MSc in Health Policy Handbook 2015-2017

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Professor Lord Ara Darzi
Paul Hamlyn Chair of Surgery
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Cancer

Course Director
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Cancer
Table of Contents

1. Welcome from Lord Darzi 3
2. MSc Health Policy Course Overview 4
3. Teaching Blocks & Module Lead Contact Information 4 - 6
4. Choosing Optional Modules 6
5. Assessment of Taught Modules 7 - 8
6. Introductory Day 9
7. Course Content - Module Outlines 10 – 28
8. Assessment Regulations 29
9. Marking Scheme 30
10. Staff Student Committee 31
11. Pastoral information 32 - 34
12. Graduate School 34 - 36
13. Other Useful Information 37 - 38
14. Map of South Kensington & St Mary’s Campuses 39 - 40
15. Appendix A – Guidance for Assessed Essays 41 - 43
16. Appendix B – Student Surveys 44
17. Appendix C – Dissertation Guidance 45 – 54
18. Appendix D – Example of Dissertation Timetable 54
20. Appendix F – Descriptions to guide examiners 59-60
21. Appendix G – MSc dissertation marking form 61
1. Welcome from Lord Darzi, Course Chair

Congratulations on choosing the MSc in Health Policy at Imperial College London. I hope you will both enjoy the course and find it gives you the knowledge and skills you need to make good health policy.

Across the world, huge resources are invested in training medical staff to deliver high quality care to patients. By contrast, very little attention has been given to the needs of the people that shape the system in which those doctors function – health policymakers. Yet designing an effective healthcare funding mechanism is as complex a task, in its own way, as performing laparoscopic surgery and whilst it will not have as an immediate impact on a patient’s health, ultimately it will have far greater repercussions than individual patient-doctor interactions.

This course is designed to address the needs of health policy makers, giving them the tools to produce rigorous, evidence-based ideas that will improve healthcare.

Whilst we have put a good deal of thought into the design, we will not always get it right. Your feedback will be really important in improving the learning experience for you.

The Rt Hon. Professor the Lord Darzi of Denham PC, KBE
2. **MSc Health Policy Course Overview**

This two-year part-time Master’s course is run by the [Centre for Health Policy](#), one of the [Institute of Global Health Innovation’s](#) established Centres.

It offers you the chance to learn about important aspects of health policy from leading international academics and practitioners.

**Key Contacts**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Email</th>
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</thead>
<tbody>
<tr>
<td>Professor Ara Darzi</td>
<td>Course Chair</td>
<td><a href="mailto:a.darzi@imperial.ac.uk">a.darzi@imperial.ac.uk</a></td>
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<td>Mr Colin Bicknell</td>
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<td><a href="mailto:colin.bicknell@imperial.ac.uk">colin.bicknell@imperial.ac.uk</a></td>
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<tr>
<td>Mr Erik Mayer</td>
<td>Deputy Course Director</td>
<td><a href="mailto:e.mayer@imperial.ac.uk">e.mayer@imperial.ac.uk</a></td>
</tr>
<tr>
<td>Miss Carly Line</td>
<td>Course Administrator</td>
<td><a href="mailto:c.line@imperial.ac.uk">c.line@imperial.ac.uk</a></td>
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**Teaching**

The taught elements of the course are divided into 4 fortnightly teaching block weeks over the two year course. Modules **1-4** are taught in the first year and Modules **5-8** are taught in the second year. There is also an **Introductory Day** on **Friday 23rd October 2015** (see pg. 8 for info).

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<thead>
<tr>
<th>Teaching Block Week 1 (Modules 1 &amp; 2):</th>
<th>23/11/2015 - 04/12/2015</th>
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<tr>
<td>Teaching Block Week 2 (Modules 3 &amp; 4):</td>
<td>09/05/2016-20/05/2016</td>
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<td>Teaching Block Week 3 (Modules 5 &amp; 6a/6b):</td>
<td>26/09/2016 - 07/10/2016</td>
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<td>Teaching Block Week 4 (Modules 7 &amp; 8a/8b):</td>
<td>17/04/2017 - 28/04/2017</td>
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</table>
### Teaching block week 1

**Module 1:** Health Systems and Policy  
Module Lead: Professor Elias Mossialos  
Course Organiser: Alex Carter  
Contact: [e.mossialos@imperial.ac.uk](mailto:e.mossialos@imperial.ac.uk) & [a.w.carter@imperial.ac.uk](mailto:a.w.carter@imperial.ac.uk)  
Teaching Date: Monday 23rd November 2015 – Friday 27th November 2015

**Module 2:** Health Economics for Health Policy  
Module Leads: Dr Ivo Vlaev & Dr Joachim Marti  
Contact: [i.vlaev@imperial.ac.uk](mailto:i.vlaev@imperial.ac.uk) & [J.E.Marti@leeds.ac.uk](mailto:J.E.Marti@leeds.ac.uk)  
Teaching Date: Monday 30th November 2015 – Friday 4th December 2015

### Teaching block week 2

**Module 3:** Health and Society  
Module Lead: Sir Liam Donaldson  
Contact: [l.donaldson@imperial.ac.uk](mailto:l.donaldson@imperial.ac.uk)  
Teaching Date: Monday 9th May 2016 – Friday 13th May 2016

**Module 4:** Financing Healthcare  
Module Lead: Professor Elias Mossialos  
Course Organiser: Alex Carter  
Contact: [e.mossialos@imperial.ac.uk](mailto:e.mossialos@imperial.ac.uk) & [a.w.carter@imperial.ac.uk](mailto:a.w.carter@imperial.ac.uk)  
Teaching Date: Monday 16th May 2016 – Friday 20th May 2016

### Teaching block week 3

**Module 5:** Innovation in Healthcare  
Module Lead: Ara Darzi  
Course Organiser: Oliver Keown  
Contact: [a.darzi@imperial.ac.uk](mailto:a.darzi@imperial.ac.uk) & [o.keown@imperial.ac.uk](mailto:o.keown@imperial.ac.uk)  
Teaching Date: Monday 26th September 2016 – Friday 30th September 2016

**Module 6a (optional): Measuring and improving Performance in Health Systems  
Module Lead: Mr Colin Bicknell & Mr Erik Mayer  
Contact: [colin.bicknell@imperial.ac.uk](mailto:colin.bicknell@imperial.ac.uk) & [e.mayer@imperial.ac.uk](mailto:e.mayer@imperial.ac.uk)  
Teaching Date: Monday 3rd October 2016 – Friday 7th October 2016

**Module 6b (optional): Communicating Health Policy  
Module Lead: Peter Howitt  
Contact: [p/howitt@imperial.ac.uk](mailto:p/howitt@imperial.ac.uk)  
Teaching Date: Monday 3rd October 2016 – Friday 7th October 2016
### Teaching block week 4

| Module 7: Health Service Delivery  
Module Lead: Derek Bell & Catherine French  
Contact: d.bell@imperial.ac.uk & catherine.french@imperial.ac.uk  
Teaching Date: Monday 17th April 2017 – Friday 21st April 2017 |
|---|

| Module 8a (Optional): Leadership in Healthcare  
Module Leads: Mr. Colin Bicknell/ Dr Chip Souba  
Contact: colin.bicknell@imperial.ac.uk & Wiley.W.Souba.Jr@dartmouth.edu  
Teaching Date: Monday 24th April 2017 – Friday 28th April 2017 |
|---|

| Module 8b (Optional): Ageing and Society  
Module Lead: Suzy Long  
Contact: s.long@imperial.ac.uk  
Teaching Date: Monday 24th April 2017 – Friday 28th April 2017 |
|---|

### 3. Optional Modules

There are two choices for module 6 (6A or 6B) and two choices for module 8 (8A or 8B). You must pick one option from each of these modules. Please e-mail Carly Line by **Friday 27th May 2015** with your choice for each module.

Failure to e-mail your options by the above date will mean you are allocated an optional module. It will not be possible to change your module once allocated.

### 4. Dissertation

The Research Dissertation is an original piece of research into an aspect of health policy. See Appendix C for dissertation guidance from page 45 of this handbook.

**Choosing a Dissertation Topic**

To help make your workload manageable you may choose to consider a dissertation that is related to your current role at work, but this is not mandatory. Please send your provisional dissertation topic to Carly Line by **Monday 11th January 2016**.

**Supervisions**

You should contact an academic dissertation supervisor with knowledge in an area of interest that will be useful in writing your dissertation. We will provide a list of suggested dissertation supervisors as well as their specialist area of interest as a guide but other Imperial College London staff can act as your supervisor. For those with supervisors not holding a full or honorary contract
with Imperial College a secondary supervisor from Imperial College will be required. You should meet with your supervisor at least in early 2015 to discuss your dissertation topic.

