

THE C25 UNDERGRADUATE MEDICINE CURRICULUM



QUEEN'S
UNIVERSITY
BELFAST

SCHOOL OF
MEDICINE,
DENTISTRY AND
BIOMEDICAL
SCIENCES

A TRANSFORMED CURRICULUM FOR A TRANSFORMED HEALTHCARE SYSTEM

Why did we undertake the review?

Our population is getting older; multi-morbidity and complexity are the norm. As a result the Healthcare system in Northern Ireland is changing. The focus locally and internationally is on prevention and population health, on new ways of doing things, of new partnerships between primary and secondary care. We need to keep our curriculum 'fit for purpose'; to train the next generation of doctors to be leaders and effectors of this change.

What did you tell us?

In an extensive stakeholder process you told us to retain early clinical contact, cadaveric dissection, and the final year assistantship. And you told us there was some things we could do better; we needed to integrate the teaching between and within the years of the course; we needed to integrate biomedical and public health science with clinical science; we needed to provide more time in primary care; we needed to reduce 'silos' of learning.

What did we do?

We reviewed best practice in other UK medical schools – Cardiff, Bristol and Keele. We engaged Professor Val Wass, a global leader in medical education as a facilitator. The result is a curriculum that is fit for purpose: a transformed curriculum for a transformed healthcare system.

What are the key components of C25?

1. Four themes are represented in every module – the DNA of the new curriculum.
2. Integrated, systems-based teaching in years 1+2. Biomedical, public health and clinical science will be integrated. Early clinical contact and cadaveric dissection is retained
3. Case based learning year in years 1-4 is the 'glue' that binds the teaching together; 75 key cases that further integrate the learning
4. Longitudinal clerkships in year 3 and 4:
 - a. **Year 3:** two fourteen week clerkships in the Belfast, and one other trust hospital.
 - b. **Year 4:** integrated primary and secondary care teaching across the life cycle of child health, women's health, ageing and mental health.
5. More time in general practice: 25% of the clinical placement will be in primary care.
6. Student selected components in every year, including a new one-year long quality improvement project in year 4
7. Assessment by Progress testing – integrated assessment 'for' learning.



New curriculum – but the same vision

A lot has changed, but some things have not.

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The Queen's medical graduate is a caring and compassionate doctor who is a critical thinker, problem solver and reflective practitioner with excellent clinical skills who values, above all else, service to patients.

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