions will relate to material covered in practical classes in the preceding courses, and the weighting given to different disciplines within a discipline group will broadly reflect the frequency of practical classes in that discipline within the Phase. Students must achieve a cumulative pass in each discipline group in order to pass this component.

Feedback on your progress in the program

Learning in the program will be integrated, collaborative and student-centred. You will be studying many disciplines in each course, working regularly with other students on group projects and other group activities, and having to make many decisions about your study for yourself. The responsibility for keeping up with your study, for knowing when and how much you need to study and even, to some extent, what it is most important for you to study, will be up to you. This might be different from your experience of learning at school. In these circumstances feedback on your progress is very important.

Feedback will help you to identify areas of strength and weakness, to plan your study, and to develop a critical self-evaluation of your progress in the program. It is customary to distinguish between assessments that give you feedback about your learning (formative assessments) and assessments that are used to determine course results and progression (summative assessments). However you can use all assessments, regardless of their intent, to get feedback on your progress.

You will receive feedback from many sources in the program. You will need to learn how to interpret what this feedback is telling you so your studies can benefit. The main sources of feedback in the program are:

- The assessments of your assignments and projects: you will get a grade and feedback for each of the five capabilities addressed in each item. You will also get an overall grade and comment.
- Feedback submitted by your peers to the eMed: Feedback system on your contributions to your project group.
- Feedback submitted by your facilitators to the eMed: Feedback system on your scenario group contributions.
- The results you achieve in the online formative feedback quizzes in each course (see below).
- The results you achieve in the end of course examinations: these together with the exam feedback and the histogram of results for the whole class will give you feedback on your progress in mastering the medical science and social and cultural aspects of the program, and on your relative standing in the cohort.
- The results you achieve in the End of Phase portfolio, written, practical and clinical skills examinations: these will give you feedback on your learning in the Phase before you progress to the next stage of your training.
- Your own judgments about how you are going and what you need to do to succeed in the program.

It is important that you learn to use all this feedback to get an accurate picture of your learning and development in the Phase, and to guide your study towards areas of difficulty and challenge. This will help you prepare for the

summative course and Phase examinations, and for your work in later Phases of the program. The aim for the Self-direction and Critical Evaluation capability is that, by the time you graduate and become an intern, you will be able to control your own learning: to identify what you need to learn, to plan and to implement an effective learning program. These are essential skills for all professionals, including medical practitioners.

Online Formative Feedback Assessment

In order to provide additional informative feedback on your progress, integrated online self-assessments in the medical and social sciences will be available in Phase 1. The online formative assessments are designed to help you appreciate the nature and scope of questions likely to arise in the end of course examination.

Specifically, they will help you to:

- analyse familiar health scenarios in terms of the underlying pathophysiology and psychosocial effects of illness;
- explain the clinical manifestations of unseen health scenarios on the basis of integrated knowledge of the medical and social sciences;
- evaluate your understanding of the medical and social sciences in a clinically relevant context.

Most courses have at least one formative online assessment, some have multiple. These can be accessed from the Moodle site for each course in Phase 1. Each formative assessment is based on health scenarios similar to those explored during the course and employs questions that match as closely as possible to the associated learning objectives for each scenario, thereby providing a personal guide to your progress as well as indicating topics you should focus on before the end of course examination. However, you should be aware that all course material is examinable, whether or not it is specifically covered in the formative assessments.

These assessments are intended to be enjoyable learning experiences, which you may attempt on multiple occasions in order to achieve mastery of the material. The formative nature of these assessments means that they do not contribute to the overall grade for a course. However, the nature and format of the questions might provide a guide as to the standard expected in the end of course examinations.

Progression

With respect to the Rules of Progression through Phase 1 and progression to Phase 2, you need to be aware that Phase 1 is a vertically integrated program, parts of which run over a 2-year cycle. The content, teaching activities and assessments for Phase 1 courses in teaching periods 3 and 4 differ between even and odd numbered years. It is very important that you recognise that the 2-year nature of the Phase 1 program effectively means that the content areas within individual courses in teaching periods 3 and 4 are **only offered every second year**. You must pass all eight Phase 1 courses and the End of Phase examinations to progress to Phase 2 of the program.