The expectation is that you will have 16 supervisions over the time until your dissertation is submitted. You can use these to discuss ideas, research techniques/findings and structure – whatever is most helpful to you in producing a strong final product.

**Assessment**

The dissertation has a maximum 15,000 word limit (not including references). Dissertations over the word limit will be penalised one mark for each 1% over the limit.

**The dissertation should be submitted by 2pm (BST) on Friday 29th September 2017.**

Failure to submit your dissertation on time is an automatic failure of the programme according to College Regulations.

There are no extensions granted for the dissertation deadline.

A Viva Voce assessment will only be used if there is concern that the dissertation is not the participants own work and/or if the provisional dissertation mark is placing the participant on a borderline (i.e. pass/fail, pass/merit, merit/distinction) in the overall MSc category. These will take place in November 2016.
5. Assessment of Taught Modules

The assessment method for each module is in the form of an essay. During each taught module you will receive an essay question. You must submit your essay 8 weeks after your modules finish. The word limit is 3,000 words (excluding references). Essays over the word limit will be penalised one mark for each 1% over the limit.

The essay should be submitted electronically through blackboard. It is important that all work is legible and should be produced using Arial font size 11. Adequate margins should be left on each side of the paper.

Essays should be submitted by 2pm, deadline dates are as follows:

<table>
<thead>
<tr>
<th>Module</th>
<th>Submission Deadline</th>
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<tr>
<td>1</td>
<td>Friday 5th February 2016</td>
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<td>2</td>
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<td>8</td>
<td>Friday 30th June 2017</td>
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<tr>
<td></td>
<td><strong>Dissertation</strong></td>
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<tr>
<td></td>
<td><strong>Friday 29th September 2017</strong></td>
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College procedure is that in cases where an essay is submitted late, will receive a mark of zero. We do not accept any excuses for late submission. If for any reason you wish to request an extension for an essay, you should send a detailed email to Miss Carly Line (c.line@imperial.ac.uk), as far in advance of the submission date as possible. Requests for extensions will be discussed at the next Health Policy business meeting and a formal e-mail reply will be sent.

You will receive an indicative grade and feedback. Please note that all marks are provisional until confirmed by the exam board at the end of the course. We will attempt to provide grades and feedback 4 weeks after your submission date. Students not submitting coursework on time will not receive marks in 4 weeks.

Each taught module accounts for 7.5% of the final mark so the eight taught modules combined equal 60% of the final mark. The remaining 40% of your final mark comes from your dissertation.
6. Introductory Day

An introductory day will be held on Friday 23rd October at Imperial College, 170 Queens Gate, South Kensington, London SW7 2AZ.

See: https://workspace.imperial.ac.uk/campusinfo/public/sthencampus.pdf No. 24 on the map in appendix.

The purpose of this day session is to cover some of the necessary administration so that we can get straight into teaching on Monday 23rd November.

**AGENDA**

09:00  Registration/ ID Cards/ Arrival Drinks

09:30  Intro and Q&A with Course Management Team – (Colin Bicknell/Erik Mayer)

10.00 Presentation on UK Health System – Peter Howitt

11:30 **Coffee Break**

11:45 Induction talk on the Graduate School – Sergio Santos (Graduate School)

12:15 Graduate Student Association/Student Union – Jennie Watson

12.30 ICT services & ICT Security- Dipen Mandalia & Matthew Williams

13.00 **LUNCH** (and a chance to get to know fellow course participants)

14.00 Introduction to the Dissertation – Colin Bicknell/Erik Mayer (Course Directors)

14.30 **Coffee Break**

14:45 Ethics talk – Gary Roper (Joint Research Office)

15.45 Health and Safety Talk – Helga Koch (Campus safety manager)

16:00 Library induction talk/ Plagiarism awareness course – Jacqueline Cousins

(Liaison Librarian, Medicine)

16:30 Finish

Please email Carly Line (c.line@imperial.ac.uk) as soon as possible if you cannot attend this introductory day.
7. Module Content

Module 1 – Health Systems and Policy in developed and developing countries

Module Lead: Elias Mossialos

Dates: 23rd November – 27th November 2015

Venue: St Mary’s Campus- see updated timetable on blackboard 2 weeks prior to start date.

Module Aims:

The health system has been defined by the World Health Organization as ‘all the organizations, people and actions whose primary intent is to promote, restore or maintain health’. Health policy comprises actions taken by (or on behalf of) governments that deliberately alter the nature and behaviour of the health system. In order to make evidence-based policy, decision-makers need to know the objectives of their health system, the range of possible policy choices, and how the system will respond to those choices. This module aims to help students understand the building blocks of the health system, such as financing systems, human resources, information policy, service delivery, and leadership and governance. It shows how an understanding of these domains, and their interrelatedness, should inform the design of effective policies, and ensure that resources are used wisely.

By the end of the module, students should be able to:

- Understand and define the main attributes of health systems and health policy
- Conduct health system performance assessment in terms of health outcomes, responsiveness, equity, financial protection, and efficiency
- Understand how evaluation of health policy should be undertaken
- Identify resources that can be used to compare health systems
- Perform international comparison between health systems and health policies
- Understand how governance and political accountability affect the effectiveness of setting and implementing policy.
Sample Reading List:
Reading lists specific to the course will be available 2 weeks prior to the module start date on blackboard along with timetable.

- The report that started much of the debate on health systems was the following: World Health Organization (2000), *World Health Report 2000*, Geneva: WHO. Along with a great deal of supporting documentation, it is available at: http://www.who.int/health-systems-performance/


- The principal source of material on health policy (outside of the US) is the European Observatory on Health Systems and Policy website, at: http://www.euro.who.int/en/home/projects/observatory

  The website offers free access to numerous books, policy briefs, and a series of ‘Health System in Transition’ (HiT) profiles of most European health systems.

Module 2 – Health Economics for Health Policy

Module Leads: Dr Ivo Vlaev & Joachim Marti

Dates: 30th November – 4th December 2015

Venue: St Mary’s Campus- see blackboard for updated timetable 2 weeks prior to start date.

Module Aims:

Economics is the ‘bloodstream’ of the health system and understanding the mechanisms that govern the economic behaviour of health systems and actors is pivotal in developing, implementing and assessing effective health policy. This module aims to introduce the key theories in mainstream economics – macro and microeconomics of health, as well as models and data from behavioural economics which is an emerging academic discipline that makes more realistic assumptions about the psychology of economic agents. Typical topics studied in this part of the course are the impact on choice, decision making under risk and uncertainty, public/patient and provider behaviour, behaviour change and choice architecture.

Learning Outcomes:

By the end of the module, students should be able to:

- Understand the principles of macroeconomics and how they predict and explain the effect of health policy
- Understand the principles of microeconomics and how they apply to health policy
- Grasp the importance of asymmetry of information in health markets
- Understand the limitations of the rational actor model and the role of psychological models in explaining economic behaviour
- Apply behavioural models to issues in patient and doctor behaviour
- Apply practical tips to develop a health behaviour change interventions
- Being able to factor-in behavioural variables into the design of health policy alongside traditional economic variables
- Evaluate a health policy in terms of its effect on subjective well-being
Sample Reading List:
Reading lists specific to the course will be available 2 weeks prior to the module start date on blackboard along with timetable.

Macro & Micro Economics

All books are available at the ICL library apart from - Andrew Gillespie ‘Foundations of Economics’ (2011) Second Edition Oxford University Press – This is the general economics book that I found plain talking with a lot of up to date examples. It is sold as ‘.....the ideal text for students taking their first course in economics. Assuming no prior knowledge, it introduces students to both microeconomic and macroeconomic principles’. ..... Otherwise I suggest you leaf through other general economics books already in the library and scan their sections on Macroeconomics, perfect competition and market failure.

Lecture 1: Introduction to Health Economics: Macro Economics

Articles

Books

Other Online Sources (Audio, Presentation Slides and Graphs)
- Prof Chris Ham Online Presentation The King’s Fund 3 February 2011 ‘A global financial crisis: the impact of healthcare reform on quality and safety across Europe’
- Paul Johnson: Health spending in context http://www.kingsfund.org.uk/multimedia/paul_johnson.html
- Mike Farrar: Meeting the ‘Nicholson Challenge’ http://www.kingsfund.org.uk/media/ekby_Mike_Farrar.mp3
- GAPMinder http://www.gapminder.org/

Lecture 2: Introduction to Health Economics: Micro Economics

Article
The Market for Health Care
Books

The Market for Health Care


Economic Evaluations


Behavioural Economics


Module 3 – Financing Healthcare

Module Lead: Professor Elias Mossialos

Dates: 16th-20th May 2016

Venue: St Mary’s Campus- see blackboard for updated timetable 2 weeks prior to start date

Module Aims:

The funding and payment of healthcare are crucial issues of health policy, but not always well understood by the majority of professionals working in the health sector who lack economics’ background. This module seeks to rectify this by exploring financing as one of the crucial levers of a health system. In particular the module will cover how revenue is raised to fund healthcare and then how that resource is distributed by healthcare purchasers to healthcare providers in an efficient and equitable manner. The course then concludes with a look at financial challenges through the rising costs of drugs and increasing usage of healthcare.

