**UCL MEDICAL SCHOOL**

Medical School Administration

MBBS Student Selected Components (SSCs)

**Management Guide For SSC Providers (Yrs1 & 2)**

**2022-23**

# Introduction

Student selected components (SSCs) represent one of the ‘choice’ elements of the MBBS programme, which, when added to the ‘core’ elements, enrich student learning and allow students to tailor what they learn to their individual needs and interests. SSCs are a core requirement of all undergraduate medical programmes and are an integral part of the curriculum, enabling students to develop and demonstrate mandatory competencies while allowing choice in studying an area of particular interest to them.

The aim of the SSCs is to provide students with an opportunity to study additional optional topics which are not included in the core MBBS curriculum, to study topics of interest to them in more depth, to engage in a more meaningful way in an area of practice that they have enjoyed, or to allow students to further develop skills or understanding. They should allow students to develop one or more generic skills which will be useful in the practise of medicine, for example, team-working, essay-writing, PowerPoint presentations, research skills, teaching, or patient advocacy.

The type of activity involved will differ from one SSC to another, but they all share the common aim of encouraging active participation. We encourage students to select their SSC preferences from across the wide variety offered to ensure that they develop a range of knowledge and generic skills. The SSC year and grade will be recorded on the students’ transcript.

Our aim at UCL Medical School is to provide a range of stimulating, high-quality SSCs for our students that are varied in content, experience and assessment format so that students have the choice and opportunity to pursue a number of different areas of interest.

# Objectives of an SSC (not every SSC will fulfil all of these criteria):

* To enrich student experience through individual choice.
* Enhance student experience, be different from core topics and provide time for reflection.
* Maximise the benefits of learning medicine at UCL.
* Encourage awareness of the context of medicine.
* Be beneficial for potential future careers (e.g. academic, research or clinical).
* Be broadly based with an element of creative thinking.
* Involve either interaction with others and/or teamwork.
* Encourage personal development.
* Reflect on the needs of today’s and tomorrow’s patients.
* Create 21st century doctors able to thrive in modern healthcare environments.
* Allow a writing exercise that can include a presentation/poster for inclusion in their portfolio.
* Relate to the iBSc programme.

# Teaching

SSCs are provided in half-day teaching sessions in years 1 and 2. In year 1, SSCs are timetabled as either **two** single-blocks (each consisting of 8 weeks November to January and January to March on Thursday afternoon for 3 hours) or **one** double-block (consisting of 16 weeks November to March on Thursday afternoons for 3 hours). In year 2, SSCs are timetabled as **one** single-block in term 1 (consisting of 8 weeks from October to December on Friday afternoons for 3 hours). **In 2021-2022 this timetable was reduced for year 1 to one single-block in term 2; we are hoping to return to the usual timetable of two single or one double-block for year 1 in 2022-2023.**

Students should be provided with clear instructions about the teaching venue, including arrangements for arrival if required. A simple map showing the location of the teaching sessions and information about public transport if necessary would also be helpful. Written objectives and a programme for the SSC should be provided at the first session. It is also helpful if students are informed as early in the SSC as possible of what the required assessment will involve, e.g. marking criteria, word limits for written work and referencing styles, presentation dates and timings etc. Writing and presentation guidance and support should also be provided as many students will not have written an essay, made a poster or given a presentation before.

## Student Attendance

**Student attendance is compulsory. Students are required to attend every SSC session punctually and for the whole session. Students should report all unavoidable absences through the Absence Report section of the** [**Absence Report and Leave Request**](https://uclms-asr.app/absence) **online form**. Failure to attend and engage in SSC sessions may result in a student failing their SSC and therefore being deemed ‘not complete’ in their end of year assessment; as a result, they will not be permitted to progress to their next year.

**SSC providers are expected to monitor attendance and report all student absences immediately via the** [**Absence Report Online Form**](https://uclms-asr.app/absence)**.** The SSC provider should maintain a weekly attendance record and record this attendance on the *SSC Assessment Form.* This form is completed by the SSC provider and given to each student at the end of the SSC. The reporting of absent students is necessary in order to alert the Student Support Team of any students who need additional support. The earlier we can arrange this for the student, the more beneficial this support can be.