You need to be aware that interrupting your enrolment in Phase 1 courses, either through deferment of enrolment, taking leave, or illness resulting in non-completion of one or more courses, will have implications for your progression through Phase 1 and potentially lengthen the time required to progress to Phase 2. Given the complexities that exist, it is essential that if you are considering taking leave or deferring enrolment, you must seek advice from the Phase 1 convenors on the implications for your progression through Phase 1.

You have a maximum of 12 teaching periods (i.e. 3 years) to complete Phase 1. Details on the Rules of Progression are available on the Medicine Program website. <http://medprogram.med.unsw.edu.au/progression>

Failing an Assignment or Project

To be eligible to present your Portfolio for examination at the end of Phase 1, you must have obtained an overall P- or higher grade in a minimum of 11 assignments and projects, of which at least five must be assignments. The evidence for your portfolio must include a negotiated assignment.

If you fail any project or assignment, you can discuss possible remedial action with the relevant Course Convenor, who may permit you to submit an additional project or assignment for the course. If you wish to contact the Course Convenor, **you must do so within 10 working days of receiving your fail grade**. If you do not approach the Course Convenor within this time period, you will forfeit the opportunity to resubmit. Note that failure in a resubmitted assignment or project counts as an additional failure.

If a pattern of poor grades occurs in a particular capability, you should consult your Portfolio Advisor.

Failing an End of Course examination

If you fail **one** end of course examination in either Year 1 or Year 2, you may be given a supplementary assessment which you must pass to progress. The maximum mark that will be awarded in a supplementary examination is 50%. If you fail more than one end of course examination in either Year 1 or Year 2, you will not be allowed a supplementary examination and you will be required to repeat these courses. If you fail a supplementary assessment you will be required to repeat the course.

Because of the 2-year structure of Phase 1, the content areas within courses in teaching periods 3 and 4 are **offered only every second year**. This means that in exceptional circumstances, the Assessment Review group may permit Year 2 students who have fulfilled all other requirements to sit a supplementary examination or an Individual Study Program (ISP) in the summer teaching period (STP) in one additional failed course.

Repeating a course

If you are required to repeat a course in Phase 1, you need to complete it in its entirety. This includes attending and engaging in classes and completing an assignment and a project. You should ensure that you choose different topics for your assignment and project from those you completed when you did the course previously. To keep your communication skills current, it is recommended that repeating students complete at least one additional SOCA for each two repeated courses. Repeating students should consult with the Phase 1 convenor to discuss whether they should be repeating any of the progressive practical examinations.

Failing an End of Phase examination

If you fail the Portfolio Examination you will be given an opportunity to resubmit a revised portfolio for supplementary assessment. If the revised portfolio is still unsatisfactory, you will be required to complete an Individual Study Program with prescribed additional work, and to subsequently re-submit your portfolio for final examination. This may delay your progress to Phase 2.

If you fail either the Written Examination and/or the Clinical Skills Examination, you will be required to do additional work prescribed by the Phase 1 Assessment Review Group and to re-sit the examination(s). Please note that supplementary examinations are held in the summer break.

If you do not achieve a satisfactory level of performance at any of these further assessments, you will exit from the Medicine Program, but may be eligible to transfer to the Bachelor of Science (Medicine) [BSc (Med)] Program].

Special consideration for examinations

If you are ill or there are other extenuating circumstances that you think will significantly impair your performance in an examination, you should apply for special consideration through Online Services in myUNSW (<https://student.unsw.edu.au/special-consideration>) and include supporting documentation. Your application will be considered by the relevant Assessment Review Group, and if accepted will result in you being granted a supplementary examination in the event that you fail the initial examination. Special consideration is not usually available for supplementary exams.

