MBChB
Code of Practice for Student Personal Support

2017-18
Preface

This Code of Practice sets out the current procedures for personal support for all students on the MB ChB course at Leicester to the standards defined by the General Medical Council in its document ‘Promoting Excellence 2016’, and the University Code of Practice “Personal Support for Students on Taught Programmes, approved by the Academic Policy Committee in December 2011.

Principles

1.1 Leicester School of Medicine will have in place systems for supporting all students which provide:
   a) Regular personal support
   b) Crisis support
   c) Reflection on each student’s progress and personal development skills

1.2 The responsibility for initiating contact in respect of regular personal support lies with the School of Medicine.

1.3 The responsibility for initiating contact in respect of crisis support or additional requests for guidance lies with the student, but on the understanding that clear arrangements are in place to facilitate that contact.

1.4 Students and staff have equal responsibility for developing and maintaining the relationship.

1.5 Staff providing personal support for students will receive training. This should be through induction for new staff, and appropriate on-going staff development briefings by the medical school in relation to the content of this Code of Practice. The staff development programme will include information regarding other University services, the processes for referral of students for further assistance and how to give effective personal support for students.

2. Operation of the Personal Support System

2.1 In Phase 1, each student must be allocated a personal support tutor at the start of the MB ChB course. The School of Medicine will notify the student of this allocation, and of any subsequent alterations. The School of Medicine will also publish in the departmental handbook the procedures whereby students can request alternative personal tutor support arrangements.

2.2 In Phases 2, 3 and 4 of the MB ChB course, personal support will be provided in clinical block placements by clinical teachers and educational block leads with referral to personal and pastoral support at the School of Medicine Pastoral Support Unit (PSU) if appropriate. Students in Phases 2, 3 and 4 will also be allocated a mentor.

2.3 The allocation of staff to the role of personal support tutor will be undertaken by the distribution of students across some of the department’s academic and teaching staff

2.4 Tutors will have knowledge and understanding of the student’s programme of study. The School of Medicine will ensure that the number of tutees allocated to tutors is at an appropriate level to ensure that they can have meaningful contact with each of their personal tutees.

2.5 Students will be allocated a personal support tutor within the first week of the MB ChB course.

2.6 It is a tutor’s responsibility to:

   a) establish initial contact with tutees through a face-to-face group meeting at the beginning of the MB ChB course, within two weeks; this is regarded as the single most important element in establishing the basis of a sound tutor: tutee relationship

   b) arrange an individual one-to-one meeting with tutees each semester in Phase 1

   c) issue invitations, for example, by e-mail or via Blackboard to attend such meetings or interactions, with a reminder that tutors are in a position to advise and guide at all times, not just when difficulties occur
d) wherever circumstances allow and within office hours, respond positively to requests from tutees for assistance in understanding departmental or University procedures, and engage in personal advocacy to support students

e) refer students to the School of Medicine’s Pastoral Support Unit and/or University’s central support systems as necessary

f) undertake such other duties relating to student support as may be determined by the Head of Department

g) keep a record of each meeting or significant contact with tutees

2.7 **It is a student’s responsibility to:**

a) Respond to contact from their tutor (contact here includes invitations to face-to-face meetings, telephone conversations and e-mail)

b) take the initiative in instigating meetings or contact if the need arises, seeking timely advice from their tutor, when faced with academic, course assessment, personal or other issues that require support

2.8 **It is the School of Medicine’s responsibility to:**

a) draw the attention of staff and students to this Code of Practice annually and circulate any additional departmental guidelines and handbooks

b) ensure that relevant information concerning tutees is passed on to tutors in a timely manner

c) have an agreed and published arrangement for dealing with students requiring immediate advice or assistance; this means that when a tutor is not available, there should be a clear alternative contact. Such arrangements for crisis support will be clearly publicised to students, academic and administrative staff

d) ensure that if a personal support tutor becomes unavailable for any reason for a significant period of time, that a new tutor is allocated and that this is advised to the student

3. **Monitoring**

3.1 The operation of the personal tutor system should be a regular agenda item for student/staff committees and programme executive meetings. In order to monitor the functioning of the system, the School of Medicine may develop additional methods of surveying student satisfaction with their personal support tutors.

3.2 The School of Medicine will report annually on the operation of the Personal Support system to the College Academic Committee as part of the Annual Development Review of their programmes. This will include:

a) the maximum number of personal tutees allocated to any one tutor

b) any training or induction activities offered to tutors

c) how the School of Medicine has monitored personal support for students

3.3 The College Academic Committee will include information on Personal Support for Students in the College reports on Annual Developmental Review to the Academic Policy Committee so that good practice and any issues can be disseminated across the University.

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