Learning Outcomes

By the end of the module, students should be able to:

- Identify the main functions of financing as a lever within a health system
- Appraise the impact of different financing policies on equity, responsiveness and efficiency.
- Appraise the benefits and disadvantages of different methods of raising revenue for healthcare
- Articulate the impact resource allocation has on a health system.
- Appraise the benefits and disadvantages of different methods of reimbursing providers and the incentives that these create.
- Understand the financial sustainability challenges facing developed healthcare systems and some of the potential policy solutions.
Sample Reading List:
Reading lists specific to the course will be available 2 weeks prior to the module start date on blackboard along with timetable.

Reading list (including speakers):

Pre-course reading


Core reading

Equity and Efficiency


Insurance


Financing

Chapters 1,2,3,5,7 in Funding Health Care: Options for Europe Mossialos E, Dixon A, Figueras J and Kutzin J (Eds.) European Observatory on Health Systems 2003. (Chapter 1 for overview; Chapters 2, 3, 5 &7 for the different financing systems and resource allocation) http://www.euro.who.int/document/e74485.pdf


Hsiao WC. Behind the ideology and theory: What is the empirical evidence for medical savings accounts? *J Health Polit Policy Law* 2001;26:733-45
Provider Payment Systems


http://www.who.int/health_financing/documents/dp_e_02_2-cost_containment.pdf


Cost Sharing


Purchasing


European Observatory on Health Systems and Policies series

Resource allocation and priority setting


Funding Long term care


Funding Pharmaceuticals


Guest speaker reading (draft – other sources may be added)

Andy Street:


Street A, Gutacker N, Bojke C, Devlin N, Daidone S. Variations in outcome and costs among NHS providers for common surgical procedures: econometric analyses of routinely collected data. Health Services Delivery and Research, 2014:2(1)  
http://www.york.ac.uk/media/che/documents/reports/FullReport-hsdr02010.pdf

Andy McKeon:


Rodrigo Moreno-Serra:

Module 4 – Health and Society

Module Leads: Sir Liam Donaldson

Dates: 9th-13th May 2016

Venue: St Mary’s Campus-see blackboard for updated timetable 2 weeks prior to start date

Module Aims:

This module will provide students with a perspective on population health and how it can be influenced and effected by health policy, at both a national and international level. It will consider the challenges and complexities of changing human behaviour in a social, economic and consumer environment in which many forces are at work. The course will also provide insight into global health challenges and how international health agencies and geopolitics affect them.

Learning Outcomes

- Understand the core concepts in public health and the history of the discipline
- Demonstrate the key challenges in improving population health
- Scope the pattern of health inequalities in the United Kingdom and policies to address them
- Demonstrate understanding of health systems, policy and financing in relation to key global health issues
- Through case studies develop a good understanding of major public health controversies and their implications on policy-makers e.g. MMR vaccine
- Describe the main levers for progressing public health policy including legislation
- Be familiar with the uses and abuses of health statistics
Sample Reading List:
Reading lists specific to the course will be available 2 weeks prior to the module start date on blackboard along with timetable.


Module 5 – Innovation in Healthcare

Module Lead: Professor Ara Darzi

Dates: 26th – 30th September 2016

Venue: TBC – see blackboard for updated timetable 2 weeks prior to start date

Module Aims

Health policy makers are often criticised for their inability to stimulate or comprehend innovation. This module attempts to address this gap by considering the principles of innovation in healthcare, how innovation comes about, the role of different sectors and the health policy implications of future innovation. Cancer (the specialist area of expertise of Lord Darzi) is used as a case study to illustrate innovation.

Learning Outcomes

By the end of the module, students should be able to:

- Apply different theoretical models of innovation
- Explain why some innovations succeed and others fail
- Understand the process by which an initial idea translates into a marketable innovation
- Comprehend the business models of the pharmaceutical and medical devices industries, universities and third sectors and their approach to innovation
- Identify ways in which health policy makers can support and foster innovation
- Critically appraise the strengths and weaknesses of new healthcare innovations
- Plan and carry out a detailed essay drawing on their learning from this module

Sample Reading List:
Reading lists specific to the course will be available 2 weeks prior to the module start date on blackboard along with timetable.

Christensen C. et al., *The Innovator’s Prescription*, 2009


Module 6A – Measuring and Improving Performance in Health Systems

Module Lead: Mr Colin Bicknell & Mr Erik Mayer

Dates: 3rd – 7th October 2016

Venue: TBC – see blackboard for updated timetable 2 weeks prior to start date

Module Aims

Although medicine has long been an empirical science, the quantitative measurement of health system performance is a relatively new discipline, particularly amongst policy-makers and practitioners. It is now accepted practice that measurement is required to ascertain the value of health expenditure and to guide improvement efforts. However, experience in the UK demonstrates just how important designing the right metrics can be given their impact on system incentives. This course aims introduce students to the basic concepts of measuring health system performance, the different aspects or domains of performance, and the power of comparison and international benchmarking. Finally, we introduce students to the key ways in which measurement can be deployed to improve performance.

Learning Outcomes

At the end of the course, students should be able to:

- Understand the basic approaches to performance management employed in developed health systems;
- Identify the steps involved in designing an indicator or metric;
- Enumerate the different aspects or domains of health system performance;
- Articulate the benefits of international comparison and the key sources of data for doing so;
- Understand the ways in which metrics have been used to manage and improve performance, and summarise the evidence base for the effectiveness of these different performance management techniques.

Sample Reading List:

Reading lists specific to the course will be available 2 weeks prior to the module start date on blackboard along with timetable.


Martin Gaynor et al., Death by Market Power Reform, Competition and Patient Outcomes in the National Health Service, CMPO, July 2010 (updated August 2011).

Peter C Smith et al (eds), Performance Measurement for Health System Improvement, CUP, 2009.
Module 6B – Communicating Health Policy

Module Lead:  Peter Howitt

Dates:  3rd – 7th October 2016

Venue:  TBC – see blackboard for updated timetable 2 weeks prior to start date

Module Aims

The furore over the Coalition Government’s health reforms shows the importance of effectively communicating health policy. This module focuses on helping the participants develop practical communication tools, whilst also understanding the importance of clinical involvement in communicating health policy. It will consider important channels of communication such as campaigns, speeches, social media and mainstream media.

Learning Outcomes

By the end of the module, students should be able to:

- Understand the contexts and mediums by which health policy is communicated.
- Grasp the importance of clinical involvement in communicating health policy.
- Apply practical tips to develop a coherent health policy campaign
- Produce good written policy communications and speeches.
- Evaluate the potential of new media such as social networks in communicating health policy
- Reflect on the role of the media in shaping health policy as well as being a conduit for its transmission.

Sample Reading List:

Reading lists specific to the course will be available 2 weeks prior to the module start date on blackboard along with timetable.


G Kemp et al., Mass media barriers to social marketing interventions: the example of sun protection in the UK, *Health Promotion International*, Vol. 26 No. 1
Module 7 - Health Service Delivery

Module Lead: Professor Derek Bell / Ms Catherine French

Dates: 17th – 21st April 2017

Venue: TBC – see blackboard for updated timetable 2 weeks prior to start date

Module Aims

This module draws on Imperial’s position as an AHSC to introduce students to the realities of putting health policy into practice in the setting of a tertiary hospital. It considers key issues of provider forms and workforce whilst allowing students time to experience healthcare delivery in Imperial Healthcare NHS Trust.

Learning Outcomes

By the end of the module, students should be able to:

- Articulate the major forms of healthcare provider organisation and their merits and disadvantages.
- Critically evaluate different ways of achieving healthcare integration.
- Understand the perspectives of different healthcare professionals and how to create the right policy incentives.
- Understand importance of the patients safety and quality agenda and link to improvement in healthcare delivery
- Reflect on their personal experiences of seeing healthcare delivery in action.
- Have the necessary tools and techniques to develop policy which can be delivered effectively.
- Produce an essay analyzing the key factors in successful healthcare delivery.

Sample Reading List:

Reading lists specific to the course will be available 2 weeks prior to the module start date on blackboard along with timetable.


Delivering the NHS Plan, at

High quality care for all: NHS Next Stage Review final report:

To Err Is Human, Building a Safer Health System, Linda T. Kohn, Janet M. Corrigan, and Molla S. Donaldson, Editors. Committee on Quality of Health Care in America, INSTITUTE OF MEDICINE, NATIONAL ACADEMY PRESS
Module 8A - Leadership in Healthcare

Module Lead: Colin Bicknell / Chip Souba

Dates: 24th – 28th April 2017

Venue: TBC – see blackboard for updated timetables 2 weeks prior to start date

Module Aims

Leading Reform in Healthcare
The development of effective heath policy through improving efficiency, managing economic resources, maximising quality and innovation is without worth if leadership for reform is not similarly effective. This course is designed to provide students with an understanding of the kind of leadership required to tackle our most vexing challenges in health care. The aim is to understand leadership challenges at a level required to deliver healthcare reform on an Institutional, Regional, National and International stage.