Equitable learning services (ELS)

Equitable Learning Services (ELS) provides a wide range of assistive services to help you with your studies at UNSW. We understand some of the challenges that come with physical/mental health conditions, being neurodivergent or being a carer for someone who is living with these conditions. We understand the need for better and more flexible learning methodologies and are here to assist you with designing tailored learning plans. Equitable Learning Plans are customised educational strategies that are designed to meet the unique needs of students who have disabilities or neurodivergent conditions. These plans consider the individual strengths, challenges, and learning styles of each student, and they aim to provide the support and accommodations that are necessary to help them succeed in their academic pursuits. More information about ELS is available on their website: <https://www.student.unsw.edu.au/els/services>

Preparing for Phase 2

In Year 2, you will have the opportunity to submit hospital preferences for Phase 2. Students allocated to a metropolitan clinical school will be further assigned to one of the four sequences of the Phase 2 Clinical Course year by Inplace.

Students allocated to a metropolitan clinical school should note that clinical placements in the S&H Term and BGD Term may be different, and you will be advised about this separately.

Each of the Rural Clinical Campus (RCC) sites runs their own sequence; students will follow the sequence run at the RCC site to which they have been allocated. Students allocated to a rural clinical campus site should note that you will be at the rural campus for the entire clinical coursework year.

You need to adhere to the procedures and deadlines set by the Medicine & Health WIL Team when applying for your allocation.

The Program website contains detailed information on the process for Phase 2 Clinical Allocations: <https://medprogram.med.unsw.edu.au/allocation-clinical-teaching-sites>

If you are considering taking program leave between Phase 1 and Phase 2, you must discuss this with the Faculty Phase Convenors.

Convenors in Phase 1

| | Convenor | Co-convenor(s) |
|--|---|---|
| Phase 1 | Marty Le Nedelec m.lenedelec@unsw.edu.au medphase1@unsw.edu.au A/Prof Linda Ferrington l.ferrington@unsw.edu.au medphase1@unsw.edu.au | |
| Foundations | Dr Felicita Jusof f.jusof@unsw.edu.au | Louise Breheny l.breheny@unsw.edu.au Dr Tina Holmes tina.holmes@unsw.edu.au |
| Beginnings, Growth and Development A | Anneliese Hulme a.hulme@unsw.edu.au | Dr Justin Lees Justin.lees@unsw.edu.au |
| Beginnings, Growth and Development B | Dr Vita Birzniece v.birzniece@unsw.edu.au | Dr Kalli Spencer Kalli.spencer@unsw.edu.au Dr Patrick Chau patrick.chau@unsw.edu.au |
| Health Maintenance A | Dr Trudie Binder w.binder@unsw.edu.au | A/Prof Shane Thomas Shane.thomas@unsw.edu.au Dr Tim Murphy Tim.murphy@unsw.edu.au |
| Health Maintenance B | Dr Trudie Binder w.binder@unsw.edu.au | A/Prof Shane Thomas shane.thomas@unsw.edu.au Dr Tim Murphy tim.murphy@unsw.edu.au |
| Ageing and Endings A | Dr Frederic von Wegner f.vonwegner@unsw.edu.au | Dr Christina Byun christina.byun@unsw.edu.au Dr Natasha Kumar natasha.kumar@unsw.edu.au |
| Ageing and Endings B | Dr Frederic von Wegner f.vonwegner@unsw.edu.au | Dr Christina Byun christina.byun@unsw.edu.au Dr Natasha Kumar natasha.kumar@unsw.edu.au |
| Society and Health | A/Prof Cristan Herbert c.herbert@unsw.edu.au | Dr Kosta Kotsidis k.kotsidis@unsw.edu.au |
| Element – Clinical Skills | Dr Kalli Spencer kalli.spencer@unsw.edu.au | |
| Element – Ethics | Dr Sarah Baldwin s.baldwin@unsw.edu.au | |
| Element – Quality of Medical Practice | Dr Amir Ariff amir.ariff@unsw.edu.au | |
| Portfolio Assessment | Dr Narelle Mackay n.mackay@unsw.edu.au | |

For administrative issues use the contact details published in the current Phase 1 Newsletter.

Student Wellbeing

Wellbeing is more than mental health. It is a complex combination of many factors that are strongly linked to our happiness and overall life satisfaction. UNSW Medicine & Health is committed to supporting its students to thrive and stay healthy.

Top Tips:

- Seeking support early is key.
- Every medicine student should prioritise finding a GP they trust.
- It's normal to experience difficulties and it's ok to ask for help and support.