For further details regarding the MBBS attendance policy, please see <https://www.ucl.ac.uk/medical-school/current-mbbs-students/z-policies-and-faqs#attendance>.

# Assessment

SSCs must be completed to a ‘satisfactory standard’ in order for students to progress to the next year of their course. Completion to a ‘satisfactory standard’ means an acceptable performance in the coursework and assessments associated with the SSC, as well as adequate attendance (see above) and engagement in the SSC. Students will receive a final grade for their SSCs; although these grades do not count towards their end of year examination marks, they are considered part of a student’s overall achievement in the MBBS programme. Students who have not successfully completed their SSC will be deemed ‘not complete’ in their end of year assessment; as a result, they will not be permitted to progress to their next year.

Performance and engagement in SSCs require some form of assessment, and students should receive a written record of their achievement (and attendance). Therefore, we require all SSC providers to set their students a piece of work which may be an essay together with a PowerPoint presentation, a poster or a piece of artwork. It is recommended that a combination of assessment methods is used. **This assessment should also reflect the contact hours of the SSC**; an essay alongside another form of assessment such as a presentation are the most popular methods of assessment currently used by providers. As a guideline, if setting **only** an essay, this should be a maximum of 1500 words. However, if using an essay and another assessment method, the word count should be reduced, for example, a maximum of 1000 words for a single-block SSC and a 15-minute individual presentation. Some measure of performance and engagement should also be taken into account based on participation in all of the activities involved in the SSC, not just the final piece of coursework.

The SSC provider should offer students who fail the assessment for their SSC an additional alternative assessment. This reassessment will be a piece of work equivalent to the original assessment for the SSC and may also involve an oral examination. **If a student should fail their SSC, the SSC provider should immediately notify the SSC Admin Team, including a description of what the planned alternative assessment would entail.** This reassessment option is not available to students who fail their SSC due to poor attendance without valid (and documented) reasons; students in this situation may be required to take a year away from the course whilst becoming ‘complete’ for their SSC.

**Students who have to sit an alternative or resit an SSC assessment will be awarded a borderline pass only (grade E).**

## Plagiarism

As an SSC provider, you will need to be aware of the problem of plagiarism; it is the responsibility of the SSC provider to report any suspicion of plagiarism to the SSC Admin Team immediately so that it can be investigated and appropriate action taken. Students are required to submit their coursework through *Turnitin*. SSC providers should be concerned with a similarity score of 15-25% and will need to warn students that they may need to resubmit an amended version of their work if they obtain a high similarity score. Anything higher means serious plagiarism, and the student will be required to repeat the coursework, covering a different topic. **On the second attempt, the grade will be capped at E.**

## Word count

As an SSC provider, you will need to ensure that students are aware of the word limit you set, and they will need to adhere to this. Students also need to know what this limit includes, e.g. footnotes, references, tables etc. If you set a word limit of 1000 words, there is usually a plus or minus 10% leeway. **If you set a word limit of 1000-1500 words, students will need to stay within this limit.** Students who do not adhere to the word limit or are over or under the 10% leeway will be awarded a grade E).

## Deadlines and Late Submissions

There is some flexibility for you to set a slightly earlier or later coursework submission deadline from the last day of your SSC session - **provided that this does not impact your ability to return a completed *SSC Assessment Form* to your students and to submit the final grade spreadsheet to the SSC Admin Team; both of these documents must be sent within four weeks of the set deadline.**

You need to ensure that students are aware of the deadlines that you set and the necessity to adhere to them. Any late submissions are subject to a penalty (unless the student has submitted the required documentation). This documentation can be obtained from the Divisional Tutor ([mbbsy1@ucl.ac.uk](mailto:mbbsy1@ucl.ac.uk) or [mbbsy2@ucl.ac.uk](mailto:mbbsy2@ucl.ac.uk)).

UCL’s standard deadline is *5pm on the day of submission,* and **SSC providers are expected to comply with UCL’s standard**.