This unique collaboration between Imperial College and Dartmouth, USA will combine:

- The theory and fundamentals of leadership that underpin effective change management.
- Experiential examples (both good and bad) drawn from UK healthcare reform (and wider) giving an important insight into the high level decisions that need to be made and personal challenges.

Dr. Wiley "Chip" Souba, who serves as Dean of the Medical School and Vice-president for Health Affairs at Dartmouth, has taught and written extensively on the topic of leadership over many years. Dr. Souba’s unique and acclaimed course at Dartmouth was developed to provide participants with greater access to being effective as a leader whether they already hold a major leadership position or have had little or no leadership experience.

In contrast with current leadership models, which are based largely on third person concepts and explanations about leadership, we will use an "as lived" perspective that provides access to the experience of leading in the first person. In a recent article (A New Model of Leadership Performance in Health Care. Acad. Med., 2011, 85: 1241-1252), Dr. Souba writes, “Current leadership models are based largely on concepts and explanations, which provide limited access to the being and actions of an effective leader in health care. Rather than teaching leadership from a theoretical vantage point, this course teaches leadership as it is lived and experienced. When one exercises leadership 'as lived,' concurrently informed by theories, one performs at one's best.”

On completion of this course each participant will have experienced whatever personal transformation is required to be more effective in leading and in producing real results, in real time. Thus, the promise of this course is that students will see new actions to take, not seen before, and on taking those actions the ability to exercise leadership effectively in real time, with real results will be dramatically enhanced.
Learning Outcomes

After participating in this course, a learner will be able to:

- Identify a personal leadership challenge, differentiating its content and context as well as the role of language in shaping the challenge;
- Describe one’s limiting ways of being and acting as a leader including their impact on one’s effectiveness as a leader;
- Apply the four pillars of being a leader and the structural framework for exercising effective leadership to one’s day-to-day activities and interactions;
- Articulate the interconnectivity and impact on leadership of neuroscience, philosophy and language; and,
- Use the new Emerging Language of Leadership as one’s natural self-expression regardless of the challenges with which one is confronted.

Sample Reading List:
Reading lists specific to the course will be available 2 weeks prior to the module start date on blackboard along with timetable.
Module 8B – Ageing and Society

Module Lead: Susy Long

Dates: 24th – 28th April 2017

Venue: TBC – see blackboard for updated timetable 2 weeks prior to start date

Module Aims

Many developed economies, and some emerging ones (e.g. China) will see their population age dramatically over the coming decades. This will place important new demand pressures on health systems since older people use more healthcare than do their younger counterparts—in no small part because they are more likely to suffer from multiple chronic diseases. This additional demand pressure, coupled with continued cost inflation and limited public resources, will require several countries to develop new and politically difficult funding arrangements. Ageing societies may also demand entire new ways of delivering care, challenging medicalised models and requiring families and individuals to take much greater responsibility for their care. This course will explore the dilemmas implied by ageing societies, drawing on international comparisons and prompting students to develop thinking about the outlines of potential solutions.

Learning Outcomes

At the end of the course, students should be able to:

- Understand the implications of ageing societies for health systems and economies;
- Characterise the needs of older people and how these are likely to evolve;
- Draw on knowledge of how other countries provide care for the elderly in a collection of developed and emerging countries;
- Comprehend the fiscal burden of ageing, describe alternative funding models and their implications;
- Articulate ideas for reforming current systems for caring for the elderly.

Sample Reading List:

Reading lists specific to the course will be available 2 weeks prior to the module start date on blackboard along with timetable.


Derek Wanless et al., *Securing Good Care For Older People:Taking A Long-Term View*, King’s Fund, 2006, Chapters 2, 5 and 9.

8. **Assessment regulations**

A comprehensive list of assessment and examination regulations is available here: [http://www3.imperial.ac.uk/registry/proceduresandregulations/regulations](http://www3.imperial.ac.uk/registry/proceduresandregulations/regulations)

This section of the handbook summarises the key points.

As part of the requirements, all essays and dissertations may be inspected by the Board of Examiners. We retain copies of work that you submit for this purpose but it is essential that you keep all work that is returned to you until the MSc has been completed should another copy be required.

**Plagiarism**

All Master’s students are required to **self-enrol** onto the Plagiarism course which is available via Blackboard. Instructions on how to enrol onto the course can be found on the Graduate School’s Plagiarism Awareness Online Course webpage. The course will take approximately 1.5 hours to complete but can be saved and returned to at a later date. There is no limit to the amount of times students can take the course – it can be accessed anytime, so there will always be an opportunity to refresh understanding. It is mandatory to take this course.

The course is designed to provide you with guidance and information about proper citation and attribution in writing. After completing the course you should be able to explain what plagiarism is, be familiar with the concept of academic integrity, be able to explain how to avoid plagiarism and learn what the College’s policy concerning plagiarism is.

If at the end of the course, you feel that you might require additional guidance, directions will be given to alternative sources of information and advice.

Plagiarism is a serious offence. The exam board will penalise you for plagiarism, and serious cases will result in an automatic failure of the coursework/project. The exam board reserves the right to take further action as it deems appropriate to protect the good name of the College, and this may involve expulsion of a student from the course or withdrawal of a degree award.

**Mitigating Circumstances:**

If candidates have experienced serious illness or other major problems which they consider to have affected their academic performance, they should provide the Course Directors with details in writing along with relevant documentary evidence. This would normally be before any submission deadline that might be affected.
9. Marking Scheme

MSc in Health Policy marking criteria for essays

<table>
<thead>
<tr>
<th>Marks</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>A*</td>
<td>90 - 100 Marks represent an exceptional distinction performance</td>
</tr>
<tr>
<td>A</td>
<td>70 – 89 Marks represent a distinction performance</td>
</tr>
<tr>
<td>B</td>
<td>60 – 69 Marks represent a merit performance demonstrating a clear grasp of</td>
</tr>
<tr>
<td></td>
<td>relevant concepts and facts</td>
</tr>
<tr>
<td>C</td>
<td>50 – 59 Marks represent a pass performance demonstrating an adequate</td>
</tr>
<tr>
<td></td>
<td>grasp of most of the relevant concepts and facts</td>
</tr>
<tr>
<td>F</td>
<td>40 – 49 Marks represent a fail performance</td>
</tr>
<tr>
<td>F</td>
<td>30 – 39 Marks represent a fail performance (with significant shortcomings)</td>
</tr>
<tr>
<td>F</td>
<td>0 – 29 Marks represent a fail performance (with major shortcomings)</td>
</tr>
</tbody>
</table>

MSc in Health Policy guidance for research dissertations:

70 + A mark of this level corresponds to a distinction. This mark indicates an exceptional dissertation. All the dissertation’s objectives have been met as fully as could reasonably be expected. The participant has shown initiative and been rigorous in the collection and use of data. Relevant literature has been critically evaluated. The standard of the dissertation presentation is very high. A mark of this level should be reserved for dissertations which have something extra and which surprise.

60 - 69 A mark of this level corresponds to a merit. The participant has tackled the problem conscientiously and logically and has produced sound conclusions. Presentation is of a good standard.

50 - 59 The participant’s work is adequate overall. The work would have deserved a higher grade but for areas of significant weakness.

< 50 The participant’s work has failed to reach a satisfactory standard. A mark below 50 should be used to indicate a “fail” in the dissertation.

Faculty of Medicine Dean’s Prizes:
Dean’s Prizes are given to the student on the course who received the highest overall mark and received a Distinction. Winners get £200, a certificate, a note on their transcript, and a special mention in the summer 2016 graduation ceremony including a note in the printed programme.

10. Awarding of the MSc

Participants need to achieve a cumulative total of 50 to pass the MSc. A merit will be awarded for a cumulative total of 60 and a distinction for a cumulative total of 70 or above.
The MSc is split into two elements. Element one is the essays and element two is the dissertation. Marks are converted to a scale in which 50 per cent is the pass mark, 60 per cent is the merit mark and 70 per cent is the distinction mark for each element and the degree overall. One agreed mark will be decided for each element. Candidates must pass both elements of the assessments.

The exam board will examine marks from all components of the two elements and award a grade of Fail, Pass, Merit and Distinction for each candidate.

The Graduation for your year of MSc in Health Policy is expected to take place in May 2017. The ceremony is held at the Royal Albert Hall in South Kensington, London

11. The MSc Management Committee

The MSc management committee meets every Tuesday morning to consider routine management matters. This includes a review of feedback on teaching, organisational matters, student queries etc.