There are several ways that you can obtain support for problems related to your studies or personal issues that may impact upon you getting the best out of your time in the Medicine program:

- If you are having difficulty with your studies please speak to the relevant course convenor, or phase convenor if the problem is related to more than one course, as an initial step.
- Students should prioritise registering with a GP as soon as is practicable

Refer to the UNSW Wellbeing site for relevant information and contacts.

<https://www.student.unsw.edu.au/wellbeing/services>

The below links and additional services can be found on the [Faculty Wellbeing page](#) or [How We Help You at UNSW](#) page.

Rural Students

Medicine Program Rural Wellness Advisors:

Port Macquarie – Solange Villagran s.villagran@unsw.edu.au

Wagga Wagga – Emily Quinlan e.quinlan@unsw.edu.au

Aboriginal and Torres Strait Islander Students Support

Indigenous Student Success Engagement Lead: Tiah Vocale – tiah.vocale@unsw.edu.au

UNSW Medicine partners with the [Rural Adversity Mental Health Program](#) (RAMHP). Contact the Local Coordinator who can provide you with local referral options.

[Crana Plus](#) offers unlimited 24/7 Bush Support Telehealth Counselling 1800 805 391

Central Services can be accessed by students at Kensington or at the Rural Campuses

- [UNSW Health Service](#)
- [Mental Health Connect](#) – psychological and counselling support to manage mental health and wellbeing
- [Student Support and Success](#) – finance, visas, housing, study skills support, time management or personal issues such as stress and anxiety.
- [Equitable Learning Service](#) – practical educational adjustments to assist students with a disability or medical condition (including a mental health condition) to manage their studies .

Prescribed Textbooks for Phase 1

Students are expected to purchase the prescribed texts or access online versions via UNSW Library. UNSW Medicine textbooks can be purchased from the UNSW Bookshop. Other recommended texts are optional and listed on the website:

<https://medprogram.med.unsw.edu.au/learning-resources>

Anatomy/Histology/Embryology

Drake, R.L., Vogl, W. & Mitchell, A.W.M. (2023). Gray's anatomy for students (5th ed.). Philadelphia; London : Churchill Livingstone / Elsevier.

[[Electronic access via UNSW Library](#)] - online access to 5th edition.

OR

Snell, R.S. (2007). Clinical Anatomy by Systems. (7th ed.). Philadelphia: Lippincott Williams & Wilkins.

[[Electronic access via UNSW Library](#)]

Mescher, A. (2021). Junqueira's Basic Histology: Text and Atlas, (16th ed.). New York: McGraw Hill.

[[Electronic access via UNSW Library](#)]

OR

Young, B., Lowe, J.S., Stevens, A. and Heath, J.W. (2013). Wheater's Functional Histology (6th ed.). Edinburgh: Elsevier Churchill Livingstone.

[[Electronic access via UNSW Library](#)]

Moore, K.L., Persaud, T.V.N. & Torchia M.G. (2020). The Developing Human: clinically oriented embryology (11th ed.). Philadelphia: Saunders.

[[Electronic access via UNSW Library](#)]

Crossman, A.R. and Neary, D. (2020). Neuroanatomy: an illustrated colour text (6th ed.). Edinburgh: Elsevier Churchill Livingstone.

[[Electronic access via UNSW Library](#)]

OR

Nolte, J. (2010). Essentials of the Human Brain. Philadelphia: Mosby Elsevier.

[[Electronic access via UNSW Library](#)] [Single user only]

NB: The lengthier, Vanderah, T. & Gould, D. (2021). Nolte's The Human Brain: an introduction to its functional anatomy.(8th ed.)

[[Electronic access via UNSW Library](#)]

Biology

Urry, L.A., Meyers, N., Cain, M.L., Wasserman, S.A, Minorsky, P.V. and Reece, J.B. (2017). Campbell Biology (11th ed. Australian and New Zealand version). Frenchs Forest, N.S.W. : Pearson Australia

[[Electronic access via UNSW Library](#)]

OR

Principles of Biology. Nature Education Publishing Group.