Unless *Extenuating Circumstances* have been approved, late (more than one week) submission of coursework triggers a *Concern over Attendance and Engagement procedure* and failure to submit coursework triggers a *Concern over Professional Behaviour(s) procedure* and a meeting with the MBBS student support team. SSC Admin Team submit these reports via the online reporting system. SSC providers **must inform the SSC Admin Team immediately of any late submissions.**

*Students with Statements of Reasonable Adjustments* (SORAs) may request a one week extension to written coursework deadlines. These need to be requested in advance via email with the SSC provider and the SSC Admin Team.

Graded coursework will be capped if submitted late without prior approval.

UCL regulations for component marks/grades of 40.00-100.00% / A-D:

- Up to 2 working days late: Deduction of 10 percentage points or 1 letter grade, but no lower than 40.00% / Grade D.

- 2-5 working days late: Mark capped at 40.00% / Grade D

- More than 5 working days late: Mark of 1.00% / Grade E

Where a resubmission is required, marks are capped at E. Students have one week to resubmit work from the point that their original grade is released (i.e. students cannot use the resubmission process to attempt to improve their grade).

For further details, please see <https://www.ucl.ac.uk/medical-school/current-mbbs-students/z-policies-and-faqs#coursework-requirements>

## SSC Assessment Grade Scheme

SSC coursework should be graded according to the following A-F marking scheme. Please use this entire grade range when allocating marks. **SSCs resulting in consistently high (or low) grades will be reviewed by the SSC Advisory Committee.**

|  |  |  |
| --- | --- | --- |
| **Grade** | ***Equivalent* *range of marks (%)*** | **Guidance notes** |
| **A**  Well above level expected | 70 – 100 | Clear first-class work; virtually everything relevant covered. Well argued, to the point with no errors (slight errors can be forgiven if the work is otherwise brilliant). |
| **B**  Above level expected | 60 – 69 | A well-organised piece of work which shows that the student clearly understood what was needed; a good number of correct facts with no major errors but lacking the touch of a distinction. |
| **C**  At level expected | 50 – 59 | Undoubtedly a pass but not enough detail and/or not sufficiently well-argued to be considered for a merit or distinction. Potential for a higher grade but one or two detracting errors. |
| **D**  Below level expected | 40 – 49 | Just satisfactory; the minimum amount of work completed without important errors. |
| **E**  Well below level expected | < 39 | Inadequate detail or some errors. No balance in respect of important and trivial information. |
| **F**  Fail |  | Used in instances of no meaningful attempt in submitted work, triggers appointment with Divisional Tutor. |

1. Students who are absent, withdraw from or fail an SSC will be considered ‘not complete’ and will be awarded a mark of zero.
2. Students who are referred or ‘not complete’ at the first attempt may be permitted a second attempt during the same academic session in order to satisfy the requirements for progression.
3. Students who fail an SSC at the first attempt or who are referred for non-completion of an SSC are capped at Grade D (borderline) at the second attempt.
4. Students who fail at the second attempt may be permitted a further attempt after a repeat period of study but may not progress to the next year of the MBBS programme until the SSCs are completed satisfactorily. The mark for this further attempt will be capped at grade E.
5. Students who are permitted a further attempt as non-registered students may be assessed by an alternative method that does not require attendance, for example, an extended essay.

When awarding grades, please do not use terms such as A+ or B- as they have no relevance in the system used to record student performance.

A selection of SSC assessments will be moderated each year by the SSC Advisory Group to ensure continuity across all SSCs.

## Feedback

The medical school considers feedback to be an essential part of all SSCs, and a one to one meeting to discuss student performance and feedback is considered best practice. However, due to the varying nature of SSCs, this may not always be possible. Feedback should also be supplied to students throughout the SSC. As well as an overall final grade, SSC providers are required to supply individual written feedback for each student under ‘additional comments’ on the *SSC* *Assessment Form* (provided by the SSC Admin Team). The SSC provider should write this feedback after consultation with any other staff who have had an active part in teaching and/or supporting the student. **A copy of this final feedback (*SSC* *Assessment Form)* should be emailed directly to the students by the SSC provider.** Hard copies of student coursework should also be returned directly to the students by the SSC provider.