<table>
<thead>
<tr>
<th>Members of the Committee</th>
<th></th>
<th></th>
<th>Department of Surgery &amp; Cancer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professor. Ara Darzi</td>
<td>Paul Hamlyn Chair of Surgery (Chair)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mr Colin Bicknell</td>
<td>Course Director and Clinical Senior Lecturer</td>
<td>Department of Surgery &amp; Cancer</td>
<td></td>
</tr>
<tr>
<td>Mr Erik Mayer</td>
<td>Deputy Course Director and Clinical Senior Lecturer</td>
<td>Department of Surgery &amp; Cancer</td>
<td></td>
</tr>
<tr>
<td>Miss Carly Line</td>
<td>Course Administrator</td>
<td>Department of Surgery &amp; Cancer</td>
<td></td>
</tr>
<tr>
<td>Miss Susan Farrell</td>
<td>PGT Education Manager</td>
<td>Department of Surgery &amp; Cancer</td>
<td></td>
</tr>
</tbody>
</table>

Staff Student Committee

A staff-student committee will be established for this MSc. The committee will meet once in each of teaching blocks 2, 3 and 4 during the first Tuesday lunch-time (a working lunch will be provided). The committee will have the following membership:

- Three student representatives
- Representatives drawn from:
  - Course Director – Colin Bicknell
  - PGT Education Manager – Susan Farrell
  - Deputy Course Director – Erik Mayer
  - Course Administrator – Carly Line
  - Operations Director and Senior Policy Fellow Gianluca Fontana
If you are interested in becoming a student representative, please e-mail Carly Line by Monday 14th December 2015. If we have more than three people wanting to do this role, participants will vote for their representatives.

The committee will deal with the following issues:

- Quality Assurance: teaching, assessment and timetabling
- Curriculum Content and Changes
- Student and Staff Feedback
- Supporting resources: library, data etc
- Pastoral Care and Social / Welfare issues

Minutes will be available to the MSc Quality committees at Imperial College London.

Pastoral Care

Disability Statement

Information for Students with disabilities, specific learning difficulties or long-term health issues

At Imperial College we recognise that studying at university can be a challenge, especially if you have a disability. We are keen that you have every opportunity to fulfil your potential and graduate with the degree you deserve. It is therefore important that you let us know about any disability, specific learning difficulty or health problem as soon as possible so that we can give expert advice and support to enable you to do this.

Some people never think of themselves as having a disability, but students who have experienced any of the issues listed below have found that a little extra help and support has made all the difference to their study experience:

- Specific learning difficulties (such as dyslexia, dyspraxia, AD[H]D)
- Autistic spectrum disorder (such as Asperger’s)
- Deafness or hearing difficulties
- Long term mental health difficulties (such as chronic anxiety, bipolar disorder, depression)
- Medical conditions (such as epilepsy, arthritis, diabetes, Crohn’s disease)
- Physical disabilities or mobility impairments
- Visual difficulties

Where to find help:

1. Your Disability Liaison Officer (Dr Mike McGarvey, m.mcgarvey@imperial.ac.uk, +44(0)20 7594 9035)
Dr Mike McGarvey is your first point of contact within your department and is there to help you with arranging any support within the department that you need. Mike is also the person who will apply for Special Examination arrangements on your behalf. You need to contact him without delay if you think that you may need extra time or other adjustments for your examinations. http://www3.imperial.ac.uk/registry/exams/specialexamarrangements

2. Disability Advisory Service: http://www3.imperial.ac.uk/disabilityadvisoryservice or disabilities@imperial.ac.uk

The Disability Advisory Service works with individual students no matter what their disability to ensure that they have the support they need. We can also help if you think that you may have an unrecognised study problem such as dyslexia. Our service is both confidential (information about you is only passed on to other people in the university with your agreement) and individual in that any support is tailored to what you need.

Some of the sorts of things we can help with are:

- Being an advocate on your behalf with others in the College such as your departmental liaison officer senior tutor or exams officer, the accommodation office or the estates department
- Checking that your evidence of disability is appropriate and up-to-date
- Arranging a diagnostic assessment for specific learning difficulties
- Help with applying to the College for the cost of an assessment
- Help with your application for the Disabled Students Allowance (DSA) see below
- Helping students not eligible for the Disabled Students Allowance in obtaining support from other sources
- Help with arranging extra Library support
- Supporting applications for continuing accommodation for your second or later years

3. Disabled Students Allowance:
http://www3.imperial.ac.uk/disabilityadvisoryservice/supportforstudents/dassupport

Students who are home for fees and who have a disability can apply for a grant called the Disabled Students Allowance which can pay any extra costs that are a direct result of disability. This fund is not means-tested and is also a grant not a loan so any home student with a disability can apply and will not be expected to pay it back. Remember students with unseen disabilities such as mental health difficulties, dyslexic type difficulties or long term health problems are also eligible for this fund.

Pastoral Issues

If you have any issues affecting you and the course then please speak to your personal tutor who will be allocated at the start of the course. Alternatively please contact one of the following:

Mr Colin Bicknell (Course Director) – Principally any issues around assessed work
Mr Erik Mayer (Deputy Course Director) - General Issues
Carly Line (Course Administrator) – Administrative Issues
Other contacts for support and advice include:

Imperial College Welfare Advice Centre
http://www3.imperial.ac.uk/students/welfareandadvice

Imperial College Careers Advisory Service on 020 7594 8024 or careers@imperial.ac.uk

The Students Union Welfare office is paid for by the College to advise students on all matters from loans, legal matters, immigration, council tax, benefit entitlement, employment law, consumer rights and housing rights. He is based at the South Kensington campus on 020 7594 8067 or advice@imperial.ac.uk

The Student Counselling Service at South Kensington (020 7594 9637 or counselling@imperial.ac.uk) makes counselling available to any student registered with the college about any personal issue. The Chaplaincy Centre provides access to a range of Chaplains and faith advisors from different faith backgrounds who provide confidential support on personal and religious issues. Contact details are 020 7594 9600 or chaplaincy@imperial.ac.uk).

12. The Graduate School

All postgraduate students at Imperial, whether following taught or research programmes, belong to the Graduate School. Membership means students become part of a wider community, broadening and enriching their academic and social experience whilst at Imperial.

The Director of the Graduate School is Professor Sue Gibson (from the Department of Chemistry) and the Deputy Directors are Dr Bernadette Byrne (from the Department of Life Sciences) and Professor Anthony Magee (National Heart & Lung Institute).

The role of the Graduate School
The Graduate School was established to be the focus of postgraduate education and research in the College - to ensure quality and to develop and enhance postgraduate training and excellence. The Graduate School's overall aim is to encourage an interdisciplinary approach to training and research, and to facilitate the achievement of excellence.

Although the Graduate School is virtual in the sense that it does not have its own building, it is very real in its activities. These fall into the three keys areas of ‘transferable skills’, ‘academic events’ and ‘quality assurance’.

Transferable Skills
Students on Master’s level programmes are encouraged to develop transferable skills as an important part of their postgraduate education here at Imperial, and most Master’s students will receive transferable skills training as an integral part of their Master’s programme.

To complement this training, the Graduate School offers a programme of ‘MastersClasses’ specifically
developed to meet the needs of Master’s students. The MasterClasses programme is a series of stand-alone 90 minute lectures (including Q&A) in a number of topics designed specifically for MSc students. These are normally held on Wednesday lunchtimes during term-time and are currently scheduled to run on the South Kensington and the Hammersmith Campuses.

Topics confirmed so far include:

- Academic Writing
- Developing your career through Networking
- Informational Posters - Layout & Design
- Interpersonal Skills
- Interview Skills
- Job search with a difference
- Negotiating Skills
- Note Taking and Efficient Reading
- Preparing and writing a literature review
- Research Skills and Reference Manager
- Stress Management

The full programme, together with details of how to book and information on the cancellation policy, can be viewed at [http://www3.imperial.ac.uk/graduateschools](http://www3.imperial.ac.uk/graduateschools) and [http://www3.imperial.ac.uk/graduateschool/currentstudents/professionalskillsmasters/masterclassprogramme](http://www3.imperial.ac.uk/graduateschool/currentstudents/professionalskillsmasters/masterclassprogramme)

**Academic events**

As Master’s level students, one of the key functions of the Graduate School that you will be aware of as a focus for opportunities to meet each other and exchange ideas across disciplines through attendance at guest lectures and other similar academic (combined with social) activities.

Attending the different activities and events will give you the opportunity to meet other postgraduates in your field and from other parts of the College, and have the chance to share knowledge and experience. An important part of these events are the receptions afterwards, which provide an opportunity for students and staff to meet with the speaker(s) and presenter(s) and with each other. This enables you to make rewarding contacts outside of your laboratory or department by bringing you into contact with graduates from different backgrounds to your own.

