

# MSQR1

## Medical School Qualification Review form

Please complete this form **in full**. If you do not provide us with all the required details and evidence listed, then your review will be delayed. Please refer to [our guidance](#) for help in completing and submitting the form.

If you need more space, please use on the supplementary information page at the end of this form.

### Section 1: Contact details of your medical school

Name of Dean	
Name of Medical School	
Address	
City and Country	
ZIP / Postcode	
Length of time at this address	
Telephone number	
Fax number	
Email address	

If your medical school has changed address or name in the last 10 years, please enter the previous details	
Name of Medical School	
Address	
City and Country	
ZIP / Postcode	
Length of time at this address	
Telephone number	
Fax number	
Email address	

## Section 2. The Primary Medical Qualification (PMQ)

2.1 Title(s) of the Primary Medical Qualification (PMQ) awarded.		
2.2 If applicable – please detail any previous titles of the PMQ, and tell us when the title changed		
2.3 Date when the programme of study leading to the award of this PMQ was introduced at your institution.		
2.4 Please provide a copy of the current PMQ certificate (and any previous certificates covering the last 10 years) that is awarded upon successful completion of the programme of study.	Evidence provided <input type="checkbox"/>	Evidence not provided <input type="checkbox"/>
2.5 Please provide a full outline of the full programme of study/curriculum of the PMQ including full details of the clinical clerkships, using the table provided in annex A.	Evidence provided <input type="checkbox"/>	Evidence not provided <input type="checkbox"/>
	<b>Yes</b>	<b>No</b>
2.6 Is your institution currently listed in the World Directory of Medical Schools?	<input type="checkbox"/>	<input type="checkbox"/>
2.7 Is the PMQ wholly in allopathic medicine? If no, please provide further information on which parts of the course are not.	<input type="checkbox"/>	<input type="checkbox"/>
2.8 Please confirm: a) the standard length of your institution's PMQ course in years		
b) the standard length of your institution's PMQ course in clock hours		
c) the minimum attendance that a medical student must have before they can be eligible for graduation		
d) whether evidence has been submitted to support your claims made in questions 2.8 a)-c)	Evidence provided <input type="checkbox"/>	Evidence not provided <input type="checkbox"/>

**Section 3: Studying at twinned medical schools and other campus locations of your medical school**

<b>3.1 Does your institution's PMQ course involve studying:</b>	<b>Yes</b>	<b>No</b>
<b>a) At more than one institution?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b) In a country other than the awarding body country?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c) In a different medical school as part of a recognised twinning arrangement?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d) In another campus of your University/Medical School (not as part of a twinning arrangement)?</b>	<input type="checkbox"/>	<input type="checkbox"/>

**If you answered no to all of the above, go to section 4.**

**If you answered yes to any of (a) – (d) above, please provide the name and contact details for each location below and submit evidence of:**

<b>a) the total clock hours studied in each location</b>	Evidence provided <input type="checkbox"/>	Evidence not provided <input type="checkbox"/>
<b>b) information about the agreement between the institutions/countries/medical schools/campuses for delivery of the PMQ (see paragraph 31 in the guidance)</b>	Evidence provided <input type="checkbox"/>	Evidence not provided <input type="checkbox"/>

**Location 1**

<b>Name of medical school/campus</b>	
<b>Country</b>	
<b>Full address</b>	
<b>Phone number</b>	
<b>Fax number</b>	
<b>Website address</b>	
<b>Contact email</b>	
<b>Name of Dean</b>	

**Location 2**

<b>Name of medical school/campus</b>	
<b>Country</b>	
<b>Full address</b>	
<b>Phone number</b>	
<b>Fax number</b>	
<b>Website address</b>	
<b>Contact email</b>	
<b>Name of Dean</b>	

**Section 4 - Course transfer arrangements**

4.1 Does your institution accept students transferring from another:	Yes	No
a) PMQ course at another institution?	<input type="checkbox"/>	<input type="checkbox"/>
b) Non-medical course at your or another institution?	<input type="checkbox"/>	<input type="checkbox"/>
<b>4.2 If yes to a) or b) above, what is considered and under what situations would you accept such transfers? Please provide further detail below.</b>		

**Section 5: The clinical rotations undertaken as part of the PMQ (also known as clinical clerkships)**

5.1	Yes	No
a) Are clinical rotations/clerkships undertaken as part of your institution's PMQ programme of work? (If so, you must ensure that these are reflected in the course outline information provided at Annex A)	<input type="checkbox"/>	<input type="checkbox"/>
b) Does your medical school approve and oversee all clinical rotations and clerkships? Please provide further evidence.	<input type="checkbox"/>	<input type="checkbox"/>
c) In all cases do they include exposure to both medicine and surgery?	<input type="checkbox"/>	<input type="checkbox"/>
d) How many clock hours of clinical rotations /clerkship would a medical student undertake in total as part of their PMQ?		
<b>5.2 Please provide further details of the above (see paragraphs 38 -44 in the guidance):</b>		
<b>5.3 Does the PMQ include an undergraduate internship also part of the programme?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes, please provide details of the undergraduate internship, and how it is distinct from the clinical rotations/clerkships?</b>		



## Declaration

I confirm that the information I have provided in this form regarding the PMQ that my medical school offers is true and correct. I understand that the GMC and its staff may undertake any checks necessary to establish the acceptability of this PMQ.

Signature of  
Dean

Date

dd

mm

yyyy

Print name

Stamp of  
Awarding  
body

**Supplementary information**

**Please use this page if you need more space to answer any of the questions in the form. Please state clearly which question your answer relates to.**



**Annex A - outline of the full programme of study/curriculum of the PMQ**

1. You must complete the below table with details of the full programme of study, including details of clinical clerkships/rotations if these form part of your institutions primary medical qualification.
2. If your institution's PMQ involves study in multiple institutions / countries / medical schools / campuses, you should specify at which location the student is based for each module.

<b>Year</b>	<b>Semester</b>	<b>Title of module / course component</b>	<b>Core or elective?</b>	<b>Length in clock hours</b>	<b>Location</b> (If your institution's PMQ involves study in multiple institutions / countries / medical schools / campuses)





## Annex B - Evidence reference table: Medical School qualification review form (MSQR1)

1. To speed up our review, please complete this evidence reference table so that the purpose of each piece of evidence is clear. Please follow the steps below when labelling your evidence and filling in this form:
  - Number each file, and include this number in the file name of the document, e.g. "2 – Clinical rotations – xx Medical School"
  - Ensure that you give each document a unique file name, and that this is connected to the evidence that the document provides.
  - Insert the document number and title into the below table for each separate file.
  - Look at the form, and identify which question each file provides evidence for. Add this number into the 'Question number' column.
  - Provide a brief description of each document.
2. Rows 1 and 2 of the table have been completed as an example.

Document number	Document title	Question number	Brief description
1	<i>Blank current PMQ certificate</i>	2.4	<i>Copy of the current PMQ certificate awarded by our institution.</i>
2	<i>Clinical rotations</i>	5.1	<i>Detailed breakdown of clinical rotations offered by our institution</i>



Document number	Document title	Question number	Brief description