UCL’s service standards require that marks and feedback are provided ***within 4 weeks* of the deadline for submission (including weekends and vacations).** SSC providers are encouraged to provide this in a shorter timeframe, and MBBS students have asked if feedback could be provided *within 3 weeks* wherever possible. If SSC providers cannot ensure that the one calendar month deadline is met (or for the MBBS the 3 week deadline), they must comply with UCL’s requirement to indicate, by direct contact with students, when the feedback will be provided, and it is expected that the extra time will not exceed 1 week.

You will be provided with student feedback from student evaluation of your SSC; this will be arranged by the Quality Assurance Unit. **Please do not arrange your own feedback; instead, please encourage students to complete the official Quality Assurance Unit evaluation.** For quality assurance purposes, the SSC lead may be in contact as a result of this feedback to discuss your SSC. A selection of students each year will also be invited to an SSC feedback discussion session run by the SSC lead to ensure continuity across all SSCs.

For further details, please see <https://www.ucl.ac.uk/medical-school/current-mbbs-students/z-policies-and-faqs#coursework-requirements>

# Reporting Final Grades

The final grade (and attendance) should be reported directly to the student, together with their individual written feedback (via the *SSC Assessment Form* provided by the SSC Admin Team). **A completed copy of the final grades should also be sent to the SSC Admin Team on the excel spreadsheet they will provide you. Marks must be returned to the SSC Admin Team within four weeks of the set deadline.**

Full details regarding the marking requirements and criteria will be sent to SSC providers at the start of the academic year

# Practical Arrangements

**SSCs are required to have a minimum of 8 students. It is up to you to choose a maximum.**

Each SSC is timetabled as eight x three hour afternoons (Thursday afternoons for year 1 students and Friday afternoons for year 2).

Although the timetable shows three hours for each SSC session, we would not expect the whole three hours every week to be face-to-face contact. Most SSCs allow part of each afternoon, or a whole afternoon, for students to research topics and prepare their coursework or presentations (obviously, we also expect students to undertake part of their research and preparation in their own private study time).

The SSC Admin Team can book rooms for your SSC. However, given the increased pressure on rooms, we are doing our best to access space via all possible avenues. Therefore, should you have space in your Department (that is not centrally bookable), it would be helpful if you could use this space for your SSC. If departmental space is not available, the SSC Admin Team can book rooms for you. Please indicate in the *SSC Proposal Form* if you require a room booked for you. For SSCs occurring away from UCL premises and for SSC that involve activities other than lectures/discussions, a risk assessment may be required (see *SSC Proposal Form* for more details).

## Funding

SSC funding draws on a number of different mechanisms and income streams depending on the provider:

* SSCs led by SLMS staff generate MBBS HEFCE and tuition fee income which is credited to their divisional budgets through SLMS Finance to cover salary and lab costs plus any consumables, which should be identified in divisional non-pay budgets and claimed by SSC leads via their divisional finance team. The proportion of SSC income allocated to divisional providers is calculated as part of the annual student load exercise in January each year and credited to budgets in the following academic session. Queries about student load calculations and divisional budgets should be directed to Melanie Hill ([m.hill@ucl.ac.uk](mailto:m.hill@ucl.ac.uk)) in the Medical School Finance Team. Notification of estimated consumables/non-pay costs should be notified to divisional finance teams by early January at the latest.
* SSCs led by NHS staff or private providers (which may or may not include a contribution from University funded staff) generate both University funding allocated through student load to the division most closely associated with the clinical specialty *and* Department of Health funding allocated to the NHS or private provider as part of the annual NHS Undergraduate Tariff planning exercise. Queries about Tariff calculations and processes should be directed to the Tariff Officer, Melanie Hill ([m.hill@ucl.ac.uk](mailto:m.hill@ucl.ac.uk)).
* SSCs such as Languages and Volunteering receive funding directly from UCL through their own funding mechanisms with no additional funding from MBBS student load or NHS Tariff.
* Self-organised SSCs in Years 1 and 2 cannot be included in university or NHS funding mechanisms and must, therefore, be self-funding. The cost of running an SSC (i.e. consumables, outside lecturers, etc.) should normally be met from the FTE or Tariff allocation to the department, division or institute, as for any other teaching.
* Exceptionally, at the discretion of the SSC Advisory Committee, new SSCs can be offered to fewer than 8 students when first introduced, providing that the numbers can be increased in subsequent years. **Such SSCs will not attract student load credit; however, NHS Tariff will be paid per capita for clinical SSCs**. For SSCs with fewer than 8 students, SSC providers are responsible for arranging their own rooms, if required.