There are a number of social and academic events throughout the year, including distinguished guest lectures, at which you will be able to hear top national and international speakers.

Regular events include the extremely popular Ig Nobel Awards Tour Show in March and the exhibition chemistry show in May. The Graduate School Research Symposium in July includes the opportunity to view posters presented by research students across the College, a keynote lecture and reception.

In addition to the many events which are now well established in the Graduate School calendar, you are encouraged you to contact the Graduate School with your suggestions for popular speakers, issues for debates and ideas for other interdisciplinary events.
The Graduate School produces a regular e-bulletin to keep you up to date with forthcoming courses and events.

**Quality assurance** – the Graduate School conducts regular reviews to ensure the quality of postgraduate education for both taught course and research students. This is the ‘hidden’, but very important work of the Graduate School.

**Interact with the Graduate School**
Follow us on Twitter – follow [@ImperialGradSch](https://twitter.com/ImperialGradSch) for news, events and highlights
Find us on Facebook at Imperial College Graduate School
By email at [graduate.school@imperial.ac.uk](mailto:graduate.school@imperial.ac.uk)
Visit the Graduate School website: [www.imperial.ac.uk/graduateschool](http://www.imperial.ac.uk/graduateschool)
13. Other useful Information

There is lots of useful information for those studying at Imperial online. Try http://www3.imperial.ac.uk/students/newstudents, although this is geared towards full-time students.

Procedures

• The College’s Regulations for Students:
  http://www3.imperial.ac.uk/registry/proceduresandregulations

• Mitigation / extenuating circumstances policy and procedures:
  http://www3.imperial.ac.uk/registry/proceduresandregulations/policiesandprocedures/examinationassessment

• Complaints and Appeals procedures:
  http://www3.imperial.ac.uk/registry/proceduresandregulations/policiesandprocedures/complaintsappeals

• Academic integrity:
  https://workspace.imperial.ac.uk/registry/Public/Procedures%20and%20Regulations/Policies%20and%20Procedures/Examination%20and%20Assessment%20Academic%20Integrity.pdf

• Cheating offences policy and procedures:
  http://www3.imperial.ac.uk/registry/proceduresandregulations/policiesandprocedures/disciplinary

Our Principles

This is a statement of what students can accept from Imperial and what Imperial expects from its students:
http://www3.imperial.ac.uk/students/ourprinciples

Study Guides

Imperial produces study guides which can be accessed here:
http://www3.imperial.ac.uk/students/studyguide

Email

Imperial College email accounts can also be accessed off-site through the internet at the following address: https://exchange.imperial.ac.uk. You will be shown a logon dialog box. Enter your usual username, click in the password box and enter your password. Now click ‘OK’. If the login details are correct a new web browser window will open and you will be shown your inbox. If you would prefer for e-mails to be sent to your home/work account you should set up an automatic e-mail forward. Details of how to do this are available from ICT. Emails from the Health Policy MSc team will only go to your Imperial College address.
Smart Phone App
Those participants with a smartphone may find the following application useful:
http://www3.imperial.ac.uk/ict/services/personalcomputersupportandmobileservices/imperialmobile

Sports Facilities
Ethos Sports Centre was officially opened by Sir Roger Bannister on 26th April 2006. It is located on the South Kensington Campus on the north side of Prince’s Gardens, and built over 3 storeys. Imperial Students have free use of the pool, sauna, steam room and spa and gym (following an initial £30 one-off fitness orientation fee). For more information see http://www3.imperial.ac.uk/sports/facilities/ethos/newstudents

Blackboard (VLE)
- Link to Blackboard http://learn.imperial.ac.uk
- Find out more - http://www3.imperial.ac.uk/ict/services/teachingandresearchservices/elearning/vle

Campus info – map and campus specific info here http://www3.imperial.ac.uk/campusinfo/
14. Maps

St Mary’s Campus
Places for lunch – if you are looking to buy lunch then there is a Canteen / senior commons room in the Sherfield building or various other outlets off site at South Kensington.
All modules of the MSc in Health Policy are assessed by extended essays. This short guide is intended to help you in the researching, writing and presenting of those essays.

**Researching:**

You should have been given some advice on particular key sources for the essay question from the module lead. You will also have notes and presentations from the module to draw on, with associated background reading.

It is difficult to be prescriptive on exactly how much additional reading to do – this will depend on your available time and interest. It also makes sense to be thinking about the relevance of anything you are reading as part of your day job.

As a very rough guide you will probably be wanting to draw on 10-20 different sources for a 3,000 word essay (this will include articles, books, web pages etc). To identify sources use the techniques learnt at the library skills section, making use of databases such as Pub Med (http://www.ncbi.nlm.nih.gov/pubmed/).

**Writing:**

It is a good practice to construct an essay plan before you start writing, establishing the essay structure, the key arguments and supporting evidence.

Please include a 200 word summary or abstract of your essay at the beginning.

The actual essay should begin with a clear introduction and end with a definite conclusion.

Diagrams, graphs and tables may be included if they are referred to in the text with a narrative explaining what they are and present evidence to bolster your argument.

Sub-headings may be used to help structure the essay.

It is useful to define and explain any key terms towards the beginning of the essay.

Arguments should be supported by evidence, with the source of the evidence appropriately referenced (see below). You should also consider alternative interpretations to your main argument.

A critical analysis of key papers is essential in academic writing. When arguing a particular point and supporting this by evidence you should evaluate the evidence available including strengths and weaknesses.

The word limit is 3,000 words (excluding cover page contents, 200 word abstract, references and any additional bibliography). Essays over the word limit will be penalised one mark for each 1% over the limit. The Appendix is NOT part of the word count.
Presentation:

The essay should have a cover page containing four bits of information: The essay title, your CID number, the module lead for this module and your essay's word count. Please DO NOT put your name on anywhere in your essay as the essays are anonymised.

The essay should be presented in Arial font, size 11 and with double line spacing.

Margins should be set at one inch/2.54 cms all around. Please include page numbers.

Please put your CID number as a header in the top right corner throughout your manuscript.

Direct quotations should be indicated by inverted commas (‘ and ’), with square brackets used if additional words are inserted to ensure a quotation makes sense. Quotations should be within the text, unless they are longer than two lines, in which case they should be indented. All quotations should be referenced with a page number included.

New paragraphs should be preceded by a blank line; there is no need to indent new paragraphs.

References:

Vancouver References should be used consistently. Please do not mix different referencing styles.

Information or quotations from a source should have an appropriate reference. This should take the form of sequential end notes using Arabic numerals (you can use your Word Processing programmes’ automated end note feature).

The format of references for different sources is:


All authors should be listed if there are less than six, otherwise list the first three and then put *et al.*


**References to a chapter in a book** take the form — Author A, Author B. Title of the Chapter. In: Editor A., Editor B, eds. *Title of book*. Place of publication, Year of publication: Page range linked by hyphen.

**References to newspapers and non-journal magazines** take the form—Author A. *Publication Title*, Place of publication, Date, Year

Any sources used for the essay, but not directly referenced, should be included in a section entitled “Additional Bibliography” following the references.

Further Resources:

There is some useful essay guidance on the University of Reading's pages:

http://www.reading.ac.uk/internal/studyadvice/StudyResources/Essays/sta-planningessay.aspx

Marking criteria for the essay are set out on page 32 of the course handbook.
Appendix B - Student Surveys

Your feedback is important to your department, the College and Imperial College Union.

There are various mechanisms for the college to obtain feedback:

- Student Experience Survey (SES)
- Postgraduate Taught Student Experience (PTES)

The Union's Student Experience Survey (SES). Will cover your induction, welfare, pastoral and support services experience. You will receive an email in your Imperial College account with a link to the survey.

The Postgraduate Taught Experience Survey (PTES) is the only national survey of Master’s level (MSc, MRes, MBA and MPH) students we do and so the only way for us to compare how we are doing against the national average and to make changes that will improve our Master’s students’ experience in future. PTES covers topics such as motivations for taking the programme, depth of learning, organisation, dissertation and professional development. You will receive an email in your Imperial College account with a link to the survey.

Module feedback surveys: At the end of every taught module a feedback survey will be sent out using Qualtrics within the Imperial college system. It is very important that we receive feedback about the course so we can improve and make changes if necessary.

All these surveys are anonymous and the more students that take part the more representative the results so please take a few minutes to give your views

As a result of feedback to previous surveys, we have made a number of changes on the running of the MSc in Health Policy Course.