(UNSW Bookshop sells access codes to this electronic text)

NOTE: Access to one of these texts is recommended for students without a strong background in biology

OR

Alberts, B., Bray, D., Hopkin, K., Johnson, A., Lewis, J., Raff, M. Roberts, K. and Walter, P. (2014). Essential Cell Biology (4th ed.). New York: Garland Science.

Biochemistry

Tymoczko, J.L., Berg, J.M. & Stryer, L. (2019). Biochemistry: a short course (4th ed.). New York : W. H. Freeman and Co.

Clinical skills

Epstein, O., Perkin, G.D., Cookson, J. and deBono, D. (2008). Clinical Examination (4th ed.). Edinburgh; New York: Mosby.

[[Electronic access via UNSW Library](#)] You do NOT need Talley and O'Connor in Phase 1.

Silverman, J., Kurtz, S. and Draper, J. (2013). *Skills for Communicating with Patients* (3rd ed.). Abingdon, Oxon, UK; New York: Radcliffe Medical Press.

[\[Electronic Access via UNSW Library\]](#)

Ethics and the Law

Kerridge, I.H., Lowe, M. and Stewart, C. (2013). *Ethics and Law for the Health Professions* (4th ed.). Annandale, N.S.W.: Federation Press.

[\[Electronic Access via UNSW Library\]](#)

Immunology

Kumar, V., Abbas, A.K., and Aster, J. (2023). *Robbins' Basic Pathology* (11th ed.). Philadelphia, PA: Elsevier Saunders.

[\[Electronic access via UNSW Library\]](#)

Microbiology

Goering, R., Dockrell, H., Zucherman, M., Roitt, I. and Chiodini, P. (2019). *Mims' Medical Microbiology* (6th ed.). London; Philadelphia: Saunders..

[\[Electronic access via UNSW Library\]](#)

NOTE: This is the preferred text, the alternative below does not have the same depth of coverage.

OR

Lee, G. & Bishop, P. (2016). *Microbiology and infection control for health professionals* (6th ed.). Frenchs Forest, N.S.W: Pearson Education.

[\[Electronic access via UNSW Library\]](#)

Pathology

Kumar, V., Abbas, A.K., and Aster, J. (2023). *Robbins' Basic Pathology* (11th ed.). Philadelphia, PA: Elsevier Saunders.

[\[Electronic access via UNSW Library\]](#)

For additional reading:

Kumar, V., Abbas, A.K., & Aster, J.C. (2021). *Robbins and Cotran Pathologic Basis of Disease* (10th ed.). Elsevier. The 9th edition is available as an e-book via UNSW Library:

[\[Electronic access via UNSW Library\]](#)

Pharmacology

Brunton, L. L., Hilal-Dandan, R., & Knollmann, B. C. (2018). *Goodman & Gilman's the pharmacological basis of therapeutics* (13th ed.). McGraw-Hill Education.

[\[Electronic access via UNSW Library\]](#)

Physiology

Koeppen, B.M & Stanton, B.A. (2018). *Berne & Levy Physiology* (7th ed.). Philadelphia, PA: Elsevier.

[\[Electronic access via UNSW Library\]](#)

Public Health

Keleher, H. and MacDougall, C. (2015). *Understanding health*. (4th ed.). South Melbourne, Vic.: Oxford University Press.

[\[Electronic access via UNSW Library\]](#)

Dade Smith, J. (2016) *Australia's Rural, Remote and Indigenous Health*. (3rd Edition). Elsevier.

[\[Electronic access via UNSW library\]](#)

Quality of Medical Practice

Straus, S.E., Richardson, W.S., Glasziou, P., Richardson, W.S. and Haynes, R.B. (2019). Evidence-based Medicine: How to Practice and Teach EBM (5th ed.). Edinburgh: Churchill Livingstone.
[\[Electronic access via UNSW Library\]](#)

Other requirements**Clinical Skills**

Stethoscope
Reflex Hammer
Pen torch

Practical Labs

White lab coat
Enclosed shoes

Phase 1 Recommended Textbooks:

<https://medprogram.med.unsw.edu.au/learning-resources#tab-303400240>

Ethics Recommended Resources & Textbooks:

<https://medprogram.med.unsw.edu.au/learning-resources#tab-303400237>