**Offering an SSC**

There are many options open to faculty members who wish to provide an SSC. SSCs in years 1 and 2 focus on a very wide range of areas, including clinical practice, underpinning science, and subjects more loosely related to medical studies such as arts and languages. A list of example SSCs that have been offered in previous years appears in the list below. Although we currently have a good spread of topics, we welcome applications for new SSCs. If you feel you can offer an interesting new SSC that will add to the range of options available to students, please contact the Year 1 and 2 SSC academic lead, Dr Wendy Birch (w.birch@ucl.ac.uk), to discuss your ideas. You will need to complete an ***SSC Proposal Form***. The SSC Advisory Group will then discuss your proposal, and you will be informed of their decision.

**Please ensure that your proposal is submitted by the 1st February in order to be considered by the SSC Advisory Group for inclusion in the next academic year.**

If you have any queries, please do not hesitate to contact me.

Wendy Birch

*Year 1 and 2 SSC Academic Lead*

**Example Year 1 SSCs Offered in Previous Years**

* Medically Important Proteins in Disease
* Birth to 6 weeks: Care and Development of Babies
* Blood, Bugs and Pus: Painting, Poetry, Prose and the Good Doctor.
* Cardiovascular Medicine: From Bench to Bedside
* Maxillo Facial Surgery
* Basic Molecular Techniques in Clinical, Diagnosis and Research
* How to Live Forever: Research to Prevent Ageing
* Crime Prevention and Public Health
* Radiological Anatomy
* Taking the Lead – Medical Management and Leadership
* Art and Medicine: Exploring the Experience of Illness Through Art
* Academic Pre-Hospital Care
* The Challenge of Alois Alzheimer
* Death and Dying in Society, Theory and Practice
* Who Cares?
* Sexpression - Student Led
* History and Philosophy of Medicine and its Contemporary Relevance
* Volunteering and Your Personal Development
* Open Minds - Student Led
* Viva La Vulva: Women’s Sexual and Reproductive Health Rights
* Pre-Hospital Care: Acute Medicine in the Community
* Speak Up for Asthma Schools Programme
* Infectious Diseases in Developing Countries
* Anatomy from Rembrandt to Grey’s: Learning Medicine Through the Arts
* Antibodies and Rheumatological Diseases
* Life in the Frozen State – The Impact of Cryobiology in Medicine and Biology.
* Medicine and the Law Issues at the End of Life
* Psychoanalysis: A Psychological Therapy for the 21st Century?
* Introductory British Sign Language
* Exercise, Physical Activity, and Health
* Expedition and Wilderness Medicine
* Health Technology and the Body
* Patient and Public Involvement (PPI) - Bringing Patients Back to the Centre

**Example Year 2 SSCs Offered in Previous Years**

* Physiological imaging with nuclear medicine
* Transplantation Sciences: The Pieces of the Jig Saw Puzzle: (Organ Procurement, Immunology and Intervention)
* Nanotechnology and Regenerative Medicine
* Peer Tutoring at City and Islington College 6th Form Centre
* Evolution: What Every Doctor Needs to Know
* History of Medicine
* The Hitchhiker's Guide to Global Health
* Introduction to Children's Language Development
* Target Medicine
* Psychoanalytic Approaches to Emotional Disorders
* The Sick Role: Patients in the Movies
* Surgical Pathology in Practice
* Epithelial Function in Health and Disease
* Are We Failing our Children and our Future?
* Culture, Ethics, and Religion in the Clinical Encounter
* Pre-hospital Care and Stadium Medicine
* Medical Policy and Management: What is it, and why should you care?
* Maternal Health Culture and Risk
* Academic Pre-Hospital Care