If you would like to know more about any of these surveys or see the results from previous surveys, please visit: [http://www3.imperial.ac.uk/registry/proceduresandregulations/surveys](http://www3.imperial.ac.uk/registry/proceduresandregulations/surveys)

For further information on surveys please contact the Registry’s Surveys Team on surveys.registrysupport@imperial.ac.uk
Appendix C – Dissertation Guidance

Learning outcomes

Planning, conducting and writing a dissertation are significant undertakings and will provide you with research experience. In planning, conducting and writing up your dissertation you should be mindful of the following learning outcomes for this part of the course.

After completing a dissertation the participant should be able to:

- Choose a topic/question for research that is relevant to health policy
- Conduct a literature review that provides synthesised and critical discussion of the key literature in a chosen area
- Outline the key elements in planning a research project
- Select appropriate methods to address the research question distilled from a critical literature review
- Collect and/or analyse evidence to answer a research question
- Structure a dissertation effectively to convey findings
- Make an original contribution to health policy knowledge
- Provide a critical comment on the strengths and weaknesses of their own research work.
- Discuss the findings of their dissertation in the context of current Health Policy.

The research dissertation

The research dissertation is a crucial part to the MSc in Health Policy. It provides an education in research, a chance to make an original contribution to the field of knowledge. In addition it gives training in many research techniques. Integral to the project is the written output.

What is a dissertation?

The important principle of the dissertation is that the project be guided by a critical literature review, a well-defined research question or hypothesis and carefully constructed methods for investigation that address the research question. There are two main types of dissertation; those involving:

- the collection of primary data (using quantitative and/or qualitative methods);
- secondary analysis of existing data;

This is a small-scale project intended for design, execution and write up over 22 calendar months (January 2014-September 2015). In terms of resources you have your own time and any resources your employer is willing to contribute (the input of anybody else to your project, e.g. in terms of collecting data etc, must be clearly acknowledged).
The important principle of any dissertation is that the project be guided by a critical literature review, a well-defined research question or hypothesis and carefully constructed methods for investigation relevant to the research question.

The dissertation provides 40% of marks towards the final MSc grade. A copy of the marking scheme is provided in Appendix 2. The examiners will look principally at:

- the rationale for the project and literature review
- understanding and application of the research methods selected
- the analysis and interpretation of evidence

All dissertations should contain all three of these elements.

**What are the key considerations in choosing a topic (in order of importance)?**

- What areas of health policy interest you?
- What are you currently working on/expect to be working on in the next two years? Thus your supervised research can add business value to your organisation!
- Is there work in train at Imperial of which you can be a part?
- What topic(s) would your employer like you to focus on?
- What areas of health policy are underdeveloped/researched?

**What are acceptable topics?**

As a general rule, you need a question which is neither too broad, nor too narrow. For example, a too broad topic is "An analysis of the potential of MINDSPACE techniques to improve healthcare" while too narrow topic is "An analysis of the importance of norms in encouraging five diabetics in West Hampstead to measure their blood sugar levels".

Here are some sample questions from previous cohorts:

What has been the impact of allowing people to defer paying residential care fees?

What factors led to the change in approach to polio eradication in India and what lessons can be learned for our health initiatives?

Patient choice in low-income groups: Is location the most important factor when choosing hospitals, does it matter, and can it be changed?

Smoking cessation in pregnancy: Using MINDSPACE to explore the most promising policy intervention to change behaviour to reduce smoking prevalence in pregnancy in England

You are strongly encouraged to find a supervisor and a suitable topic as soon as possible.
What is the balance between primary and secondary research?

You will be expected to have a good understanding/critique of what experts have already written in this area. BUT your dissertation should have an element of originality, so it is not enough to simply do a basic review of existing secondary literature; but a systematic literature review is acceptable. Other options are conducting some new research (e.g. interviews, surveys) and/or analysing existing data in a new way (e.g. looking at published information such as Hospital Episodes Statistics).

What are the acceptable methodologies?

These include, but are not limited to:

- Systematic literature reviews and meta-analyses
- Quantitative research: surveys
  - Structured and semi-structured questionnaires and interviews
  - Retrospective (ex post facto), cross-sectional surveys
  - Prospective, longitudinal surveys
  - Cross-sectional and longitudinal cohort studies
- Quantitative research: experiments
  - Before–after study with non-randomised control group
  - After-only study with non-randomised control group
  - Geographical comparisons
  - Within-person, controlled site study
  - Time series studies using different samples (historical controls)
- Qualitative and combined research methods
  - Unstructured and structured observational studies
  - Unstructured interviewing and focus groups
  - Case studies
  - Consensus methods
  - Document research

For more information see the following sources:


What is the hierarchy of methods and evidence?

Not all methods and/or evidence are of course equal, and this should be considered in literature reviews and when comparing results. This should be taken into account during your critical analysis of papers in essays and in the dissertation. Sacket at al. (1996) Evidence based medicine: what it is and what it isn't, BMJ 312: 71-72 suggested the following hierarchy of evidence:
1. Systematic reviews and meta-analyses
2. Randomized Controlled Trials (RCTs)
3. Cohort studies
4. Surveys
5. Case Reports
6. Qualitative Studies
7. Expert Opinion
8. Anecdotal opinion

Ethics

There is no hard and fast guide to whether research needs ethical approval – each research proposal is considered on a case by case basis.

You should discuss with your supervisor the ethical implications of your proposed research project as early as possible. If you decide to collect and analyse primary data it is likely you will need to apply for research ethics approval from either the National Research Ethics Service (NRES)/Integrated Research Application System (IRAS) for research involving NHS patients or premises or from Imperial College REC (ICREC) for non-NHS research. In both cases, please look at http://www3.imperial.ac.uk/researchethicscommittee for more details.

From September 2011 research solely on NHS Staff does not need to go through the NHS ethics committees, but may still need to go through Imperial committees. However, research carried out on NHS premises will still need approval from the NHS Trust or PCT to allow you to carry out a survey etc.

All researchers – participants and professionals – are obliged to consider the ethical implications of their proposed studies. For NHS based research, there is a system of research ethics committees and guidelines on how to apply to such a committee. For non-health-related research, or research conducted outside the NHS, there is currently no absolute or universally agreed system for determining what will be required to obtain approval for a research project; this book provides a good introduction to ethics in social science research:


If your proposed study does fall under the remit of the NHS Research Governance/ Clinical Trials Regulations and you apply for ethics committee approval, you should include a copy of the committee’s letter approving your research as an appendix in your dissertation.

Participants should be aware that obtaining ethical approval could be a lengthy process. If you are required to obtain approval from a research ethics committee, you are advised to apply for ethics approval as early as possible. Ethics committees may reject applications that are incomplete or inadequate in any way. It can take up to 60 working days to gain an approval even for a complete and adequately presented research ethics committee application form. Under no circumstances should research be conducted where ethical approval has been denied.
Participants considering a change in direction for their projects should know that ethical committees must be informed about any change to approved study designs. Any proposed changes will need to be approved before research is conducted. Substantial changes will require a completely new application. Changes to the project design thus involve extra work and will delay the start of projects. It is therefore in participants’ interests to design a sound study that they will be able to carry out without revision.

Checklist for research likely to require ethics approval

- involve patients
- involve people who may be considered vulnerable because they are distinguished from the general population by some status or group membership e.g. drug users
- gather personal details or focus on sensitive issues
- survey or interview patients/ people receiving treatment, advice or social care

Participants should be wary of conducting any research that allows individuals to be identified as there is a strong likelihood this will be rejected by an ethics committee.

Research, audit or service evaluation

Some data collection may count as audit or service evaluation rather research, in which case ethics approval is not needed. The Defining Research guide gives more detail – see the leaflet on the difference between research and other studies from an ethical perspective here: [http://www.nres.nhs.uk/applications/is-your-project-research/](http://www.nres.nhs.uk/applications/is-your-project-research/)

What you should do if you think you require ethics approval:

If you think having read the above and looked at relevant websites that you will need ethical approval then discuss with your supervisor and/or the Course Director (until a tutor is in place)

If they agree that you are likely to need approval, the next step is to discuss with

Becky Ward Imperial College’s Research Facilitator. She can be contacted on +44(0)203 311 0205 by e-mail at becky.ward@imperial.ac.uk.
Support for your project

The dissertation is essentially an independent piece of work that the participant should be proud of. Participants should therefore see themselves as junior researchers gaining experience in a university setting. They will have their own dissertation supervisor and there may be opportunities to discuss and present their own projects in seminars and research team meetings.

Responsibilities

Participant's responsibilities

- Identify a suitable research topic and then, with guidance, home in on a suitable research question.
- If carrying out a project focussed within your own organisation, identify a suitable second project supervisor from within that organisation (thus your research will also contribute to the current objectives of your supervisor/organisation).
- Ensure a reasonable amount of time available in personal schedules to ensure completion of dissertation in accordance with recommended milestones.
- Set goals to guide your project and its write up.
- Monitor your progress and communicate with your supervisor to keep him/her appraised of your progress. Note that it is the student's responsibility to contact and keep in touch with the supervisor (not vice versa)!
- Organise telephone calls and face to face contacts with your supervisor (ensure supervisor's annual leave and time away from the office is accounted for in your study plan).
- Complete and submit the dissertation on time.

Supervisor's responsibilities

- Be available to provide up to 16 contacts (face to face meetings, telephone calls and extensive e-mail discussions/feedback) over the 20 month period.
- Assist the participant in developing a project of suitable size and scope for the dissertation
- Monitor the participant's progress and encourage the participant to discuss any major disruption or delay in achieving their dissertation milestones.
- Provide timely feedback.
- Comment on drafts of important sub-sections of the dissertation and provide constructive feedback on general standard and focus.
- Make arrangements for a deputy supervisor to replace him/her if he/she will be away from college for more than a month at any time.
Guidelines for writing your dissertation

WARNING: This always takes much longer than you think it will, so you should start well in advance of the submission date.

What is expected?
Your MSc dissertation should be a substantial piece of work which will be judged by its contribution to the field, originality and understanding and application of standard techniques to a new set of circumstances. Some of the techniques required for a particular research topic may not have been covered in the lectures and you will be expected to familiarise yourself with new methodologies if needed, and to consolidate knowledge imparted in the course. You should aspire to produce a dissertation of publishable quality.

Note: after submitting the dissertation you are strongly encouraged to prepare a manuscript for publication. You are advised to discuss this with your supervisor and select an appropriate journal.

Submission
The dissertation should be submitted by 2pm (BST) on Friday 29th September 2017

Failure to submit your dissertation on time is an automatic failure of the programme according to College Regulations.

Please submit online via Turnitin for marking.

Structure
The dissertation should be up to 15,000 words (not including references and appendices). It should be broadly divided into the following sections:

Title Page
Acknowledgements
Table of Contents
List of Tables
List of Figures
Abbreviations (if appropriate)
Executive summary/Abstract (no longer than 1 page)
Main text of the dissertation (likely to be divided into chapters)
References
Appendices
The thesis should be typed in 11pt in Arial, with lines double spaced and with suitable margins to permit binding. Each major section should start at the top of a new page. Paragraphs should be made clearly visible by leaving an additional blank line between paragraphs.

The dissertation should be written in your own words. Please refer to College information on plagiarism here:

http://www3.imperial.ac.uk/library/subjectsandsupport/plagiarism/pgtaught

It is important that you give an honest account of your research. Even if things did not go to plan - what have you learnt from doing this?

**Title /cover page**

You should provide a front cover stating:

- The title of your dissertation
- The title of the degree for which the dissertation is being submitted
- Your CID (do not print your name on the dissertation or the name of your supervisor)
- The word-count (this excludes the title page and the list of references/end notes but includes abstract, footnotes, figure captions and tables (if used)).
- The date of submission

**Abbreviations**

You should list on a separate page all the abbreviations that you have used in your thesis. Many of these are standard. You must be consistent. Once you have defined an abbreviation, always use the same abbreviation and do not revert to the original words.

**Abstract / Executive Summary**

This should give a brief summary of the purpose of your study, the techniques that you chose to use, the major findings and a discussion of the technical aspects and academic significance of these results. Abstracts are not longer than a page.

**Main Text of the Dissertation**

The exact format will depend on the nature of the topic chosen. However, the main text should include:

A summary of the existing state of knowledge (including literature review) that provides a background to your research.

Details of your methods for collecting or analyzing evidence – including field techniques, analytical methods applied to data etc. It is fine to use the first person in this methodology section.

Presentation of the results of your research in an appropriate format (e.g. including tables, graphs, maps etc). Details should be presented as Figures (e.g. histograms, scatter-plots...
etc) and Tables. Figures and Tables should each be titled and numbered (e.g. Fig. 1, Fig. 2 etc., Table 1, Table 2, etc.) and should be referred to in the appropriate position in the text. The titles should be informative and self-contained. Only results from the study detailed on the methods should be presented.

A discussion of the main findings from your research, drawing out, in particular, the implications for health policy.

Consideration of any shortcomings in your research and recommendations for future work that could be done to answer the unanswered questions that remain at the end of your work, and the direction in which you think this research might lead.

Referencing

As you write your dissertation you should reference any sources of information, examples and quotes. Referencing style should conform to academic standards and you will need to follow formal conventions. References are not included in the word count.

Appendices

Appendices are not included in the total word count for the dissertation. Appendices cover material that is not your own work, but that you think is useful to include as it is referred to within the main text of your dissertation. Readers will be distracted by unnecessary material so only include those items required to aid the reader’s understanding.

Wordcount

The word-count includes the abstract (and footnotes if they are used). It excludes the cover page, list of contents, list of abbreviations, list of references and the text within appendices and captions of tables and figures and text within tables and figures.

Timetable

It is suggested that you develop a timetable for your dissertation project – an example is presented in Appendix D.

You are also required to complete Progress Report 1 by 30\textsuperscript{th} September 2016 (see Appendix E).

Viva Voce

A Viva Voce (oral) assessment will only be used if there is concern that the dissertation is not the participants own work and/or if the provisional dissertation mark is placing the participant on a borderline (i.e. pass/fail, pass/merit, merit/distinction) in the overall MSc category. These will take place in November 2017.

Marking

Dissertations are marked by a first and second examiner, who provides detailed feedback and comments, as well as an overall mark. If there is a difference in marks, the first and second examiner will together then decide a final mark. The comments and marks are then
reviewed by the course directors and a selection of dissertations will be sent to the external examiner for review, to make sure our marking schemes have been fair. The overall marks are then considered at the external exam board when deciding the final award for the MSc for each student.

Appendix D – Example of Dissertation Timetable

December 2015
Proposed topics/questions

January 2016
Contact supervisor

Jan/Feb 2016
First meeting with supervisor

Feb/March 2016
Initial review of the literature

March/April 2016
Agree dissertation question with supervisor

Summer 2016
Seek ethics approval if required

Autumn 2016- Spring 2017
Collect primary data and/or analyse existing data sources

Summer 2017
Main time for writing dissertation

29th September 2017
Finalise and submit dissertation
Appendix E – Dissertation Progress Report

MSc in Health Policy Dissertation

Progress report 1

This progress report is to be completed by all participants on the MSc in Health Policy. It is designed to provide a check that adequate progress is being made on your research dissertation, due to be completed 29th September 2017. Please fill in the form and then arrange a time to discuss it with your supervisor. You should both agree on the contents and then it should then be returned to Carly Line. Please return it by 30th September 2016.

Name:

Supervisor(s):

Dissertation title:

1. What is your approach? (You should outline what data or evidence you intend to use/collect)
2. Following discussion with your supervisor do you think ethical approval will be needed for your research?

Yes
No
Don’t Know
2a. If Yes, have you taken any further steps to progress ethical approval?

3. Are you encountering any specific problems with the dissertation that are preventing you from progressing as fast as you would like?

4. When do you anticipate having reached these four milestones:

- Literature Review completed –
- Primary Research completed –
- Analysis completed –
- Writing begun –
If there is anything else that you think that we should know at this stage, or if you have any further comments on the answers that you have given above, please write here.

Signed (Participant)..............................................  Signed (Supervisor).................................

Date............................
Appendix F - Descriptions to guide examiners

Distinction 70-100%  Excellent dissertation

90 - 100%  Outstanding cutting edge dissertation that could have been carried out by a leader in the field.

80 - 89 %  Excellent throughout. An impressive study that most Masters’ candidates would not be expected to produce.

70 - 79%  Excellent study on the whole but dissertation falls below a consistent level of excellence in one or two areas.

Pass   50 - 69%  Adequate - good dissertation

60 - 69%  Good grasp of the research issue and process, sound method and appropriate critical interpretation of data but falls short of excellence.

56 - 59%  Satisfactory dissertation. Candidate demonstrates understanding of the research topic and research process but did not carry out the study very well or has difficulty communicating the study well in writing or the study has some weaknesses.

50 - 55%  Adequate dissertation but there are some problems with research topic, method, interpretation and/or communication.

Fail below 50%  Dissertation does not meet the standard for an MSc
<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>40-49%</td>
<td>Dissertation <em>could</em> be satisfactory but the study has been communicated too poorly or candidate shows confused understanding of the research issue or method.</td>
</tr>
<tr>
<td>30%</td>
<td>Too confused, irrelevant, methodologically too poor or too brief.</td>
</tr>
<tr>
<td>20%</td>
<td>Completely disorganised, irrelevant and methodologically unsound or lacks key components of the research process.</td>
</tr>
<tr>
<td>0%</td>
<td>Dissertation does not demonstrate any aspect of a research project.</td>
</tr>
</tbody>
</table>
Appendix G - MSc dissertation marking form:

Student name:

Overall mark (%):

Strengths of write-up:

Weaknesses of write-up:

Particular concerns: