The Medical School regulations are governed by the University’s Regulations Regarding Student Discipline. The University’s definitions of misconduct and general expectations of students in relation to their Personal Conduct, their Academic Honesty and Academic Obligations, and their Professional Conduct are defined at:

http://www2.le.ac.uk/offices/sas2/regulations/documents/2012-13/Senatereg11-discipline.pdf

This document highlights for Medical Students the sections of the University’s regulations to which they should pay particular attention because of their relevance to the GMC’s Fitness to Practise procedures.

General definitions and scope of student misconduct in the University regulations
11.2 Students are expected to show consideration for the feelings and sensibilities of others, to play their part in maintaining a harmonious atmosphere among fellow students and staff and to conduct themselves with propriety at all times when they can be identified as a representative of the University. This includes behaviour both in and around University buildings, in public places and in the use of on-line services.

11.3 The essence of misconduct under these regulations is improper interference, in the broadest sense, with the proper functioning or activities of the institution, or those who work or study in the institution, or action which otherwise damages the institution.

11.4 The following shall constitute misconduct and render a student liable to disciplinary action:

a. disruption of, or improper interference with, the academic, administrative, sporting, social or other activities of the University, whether on University premises or elsewhere;
b. obstruction of, or improper interference with, the functions, duties or activities of any student, member of staff of the University or visitor to the University;
c. violent, indecent, disorderly, threatening or offensive behaviour or language whilst on University premises or engaged in any University activity, or gross or repeated insolence towards any member of the University’s staff;
d. fraud, deceit, deception or dishonesty in relation to the University or its staff or in connection with holding any office in the University or in relation to being a student of the University;
e. action likely to cause injury or impair safety on University premises;
f. sexual, racial or religious harassment of any student, member of staff of the University, or visitor to the University;
i. falsification, misappropriation or misuse of University documents or records or other data, held in any format;
k. where a student is enrolled on a course leading directly to a professional qualification or to the right to practise a particular profession or calling, any conduct which renders that student a person not fit to be admitted to and practise that profession or calling (this clause is applicable to the MBChB degrees);

n. failure to disclose name and other relevant details to an officer or employee of the University in circumstances when it is reasonable to require that such information be given, or failure to comply with a reasonable request made by any member of the University's staff who is authorised to make such a request, or refusal to leave any University building or the grounds of any University building when requested to do so by a member of the academic staff or of the senior administrative staff, or by any employee of the University who has responsibility for the security of the building or property;

Medical Students should note that The Head of Department may refer allegations of misconduct to the University’s Authorised Officers.

Definitions

Definitions of plagiarism, cheating, academic dishonesty, neglect of academic obligations and neglect of apprenticeship obligations

Any action knowingly taken by a student which involves misrepresentation of the truth may be considered academic dishonesty and as such is an offence which the University believes should merit the application of very severe penalties. Offences in this category include, but are not confined to:

a. cheating in written examinations
b. copying work from or using work written by another person
c. soliciting or commissioning work
d. making work available to another person for copying
e. copying from published authorities, including on-line sources, without acknowledgement
f. pretending ownership of another’s ideas
g. falsifying results

Cheating involves actual, or attempted deception and/or dishonest action in relation to any academic work of the University. Taking unauthorised material into an examination (including revision notes or unauthorised equipment) shall be regarded as attempted deception. Talking to another candidate during an examination will also be considered unauthorised behaviour.

Plagiarism is used as a general term to describe taking and using another’s thoughts and writings as one’s own. Plagiarism can occur not only in essays and dissertations, but also in scientific experimentation, diagrams, maps, fieldwork, computer programmes, and all other
forms of study where students are expected to work independently and produce original material.

**Collusion** is the active cooperation of two or more students to deceive as defined in the University Regulations. A student is guilty of collusion who knowingly allows any of his or her academic work to be acquired by another person for presentation as if it were that person’s own work. A student who offers to provide work to another to be passed off as the others’ own is guilty of collusion.

**Neglect of academic obligations** is a form of misconduct relevant to students following a taught programme of study. The nature of students’ academic obligations (for example, attendance at lectures and classes, performance of practical and written work) will be defined by the relevant Department. If students are in doubt about their obligations, they should without delay consult their Personal Tutor, Programme Director or Head of Department. In the case of Medical Students Neglect of Academic Obligations includes Neglect of Apprenticeship and Neglect of Professionalism Obligations.

**Neglect of Apprenticeship Obligations** is a form of neglect of academic obligations that specifically applies to Medical Students and results from repeated failures to attend teaching without prior agreement of the Phase 1 or Phase 2 Lead. Failure to attend teaching is in itself a neglect of Academic Obligations. Students who fail to attend teaching will be formally warned by the Medical School that they have neglected their Academic Obligations. Student that receives three formal warnings that they have neglected their Academic Obligations will be told at their third warning that a further unauthorised absence will lead to a Neglect of Apprenticeship Obligations. Students who have neglected their Apprenticeship Obligations will not be able to sit their next scheduled summative examination – this means that student will have to take the next Resit examination.

**Neglect of Professionalism Obligations** is a form of neglect of academic regulations that specifically applies to Medical Students (see Leicester Medical School Professionalism and Professionalism Concerns Group document). A medical student whose unprofessional behaviour has been a cause of serious concern may be deemed by the Professionalism Concerns Group (PCG) to have neglected their Professionalism Obligations. Students who are deemed to have neglected their Professionalism Obligations would normally, but not always, be on a Red category of alert (see below). Students referred to the Fitness to Practise Committee would normally be deemed to have neglected their Professionalism Obligations. A student who has neglected his/her Professionalism Obligations will be reported to the next Board of Examiners which will receive a report from the Chair of the PCG. The Board of Examiners may recommend a repeat of the year. Students may repeat a year as a consequence of Neglect of Professionalism Obligations on a single occasion only during their 4 or 5-year Programme.
Medical School Policies

Cheating
A student who cheats in examinations/assessments will be referred to the Head of Department who will then provide a written report to the University’s Authorised Academic Officer. The Authorised Academic officer will follow the University processes (Senate Regulation 11, paragraphs 11.78 to 11.95). Once the Authorised Academic Officer has concluded the investigation and if there is a case to answer, the Head of Department will refer the student to the Professionalism Concerns Group. The Professionalism Concerns group will only consider the case when the Authorised Academic Officer has finished the investigation and imposed a penalty. It is highly likely that a student who cheats in examinations/assessments will exceed the threshold for referral to a Fitness to Practise panel.

Plagiarism/collusion
Plagiarism and/or collusion will be dealt with exactly as defined in paragraphs 11.62 to 11.77 of the University Regulations. The Medical School’s Plagiarism/Collusion officer is Dr Diane Hudman. Students found guilty of Category 2, 3 or 4 plagiarism will be referred to the Professionalism Concerns Group. A student who is found guilty of Category 3 or 4 plagiarism is highly likely to exceed the threshold for referral to a Fitness to Practise panel.

Neglect of Academic Obligations
The following are considered a Neglect of Academic Obligations:

1. Failure of attendance during the Medical course.
Medical students are expected to attend all components of the course throughout the course. This requirement is a cornerstone of the Medical School’s Patient Safety Policy. Students who wish to be absent from a teaching episode should apply in writing to the Phase 1 or Phase 2 Lead. The application must give clear reasons for the propose absence and the student should provide documentary evidence/support for their proposed absence. Students should be aware that previous absences will reduce the possibility that further absences will be authorised. The University Regulations state that Departments are empowered to authorise short absences for personal reasons, but requests for absences of more than one week (5 teaching days) must be explicitly approved by the University, and will only be granted with the agreement of the Medical School and if the student concerned takes full responsibility for the completion of academic work. This procedure applies if the absence is for religious
Students who do not attend prescribed teaching without the prior agreement of the Phase 1 or Phase 2 Lead or the University (if greater than 5 teaching days) will be deemed to have neglected their Academic Obligations. Students who fail to attend teaching will be formally warned by the Phase 1 or Phase 2 Lead that they have neglected their Academic Obligations. A student who receives three formal warnings that they have neglected their Academic Obligations will be told at their third warning that a further unauthorised absence will lead to a failure of Apprenticeship Obligations. Students who have failed their Apprenticeship Obligations will not be able to sit their next scheduled summative examination – this means that student will have to take the next Resit examination.

How much of the Medical Course can a student miss before he/she has to apply to suspend their studies?

Phase 1
Because of the apprenticeship nature of Undergraduate Medical training, the longest time in total per academic year that a student may be absent from Year One and Year Two is two weeks and the first half of Year Three prior to the Primary Professional Exam is one week. This regulation will apply regardless of the reason for the absence. Students who exceed this threshold cannot continue on the course but can apply for Suspension of Studies. This Process is defined in the Medical School document entitled ‘Suspension of Studies’.

Phase 2
The longest time that a student may be absent from the Junior Clinical Rotations is three weeks in total and the longest time that a student may be absent from the Senior Clinical Rotation is three weeks in total. The reason that the chosen maximum time is 3 weeks is that the maximum leeway in the programme for a student to ‘recover’ lost clinical apprenticeship is 3 weeks. In the case of a student in the Junior Clinical Rotation the student will not be able to sit the IPE exam but can instead gain the three weeks missed apprenticeship experience during the gap between the IPE and IPE Resit Exam and then sit the IPE Resit Exam. In the case of a student in the Senior Clinical Rotation, the student will not be able to sit the Final Professional Exam but can instead ‘recover’ lost clinical apprenticeship in the 3 weeks at the end of the Senior Clinical Rotation. Such a student will take the Final Resit Exam and will have reduced time for their Student Elective. Students who exceed the three week threshold cannot continue on the course but can apply for Suspension of Studies. This Process is defined in the Medical School document entitled ‘Suspension of Studies’.

2. Late submission of course work

The guidance is an excerpt from Senate Regulation 7: Regulations governing the assessment of taught programmes (http://www2.le.ac.uk/offices/sas2/regulations/documents/2012-13/senatereg7-assessment.pdf), as applied to the coursework components of the MBChB.

The University regulations state that when a student misses, or expects to miss, a published deadline for a piece of coursework or other assessed work, there is no provision for extensions to the deadline to be granted.

Where a student experiences a sudden illness or other serious and unforeseen event or set of circumstances, s/he should be advised to submit the course work as soon as possible and that the regulations concerning mitigating circumstances (as set out from paragraph 7.99, as applied by the Medical School) will be applied to ensure that there is no penalty for the late submission. Such mitigating circumstances will be considered at the next scheduled meeting of the Mitigating Circumstances Panel.

All written assessed coursework submitted in respect of a Student Selected Component (SSC), including the People and Disease Course, and the Patient Centred Clinical Practice Course will be subject to screening by the plagiarism detection system used by the University of Leicester (Turnitin). The date and time of electronic submission to Turnitin will be deemed to be the time and date of submission with respect to the deadline for receipt of that piece of work.

In cases where there are no accepted mitigating circumstances, late submission of coursework shall lead automatically to the imposition of a penalty. Penalties shall be applied as soon as the deadline is reached. The University’s penalty scheme is as follows:

• a deduction of 10% of the maximum mark available from the actual mark achieved by the student shall be imposed upon expiry of the deadline;
• a further deduction of 5% of the maximum mark available from the actual mark achieved by the student shall then be imposed on each of the next subsequent working days, until the pass mark for the assessment is reached;
• where a piece of work would have received a pass mark if penalties had not been applied for late submission credit will be assigned and resubmission will not be permitted, and the mark that is used is the lower mark;
• any piece of work submitted 11 or more days after the expiry of the deadline will not be marked but will be assigned a mark of zero and deemed to be a non-submission;
• ‘available marks’ in this context means the maximum marks available for the piece of work (for example, 100 would be the available mark in a percentage marking scheme);
‘working day’ in this context means a period of twenty four hours or part thereof from Monday to Friday inclusive.

**Neglect of Apprenticeship Obligations**

Students who have neglected their Apprenticeship Obligations will not be able to sit their next scheduled summative examination – this means that student will have to take the next Resit examination.

**Neglect of Professionalism Obligations**

The Leicester Medical School policies on Neglect of Professionalism are detailed in the document entitled *Leicester Medical School: Professionalism and Professionalism Concerns Group*. Students should note that a student who has neglected his/her Professionalism Obligations will be reported to the next Board of Examiners who will receive a report from the Chair of the PCG. The Board of Examiners may recommend a repeat of the year due to a failure to achieve the required academic standards. Students may repeat a year as a consequence of Neglect of Professionalism Obligations (a form of academic failure) on a single occasion only during the 4 or 5-year MBChB Programme.
BOARD OF EXAMINERS AND PANEL OF EXAMINERS

The information contained in this document is based on the University Regulations for Taught Programmes [http://www2.le.ac.uk/offices/sas2/regulations/general-regulations-for-taught-programmes](http://www2.le.ac.uk/offices/sas2/regulations/general-regulations-for-taught-programmes). Some points have been clarified with regard to the MBChB programme.

Decisions on outcomes of summative assessments and progression on the programme are made by the Panel of Examiners and the Board of Examiners respectively. The document below outlines the working of these groups.

BOARD OF EXAMINERS

A Board of Examiners shall be convened for the MBChB programme, to consider the performance of students which contributes to an award of the University.

A Board of Examiners shall also consider the progression of students from one stage of a programme to the next.

The function of a Board of Examiners is to:

- confirm the recommended examination outcomes received from one or more Panels of Examiners.
- consider the academic performance of individual students as it relates to progression or award decisions.
- agree progression, and awards.

A Board of Examiners shall consist of:

- Chair of the Board of Examiners. This will normally be the Head of Department. The Head of Department may nominate a member of staff of the department to act as Chair for a meeting of the Board of Examiners.
- two members of each Panel of Examiners contributing assessment outcomes to the Board, one of whom will normally be the Chair of the Panel of Examiners.
- such other members of the academic staff, including Unit leads or clinical Block leads, as are necessary to make informed progression decisions.
- external examiners for each of the assessments included in the remit of the Board.

The members of a Board of Examiners shall be agreed annually.
Attendance at a meeting of a Board of Examiners should consist of at least 75% of the membership.

Where an individual external examiner is unable to attend a meeting of the Board of Examiners, s/he shall normally be required to submit written comments on the outcomes of modules, and the performance of candidates so that these views may be taken into account during the meeting.

At least one external examiner, from a team of examiners, shall be present at a meeting of a Board of Examiners, where awards are being made to students. On occasions when the Board of Examiners is expecting to consider progression decisions only, external examiners are not required to attend.

A representative of the Academic Registrar, normally a senior member of the administrative staff of the University, shall attend each meeting of a Board of Examiners where awards to students are under consideration to ensure that the proceedings of the Board are carried out in accordance with the regulations. In this circumstance, the business of the Board may not be transacted in the absence of the Academic Registrar’s Representative.

**PANEL OF EXAMINERS**

The function of a Panel of Examiners is to:

- consider patterns of student achievement for a cluster of cognate Units or Blocks of teaching and assessment, confirming the standards of achievement in the Units/Blocks, and that marking standards are sufficiently reliable to ensure that outcomes appropriately reflect student achievement against the written criteria.
- Consider those students who have neglected their Academic Obligations including those who have neglected their Professionalism Obligations
- recommend assessment outcomes to the Board of Examiners.
- agree the release of provisional assessment outcomes to students.
- consider patterns of student achievement for individual clinical rotations (i.e. junior rotation or senior rotation) via the Intermediate Professional Examination and the Final Professional Examination, confirming the standards of achievement in the rotation, and that marking standards are sufficiently reliable to ensure that outcomes appropriately reflect student achievement against the written criteria.
- recommend rotation and assessment outcomes to the Board of Examiners.
- agree the release of provisional rotation and assessment outcomes to students.

A Panel of Examiners shall consist of:

- Chair of the Panel of Examiners. This will normally be the Assessment Lead. The Head of Department may nominate a member of staff of the department to act as Chair for a meeting of the Panel of Examiners.
• Such other members of the academic staff, including Unit leads or clinical Block leads, as are necessary to make informed progression decisions;

CONDUCT OF BUSINESS

There shall be a standard formal agenda for meetings of Panels and Boards of Examiners. The business of Panels and Boards remains confidential to the membership.

Panels and Boards shall make decisions on the basis of evidence of student achievement.

Each Panel and each Board will be provided with a standard data set drawn from the SITS record. The data will include the outcomes of each unit of assessment being considered by the Panel; and the profile of each student for whom a progression or award decision is to be made by the Board.

Semester and component marks presented to a Panel or Board of Examiners will have been carefully considered by the markers who will have made informed academic judgments such that the overall outcomes fairly reflect the levels of attainment of the students. This should be done by carefully assessing the students’ work against written criteria.

Scaling, or norm referencing, of assessment outcomes may take place only in exceptional circumstances or where this has previously been agreed by a Programme Approval Panel for the purposes of professional accreditation. Scaling should not be used, for example to adjust for variations in student achievement across semesters or academic years. Any scaling shall be justified to the Panel of the Examiners and subsequently to the Board of Examiners.

Once component marks have been confirmed by a Panel of Examiners they may not be adjusted for individual students

Boards of Examiners shall not adjust component marks to elevate candidates across a classification boundary.

All members of the Board are equal; no particular weight shall be given to the views of the external examiner(s). An external examiner has no veto in relation to decisions in relation to individual students. If a vote in any particular case is necessary, the Chair shall have the casting vote.

A Panel or a Board may defer a decision in relation to an individual student if insufficient information about the performance of the student is available.

All recommendations for an award shall be recorded by the Academic Registrar’s Representative; this shall constitute the definitive record against which results are entered into the SITS student record and notified to students, and shall be held by the Registry, according to the University’s retention schedule.

The Academic Registrar’s Representative shall ensure that the lists of recommended awards is signed by the Chair and those external examiners present at the meeting.
The department shall provide a secretary to the Board, who shall take notes which shall include an account of any discussion in relation to difficult cases.

The Chair of a Board may make decisions on behalf of the Board, where a decision in relation to an individual student has been deferred. This will include making recommendations for intermediate awards, where appropriate.

The Board may make recommendations for the award of prizes to students.

MITIGATING CIRCUMSTANCES

Panels and Boards of Examiners will accept the recommendations of Mitigating Circumstances Panels but will not be expected to receive evidence. Boards of Examiners will determine the outcome of an assessment for an individual student in the light of the Mitigating Circumstances Panel’s recommendation.

The examination marks and progress decisions released following the meeting of the Board of Examiners should clearly identify results where mitigation has been considered and applied.

PROGRESSION DECISIONS

A student’s progress will be reviewed at each progression point to determine whether s/he has met the requirements to progress to the next stage of the programme. In each case, where a student has failed to meet the requirements to progress it will be determined whether the Board of Examiners makes a recommendation that s/he be withdrawn from the programme. The Board of Examiners shall consider whether any intermediate award may be made based on the student’s academic achievement.
EXTERNAL EXAMINERS

The information contained in this document is based on the University Regulations for Taught Programmes [http://www2.le.ac.uk/offices/sas2/regulations/general-regulations-for-taught-programmes](http://www2.le.ac.uk/offices/sas2/regulations/general-regulations-for-taught-programmes). Some points have been clarified with regard to the MBChB programme.

External examining

External examiners are appointed to provide impartial and independent advice and informed comment on the University’s standards and student achievement in relation to those standards. There shall be at least one external examiner for each award-bearing programme, including for the award of credit. The number of external examiners for any particular programme shall be sufficient to cover the full range and complexity of the syllabus and the size of the student cohort. The MBChB programme will have a minimum of four external examiners.

Criteria for appointment

The University will apply the national criteria for the appointment of external examiners as set out in the relevant section of the QAA Quality Code; these are reproduced below in paragraphs 23-28.

Nominations for external examiners will demonstrate appropriate evidence of the following:

- Knowledge and understanding of UK sector agreed reference points for the maintenance of academic standards and assurance and enhancement of quality.
- Competence and experience in the fields covered by the programme of study, or parts thereof; relevant academic and/or professional qualifications to at least the level of the qualification being externally examined, and/or extensive practitioner experience where appropriate.
- Competence and experience relating to designing and operating a variety of assessment tasks appropriate to the subject and operating assessment procedures.
- Sufficient standing, credibility and breadth of experience within the discipline to be able to command the respect of academic peers and, where appropriate, professional peers; familiarity with the standard to be expected of students to achieve the award that is to be assessed.
- Fluency in English, and where programmes are delivered and assessed in languages other than English, fluency in the relevant language(s) (unless other secure arrangements are in place).
place to ensure that external examiners are provided with the information to make their judgements); meeting applicable criteria set by professional, statutory or regulatory bodies.

- awareness of current developments in the design and delivery of relevant curricula.
- competence and experience relating to the enhancement of the student learning experience.

Individuals in the following categories or circumstances will not be appointed as external examiners:

- a member of the University’s Council or of the governing body of a partner institution, or a current employee of the University or one of its collaborative partners;
- anyone with a close professional, contractual or personal relationship with a member of staff or student involved with the programme of study;
- anyone required to assess colleagues who are recruited as students to the programme of study; anyone who is, or knows they will be, in a position to influence significantly the future of students on the programme of study;
- anyone significantly involved in recent or current substantive collaborative research activities with a member of staff closely involved in the delivery, management or assessment of the programme(s) or modules in question;
- former staff or students of the institution unless a period of five years has elapsed and all students taught by or with the external examiner have completed their programme(s);
- a reciprocal arrangement involving cognate programmes at another institution;
- the succession of an external examiner by a colleague from the examiner’s home department and institution;
- the appointment of more than one external examiner from the same department of the same institution.

The duration of an external examiner’s appointment will normally be for four years, with an exceptional extension of one year to ensure continuity.

An external examiner may be reappointed in exceptional circumstances but only after a period of five years or more has elapsed since the end of their last appointment.

External examiners normally hold no more than two external examiner appointments for taught programmes/modules at any point in time.

Retired staff can be considered if they provide sufficient evidence of continuing involvement in the academic area in question, and with current developments in higher education teaching, learning and assessment.

Appointment and briefing

External examiners shall be appointed by Senate following nomination by the Head of Department and a process of detailed scrutiny.

Each external examiner shall receive a letter of appointment setting out the period of appointment and the specific programmes/modules/awards for which s/he is responsible.

Briefing material in the following areas will be provided:

- relevant institutional and programme regulations;
- the University’s external examining and assessment regulations;
• school/department information such as student programme handbooks, examination papers, marking and classification criteria;
• a copy of the previous year’s external examiner’s report and the departmental response.

7.32 Additional briefing material will be provided to external examiners when changes to the University’s regulations are approved by Senate.

The division of labour between departments and the Quality Office in providing briefing material to external examiners shall be clearly set out.
An external examiner may resign at any time.
An external examiner may be removed from office should s/he fail to meet the requirements of the role.
The name, position and institution of external examiners shall be provided in programme information to students.

**Role and responsibilities**
The University expects its external examiners to provide informative comment and recommendations upon whether or not:
• the University is maintaining the threshold academic standards for its awards in accordance with the framework for higher education qualifications and relevant subject benchmark statements;
• the assessment process measures student achievement rigorously and fairly against intended outcomes of the programme(s) and is conducted in line with the University’s policies and regulations;
• the academic standards and the achievement of students are comparable with those in other higher education institutions of which the external examiners have experience.

7.38 An external examiner will also be asked to identify areas of good practice or opportunities to enhance the quality of the learning opportunities provided to students.

An external examiner will report on standards at both the module and award level.
External examiners shall be provided with sufficient evidence of intended assessment patterns and instruments to agree the appropriateness of the assessment strategy for the module.
External examiners shall consider samples of students’ assessed work, together with the marks agreed by the internal markers.
An external examiner shall receive sufficient material to form a view as to whether the internal marking has properly assessed student performance against appropriate standards. Samples of work made available to the external examiner for a module should be sufficient to provide confidence in the standard of marking and the achievement of students, and should normally be 10% of the pieces of assessment and provide samples across the range of student achievement.
External examiners should be consulted about access to non-written assessment and attendance at any live assessment events.
An external examiner may be required to access student performance during assessed school experience, clinical or other work-placement, irrespective of location.
An external examiner shall be an equal member of a Board of Examiners and shall participate in the transaction of the Board’s business.
The role of an external examiner is set out in paragraphs 37 and 38 above. They are, however, not involved in the assessment or examination of the work of individual students and are not therefore the final arbiter for the award of marks/grades either within a module or for the final award. External examiners are invited to comment of the standard of marking against the written criteria but may not seek, or be invited, to raise or lower the marks assigned to individual students. They may, however, ask for marks to be revisited by the internal markers against the written criteria across a full cohort if they consider that there is sufficient evidence to support under- or over-marking, or if they have concerns about the robustness of marking.

An external examiner shall endorse, or not, the decisions of the Board of Examiners to indicate that s/he is satisfied with the conduct of the assessment process, rather than to signal agreement with every individual assessment decision.

**Reporting and payment**

Each external examiner shall provide an annual formal written report to the Vice-Chancellor at the end of each assessment cycle.

The format and content of external examiners’ reports shall be determined by the University to ensure that reports are consistent with the core responsibilities of the external examiner.

Reports shall:

- confirm whether the University is maintaining the threshold academic standards for its awards in accordance with the framework for higher education qualifications and relevant subject benchmark statements;
- confirm whether the assessment process measures student achievement rigorously and fairly against intended outcomes of the programme(s) and is conducted in line with the University’s policies and regulations;
- confirm whether the academic standards and the achievement of students are comparable with those in other higher education institutions of which the external examiners have experience;
- confirm whether sufficient evidence was received to enable the role to be fulfilled;
- state whether issues raised in previous reports have been appropriately addressed;
- address any issues specifically required by any relevant professional body;
- provide an overview at the end of the term of office. 7.52 External examiners’ reports shall be made available in full to students, with the sole exception of any confidential report made directly to the Vice-Chancellor.

A school/department shall provide a detailed written response to each external examiner’s report and make full use of the reports during annual monitoring activities.

Senate will receive from the Academic Policy Committee an annual digest of the comments made by external examiners for all taught programmes and will identify any areas for further action.

The University has the right to reject the view of an external examiner, but should only do so after careful consideration of the issues raised.

An external examiner has the right to raise matters of serious concern with the Vice-Chancellor in a confidential report.

Where an external examiner has a serious concern relating to the academic standards of a programme and has exhausted all published applicable internal procedures, including the...
submission of a confidential report to the Vice-Chancellor, s/he may invoke the QAA’s Concerns Scheme.
Senate shall periodically agree a schedule of fees for external examiner responsibilities and this shall be applicable to all external examiners.
The annual fee will be paid on receipt of the written report from an external examiner.
The University shall reimburse the expenses incurred by an external examiner during the course of their duties.
UNIVERSITY OF LEICESTER

COLLEGE OF MEDICINE, BIOLOGICAL SCIENCES AND PSYCHOLOGY

FITNESS TO PRACTISE REGULATIONS

Introduction

1. These regulations set out the policies and procedures to be followed by the College’s Fitness to Practise Committee and others involved in fitness to practise issues. They reflect the fitness to practise guidelines of the relevant professional bodies.

2. These regulations apply to the following degrees:

a. the degrees of Bachelor of Medicine and Bachelor of Surgery (MB ChB);

b. the Diploma in Higher Education in Operating Department Practice (ODP);

c. the degree of Master of Arts in Social Work;

d. the degree of Doctor of Clinical Psychology.

3. Insofar as they relate to currently registered students and former students, these regulations are underpinned by the University’s Regulations for Student Discipline which set out the following definition relevant to fitness to practise:

The following shall constitute misconduct and render a student liable to disciplinary action:

notwithstanding paragraph 3, above, where a student is enrolled on a course leading directly to a professional qualification or to the right to practise a particular profession or calling, any conduct which renders that student a person not fit to be admitted to and practise that profession or calling (this clause is applicable to the degree of Doctor of Clinical Psychology, the MB ChB degrees, the Diploma in Higher Education in Operating Department Practice (ODP), the Postgraduate Certificate in Education, the MA degree in Social Work, and programmes in Counselling).

4. Other sections of the Regulations for Student Discipline relating most directly to fitness to practise are set out in an Appendix to these Regulations.

5. Under the Regulations for Student Discipline, Fitness to Practise Panels operating under these regulations have authority to determine academic or non-academic disciplinary penalties on behalf of the University, where these are associated with the investigation of allegations relating to fitness to practise. A Fitness to Practise Panel may, following a hearing, determine that a student is fit to practise, but still impose a disciplinary penalty.
6. As noted in the Appendix, the provisions in the Regulations for Student Discipline for the consideration of cases relating to former students or students who withdraw while allegations are being considered shall apply to these regulations.

**The Fitness to Practise Committee**

7. There shall be a Fitness to Practise Committee, which shall be appointed by and report to the Senate Student Discipline Committee. It shall be responsible for maintaining an overview of matters relating to fitness to practise and make recommendations to the Senate Student Discipline Committee from time to time on matters relevant to this regulation.

8. The College’s Director of Administration, or his nominee, shall be Secretary to the Fitness to Practise Committee and shall, on behalf of the Committee, be responsible for convening Fitness to Practise Panels under these regulations.

9. The composition of the Fitness to Practise Committee shall be as follows:
   a. a lay Chair;
   b. up to two further lay members, one of whom shall be Vice-Chair;
   c. the Head of the College of Medicine, Biological Sciences and Psychology;
   d. the Associate Dean of the School of Medicine;
   e. three members of the clinical academic staff of the College, at least one of whom shall be a practising psychiatrist;
   f. one member of the non-clinical academic staff of the College;
   g. one clinically-qualified senior representative of a local NHS Trust, who shall have teaching responsibilities;
   h. one academic social worker from another institution;
   i. one junior doctor;
   j. one student member.

10. Members in categories (a), (b), (e), (f), (g), (h), (i), and (j) shall be appointed for a three-year term, which shall be renewable for a maximum continuous period of nine years.

11. Members in categories (a) and (b) shall be independent of the University, not employees of the NHS or a Social Services department, and have appropriate experience in public life.
Panels of the Fitness to Practise Committee

12. Cases relating to the consideration of fitness to practise issues for individual applicants and students shall be considered by a Fitness to Practise Panel, convened by the Secretary of the Fitness to Practise Committee, with full delegated authority to determine the outcome of each case.

13. A Panel shall consist of at least three members.

14. For medical and ODP students the composition of a Panel will include at least:
   a. one lay member of the Committee (as Chair);
   b. one clinical academic member of the Committee;
   c. one other member of the Committee from any category of membership apart from the lay, Social Work, and student categories.

15. For Social Work students the composition of a Panel will include at least:
   a. one lay member of the Committee (as Chair);
   b. one member of the Committee with a Social Work background;
   c. one other member of the Committee from any category of membership apart from the lay, medical, and student categories.

16. For Clinical Psychology students the composition of a Panel will include at least:
   a. one lay member of the Committee (as Chair);
   b. one senior clinical psychology trainer;
   c. one other member of the Committee from any category of membership apart from the lay, social work, and student categories;
   d. one service user or carer.

17. A Panel may co-opt up to two other suitably qualified individuals, subject to the agreement of the Chair of the Fitness to Practise Committee.

18. Where psychiatric health is an issue, one member of any Panel should be expert in that field.

19. The outcome of cases heard by panels shall be reported to the Fitness to Practise Committee, and annually, to the Senate Committee for Student Discipline.
Admissions Cases

20. The responsibility for deciding to refer the circumstances of an applicant for consideration by a Fitness to Practise Panel rests with the Admissions Tutor for the course. Normally the circumstances giving rise to concern will relate either to the health or disability of the applicant, to the applicant’s criminal record, or to the applicant’s general honesty.

21. Where a case relating to an applicant is considered by a Fitness to Practise Panel, the Panel shall normally determine the outcome without holding a hearing.

Health and Disability

22. Where an Admissions Tutor is concerned that the health of an applicant, especially disability or illness likely to pose a risk to patients, will affect an applicant’s fitness to practise, the Admissions Tutor should, with the consent of the applicant, seek to obtain in confidence appropriate medical or other reports.

23. If, in the light of such a report, the Admissions Tutor concludes that the applicant would be fit to practise following successful completion of the course, the circumstances causing concern will be set aside and the applicant assessed using the standard entry criteria and procedures. The Admissions Tutor will maintain a record of such cases for the information of the Committee.

24. If, however, in the light of such a report, the Admissions Tutor concludes that the applicant will, in his/her opinion, not in time be fit to practise, the reasons, with details of the applicant, including the medical reports, should be referred to the Secretary of the Fitness to Practise Committee.

25. Each case referred by an Admissions Tutor will be fully considered by a Panel. On the basis of the evidence presented, and taking account of previous comparable cases and any criteria the Committee may have established over time, the Panel will either decide to confirm the recommendation from the Admissions Tutor that the applicant would not be fit to practise the profession concerned, following qualification, or will decide that the circumstances of the applicant are not such as to so judge, and will instruct the Admissions Tutors to proceed with assessment of the applicant using the standard entry criteria and procedures. The Panel may, with the applicant’s consent, commission further medical reports where it regards this as helpful.

26. In cases where a Panel concludes that the applicant does not show potential fitness to practise, the Admissions Tutor will notify the applicant, giving a written summary of the reasons for the Panel’s decision.

Criminal records

27. Applicants are required to declare any criminal records (including cautions and ‘spent’ convictions) during the admissions process and this requirement is reinforced in writing and at interview.
28. Where an applicant has declared a conviction, the Admissions Tutor shall obtain a factual statement from the applicant on the circumstances of the offence(s), including the nature of the offence, the date and the precise terms of any penalties imposed. This information should be referred by the Admissions Tutor to the Secretary of the Fitness to Practise Committee with a recommendation as to the impact of the offence(s) on the applicant’s fitness to practise.

29. The Secretary will refer all such cases to the Head of College, who will consider each case taking account of a record of previous cases and any criteria established by the Committee in the light of these. The Head of College may then decide:

a. that the offence(s) are not sufficiently serious to prevent the applicant from practising and the Admissions Tutor shall then assess the applicant using the standard entry criteria and procedures. The Tutors will also notify the applicant that, if admitted, any further criminal behaviour would jeopardise his/her position at the School. All such instances of the Head of College’s action shall be reported to the Committee; or

b. that the case should be considered by a Fitness to Practise Panel. In such cases the Secretary will invite the applicant to submit a written statement and any supplementary evidence (testimonials to good behaviour etc.). This documentation will be considered in full by the Panel.

General Dishonesty

30. Where an Admissions Tutor or other officer has reason to question the general honesty of an applicant, for instance where it becomes apparent that application documentation has not been properly and frankly completed, the case will always be referred to a Fitness to Practise Panel. The Secretary will invite the applicant to submit a written statement and any supplementary evidence, and this will be considered by the Panel together with a report by the Admissions Tutor or other officer involved.

Outcomes of Admission cases

31. Where an admissions case has been considered by a Fitness to Practise Panel, the applicant will be notified in writing by the Secretary of the Panel’s conclusions.

32. In all cases, a student subject to these pre-admission procedures will be referred to the Professional and Academic Concerns Group (in respect of medical students) or equivalent course-level professional monitoring teams for ODP, Social Work, or Clinical Psychology for monitoring following admission.

Cases involving registered students

33. A student may be referred to a Fitness to Practise Panel of the Fitness to Practise Committee where evidence emerges which brings into question a student’s fitness to practise. This may include, for example, issues of behaviour and attitudes, dishonesty, criminal conduct, illness or conduct likely to bring the profession into disrepute. At all times the consideration of patient or client safety shall be paramount. There may be
circumstances that do not present a direct risk to patients or clients, but still bring into question a student’s fitness to practise.

34. Where the cause(s) for concern may additionally be a matter relating to academic or non-academic misconduct (as defined in paragraph 4 of the University’s ‘Regulations for Student Discipline’), a single investigation shall normally be undertaken under these Regulations.

Investigation of allegations against currently registered and former students

35. Concerns relating to the fitness to practise of a currently registered student will normally arise in one of the following ways:
   a. from the Professional and Academic Concerns Group (in respect of medical students) or equivalent course level professional monitoring teams for ODP, Clinical Psychology, and Social Work;
   b. from a member of the academic staff to the Head of College or other officer;
   c. reports from other students to a member of the academic staff or an officer of the School or a member of NHS staff or placement provider;
   d. through a formal referral to the Fitness to Practise Committee by a progress committee, where fitness to practise issues have arisen in the course of that committee’s review of a student’s progress;
   e. following a complaint from a patient or client, carer, health professional colleague, or member of the public;
   f. following admission by a student of a criminal offence or other inappropriate behaviour, or of ill health capable of affecting fitness to practice.

36. All such reports should be forwarded to the Secretary of the Fitness to Practise Committee for action.

37. As soon as fitness to practise procedures are invoked in relation to a Clinical Psychology student, the trainee’s line manager and the Human Resources Department of their NHS employer should be advised and should act in accordance with Trust policies and procedures. Both parties should be kept informed throughout the formal process.

38. The Associate Dean may interview a student whose conduct is a cause of concern to the Professional and Academic Concerns Group and issue him/her with a final warning prior to any formal referral to the Committee or the appointment of an Investigating Officer.

39. Any case deemed to warrant further proceedings under the Fitness to Practise regulations shall be referred by the Head of College to an Investigating Officer.
Investigative procedure

40. The duties of the Investigating Officer are as follows:
   a. to conduct an enquiry into the case;
   b. to inform the student of the issues of fitness to practise which have been raised;
   c. to obtain such written reports and evidence as are judged appropriate to the case;
   d. to determine whether it is necessary to submit a report to a Fitness to Practise Panel;

41. The Investigating Officer’s investigations may include interviews with:
   a. the student concerned;
   b. members of staff or students who have raised fitness to practise concerns in this case;
   c. individuals involved in or witnesses of behaviour raising doubts about fitness to practise;
   d. psychological, medical, nursing, NHS or placement staff in any case of concern about attitudes;
   e. academic or other staff of the University where knowledge of the student may be relevant to the investigation.

42. Where medical reports are regarded as necessary, the consent of the student will be required. Should this consent be withheld, this will be noted and may influence the outcome of the case.

43. The Investigating Officer’s report shall be prepared in writing, and shall include all material submitted in the course of the investigation. The Investigating Officer shall use his/her best endeavours to ensure that all available relevant information is provided, and should indicate where s/he thinks there is a case to answer.

44. If the Investigating Officer determines during the investigation that there is a case to answer, the Investigating Officer shall write to the student, presenting the evidence assembled, and invite him or her to make a written response to the allegation(s) against them, including any information which the student considers should be taken into account as mitigating factors for their actions. Information relating to any mitigating circumstances should wherever possible be supported by documentary evidence. A deadline shall be set for the submission of the written response which shall not be fewer than 5 working days following the date of notification of this invitation.

45. The Investigating Officer may, when writing to the student to present the evidence, request that the student, in addition to providing a written submission, attend a further meeting to discuss matters relating to the allegations. The student shall be given at least 5 working days written notice of a meeting. Where the Investigating Officer determines to
offer a meeting to the student, the deadline for submission of the written response shall normally be set which is not less than 5 working days after the date of the meeting.

46. The Investigating Officer may request that one or more other members of staff relevant to the case attend the meeting. The student may be accompanied by a friend or representative in accordance with the general provisions for this in the University’s ‘Regulations for Student Discipline’. A member of staff of the University shall be asked to attend the meeting to take notes. A record of the meeting shall be made by that member of staff, which shall be made available to the student on request.

47. Having reviewed the evidence assembled and the response (if any) received from the student, the Investigating Officer shall determine one of the following:

   a. that there is no case to answer and dismiss the case;
   b. that there is sufficient evidence for a Fitness to Practise Panel to be convened to consider matters relating to the student’s fitness to practise only and refer the matter to the Secretary of the Fitness to Practise Committee;
   c. that there is sufficient evidence for a Fitness to Practise Panel to be convened to consider matters relating to the student’s fitness to practise and possible student misconduct, as defined under the “Regulations for Student Discipline” (paragraph 5), and refer the matter to the Secretary of the Fitness to Practise Committee;
   d. that there is insufficient evidence for a Fitness to Practise Panel to be convened to consider matters relating to the student’s fitness to practise, but there is sufficient evidence of student misconduct to warrant further consideration of the allegations as a matter of student misconduct only. In this instance, the investigation under these Regulations shall be concluded. The Investigating Officer shall make a report to the Head of College who shall consider whether the matter should be referred for further consideration under one of the other processes for the consideration of allegations of student misconduct, as set out in the ‘Regulations for Student Discipline’.

Proceedings of a Fitness to Practise Panel

48. When a student’s case is referred to the Secretary to the Fitness to Practise Committee under paragraph 47 above, a Fitness to Practise Panel will be convened with members who have had no previous contact with the student, apart from in their capacity as a member of the Fitness to Practise Committee. The Investigating Officer will not be a member of the Panel.

49. The Secretary to the Fitness to Practise Panel shall send to the student required to appear before a hearing of a Panel a written summons stating:

   a. the nature of the allegation(s), which may relate only to fitness to practise or to both fitness to practise and a matter of academic or non-academic misconduct, and the membership of the Panel;
b. the name of the person, normally the Investigating Officer, who will present the case and, as far as practicable, the names of any witnesses who are already expected to be attending the hearing;

c. the date, time and place of the hearing;

d. information on the order and conduct of proceedings in hearings as set out in this policy;

e. the right of the Panel to proceed in the student’s absence if, having been give due notice of the date of the hearing and sufficient notice of the documentary evidence available to the hearing, he or she fails to appear without providing prior good reason for absence. The decision of the Chair of the Panel as to whether to proceed in the student’s absence shall be final.

50. The Secretary to the Fitness to Practise Panel shall also enclose with the summons a full set of the documentation provided by the Investigating Officer concerning the alleged offence(s) which will be considered by the Panel.

51. The written summons shall provide not less than 5 working days’ notice of the meeting of the Panel.

52. The ruling of the Chair of the Panel on any point of procedure relating to the conduct of the Panel shall be final.

53. The Investigating Officer shall normally present the case to the Panel. Where the case is to be presented by another member of staff, this shall be subject to the approval of the Chair of the Panel.

54. The Chair of the Panel may request or admit as evidence any additional written information which he or she deems relevant to the case. The Chair shall, in particular, determine whether the admission of information on the student’s previous academic or disciplinary record is relevant to the case.

55. If the student wishes, he or she may, prior to the hearing, provide to the Secretary to the Panel with a statement concerning the allegations, and / or any additional supporting evidence relevant to the case and / or information about any mitigating factors which the student considers should be taken into account. Information relating to any mitigating circumstances should wherever possible be supported by documentary evidence.

56. All written evidence made available to the Panel will also be made available to the student and the person (if any) presenting the case, wherever possible in advance of the hearing.

57. The Panel may determine that some or all of the written evidence should be made available to each witness. The Chair may determine that a hearing should be postponed or adjourned if any written evidence is supplied without sufficient notice for it to be circulated and properly considered by all relevant parties.
The student required to appear before the Panel, the person (if any) presenting the case, and the Chair of the Panel may nominate witnesses to attend the hearing. The purpose of calling for witness evidence is to inform the Panel’s deliberations. The Chair of the Panel’s decision as to whether to accept a nomination is final. Where practicable, the Secretary to the Panel shall inform all parties of the identity of any witnesses in advance of the hearing. It is the responsibility of the party calling the witness to ensure their attendance at the hearing, except where the witness is a member of the public. If the witness is a member of the public (being neither a student nor member of staff of the University) the party calling the witness must inform the Secretary as soon as possible of this request. The Secretary will issue the witness with an invitation to attend, making clear who has requested their evidence and explaining the procedures. The Panel reserves the right to proceed in the absence of any particular witness and the ruling of the Chair of the Panel in this matter shall be final.

All parties shall have an opportunity to ask questions through the Chair of all witnesses called.

The ruling of the Chair of the Panel shall be final on the admission of all evidence for consideration by the Panel, including the admission of written evidence and of oral evidence from witnesses or other parties at the hearing. This shall include the power to refuse to admit evidence or hear witnesses on the basis of lack of relevancy.

The student may be accompanied by a friend or representative in accordance with the general provisions for this, as set out in the University’s “Regulations for Student Discipline. Where practicable, the Secretary to the Panel shall inform all parties in advance of the hearing of the identity of any friend or representative who will be in attendance.

A hearing shall proceed as follows:

a. the person presenting the case shall set out the allegations and evidence in the case, answer questions from the Panel and student, and may call witnesses;

b. the student (or person representing him or her) shall respond to the disciplinary charge(s), answer questions from the Panel and the person presenting the case relating to the case, and may call witnesses;

c. the Panel may call any witnesses not called by the other parties.

d. the presentation of any closing statement by the person (if any) presenting the case;

63. Once a hearing has commenced a Fitness to Practise Panel shall normally determine the outcome of a case in relation to matters of student misconduct, even if it determines that no measures should be taken in relation to fitness to practise.
64. The Chair of a Fitness to Practise Panel may otherwise adjourn a hearing of a Panel in accordance with the general provisions set out in the Regulations for Student Discipline.

65. The student will be informed in writing by the Secretary to the Panel of the Panel’s decision in respect of the allegations, including reasons for that decision, normally no more than five working days following the end of the hearing. The Secretary shall copy this communication to the student’s Head of Department and the person presenting the case against the student at the hearing.

Outcomes of the deliberations of a Fitness to Practise Panel

66. A Panel may determine one of the following actions in relation to the fitness to practise of the student:

a. to conclude that the student is suffering an illness sufficient to make him/her unfit to practise and to recommend that his/her registration be suspended until such time as a satisfactory medical report is received;

b. to conclude that the student is suffering an illness sufficient to make him/her unfit to practise and to recommend that, notwithstanding his/her academic progress, the award of the degrees be withheld, or she/he be not permitted to graduate until such time as a satisfactory medical report is received;

c. to require the student to make an undertaking as to their future conduct;

d. to warn the student that his/her behaviour, attitude, or conduct is such that she/he is at significant risk of having his/her registration terminated, not being awarded the degrees, or not being permitted to graduate, on the basis she/he is unfit to practise;

e. to recommend that the student’s behaviour, attitude, or conduct is such that that his/her registration be suspended for a specified period until satisfactory reports are received;

f. to make such conditions as to work, placement, monitoring, examination and further reports as the Panel shall think appropriate to satisfy itself that the issues giving rise to concern have been addressed;

g. to recommend that the student’s registration be terminated on grounds that she/he is unfit to practise;

h. to recommend that, notwithstanding a student’s academic progress, she/he be not awarded the degrees, or not be permitted to graduate on the basis she/he is unfit to practise;

i. that there are no concerns about the student’s fitness to practise and to take no action.
67. Where the Fitness to Practise Panel, having reached its decision in respect of the fitness to practise issues raised, believes that the academic progress of a student may be a cause of concern, the Panel may refer those academic issues to a Progress Committee for separate consideration under its procedures.

68. A Fitness to Practise Panel may determine to impose one or more outcomes in relation to academic or non-academic student misconduct, in accordance with the University’s Regulations for Student Discipline.

69. If a student is found guilty of non-academic misconduct, a Panel may impose one or more of the following penalties:

a.

b.

70. If a student is found guilty of academic misconduct, a Panel may impose one or more of the following penalties:

a.

b. Plus plagiarism penalties

71. Where a Fitness to Practise Panel determines to take no action in relation to the fitness to practice of the students, the Panel may still determine to impose a penalty in respect of academic or non-academic student misconduct. Where a Fitness to Practise Panel cannot determine issues of academic or non-academic discipline, the case shall be referred to the Secretary to the Senate Student Discipline Committee who may determine that a new hearing with a fresh Panel is necessary.

72. Students on the MB ChB programmes who are deemed unfit to practise may be considered for the award of the BMedSci subject to their academic progress.

73. The Panel may, where there is a duty to do so or a requirement under UK law, disclose any information arising from these procedures, or details concerning the outcomes of the consideration of cases to professional, statutory or regulatory bodies, or Law enforcement Officers, or to any NHS Trust or Social Services department.

**Appeals**

74. Appeals against both decisions concerning a student’s fitness to practise (where appeal is permitted) and decisions to impose academic or non-academic disciplinary penalties by Fitness to Practise Panels shall be considered by appeals panels constituted under “Stage Two” of the University’s Regulations for Student Discipline.

75. The decision of a Fitness to Practise Panel in relation to matters of fitness of practise shall be final, except where the decision is to recommend that the student’s studies are suspended or terminated, or the decision is to deny the student a qualification (outcomes
relating to fitness to practise (a), (b), (c), (e), (f), (g), and (h) above). In such cases the Secretary of the Fitness to Practise Panel shall notify the student that they have the right to a review under Stage Two of the University’s Regulations for Student Discipline (Part Seven: “Stage Two Student Disciplinary Appeals and Fitness to Practise Appeals”).

76. Any penalty imposed by a Fitness to Practise Panel in relation to student academic or non-academic misconduct may be subject to appeal under the same Regulations. The Secretary to the Fitness to Practise Panel shall inform the student of the procedure for making such appeals in the letter informing them of the outcome of the hearing.
Appendix: Extracts from the University Regulations for Student Discipline relating Specifically to Fitness to Practise

*.* The “Regulations for Student Discipline” (Regulations 19 to 23 and 131) set out the following in relation to jurisdiction of matters relating to academic or non-academic misconduct, and to fitness to practise:

19. These regulations provide routes for the consideration of allegations relating to fitness to practise, and of academic or non-academic misconduct. For the purpose of consideration under these regulations, allegations which relate to paragraph 5(k) above shall be considered matters of fitness to practise. Allegations against students which relate to paragraph 5(g) above shall normally be considered matters of academic misconduct. Allegations which relate to other sub-sections of paragraph 5, including matters which relate to professional standards or codes of professional practice covered by paragraph 5(l) may, depending on the content of the allegations, also be considered, in whole or in part, matters of academic misconduct for the purpose of determining the process for their consideration and available penalties under these regulations. Other allegations shall be considered matters of non-academic misconduct for the purpose of determining the process for their consideration and available penalties under these regulations.

20. The University has established procedures which are allied to these regulations for the investigation and consideration of allegations of fitness to practise at stage one relating to the following subject areas:

a. Medicine
b. Counselling
c. Teacher Training
d. Social Work

Students studying on these programmes should familiarise themselves with the relevant procedures for the consideration of fitness to practise.

21. Allegations considered under these regulations may relate to more than one sub-section of paragraph 5 and the case against a student may become more or less complex as the case is investigated. As far as is possible, all elements of a particular allegation against an individual student will be investigated and considered by means of a single process under these regulations. For as long as an allegation is determined to be at least in part a matter of fitness to practice, it shall normally be considered by means of the process under these regulations for the consideration of fitness to practise. If an allegation is not considered a matter of fitness to practise but is, at least in part, a matter of academic misconduct, for as long as it is so considered it shall normally be considered by means of the process under these regulations for the consideration of academic misconduct. Allegations including only
matters of non-academic misconduct shall normally be considered by means of the process under these regulations for the consideration of academic misconduct.

22. Where allegations involve more than one student, the allegations may be investigated and heard as a single combined case, or as multiple individual student cases under these regulations.

23. If the process for the consideration of allegations under these regulations is unclear, the decision of the Secretary to Senate Student Discipline Committee regarding the procedures under which an allegation should be given consideration shall be final. The Secretary to Senate Student Discipline Committee may make reasonable adjustments to the processes where this is necessary as a consequence of the particular nature of the allegations and/or where this is deemed necessary by the Secretary to ensure that a student will receive a fair hearing;

And

131. The procedures for the conduct of Fitness to Practise Panels at Stage One shall be set out in the relevant allied policies and procedures. Fitness to Practise Panels may, as authorised by Senate and set out on the relevant allied policies and procedures, have authority to determine penalties for academic and non-academic offences associated with matters of Fitness to Practise. The penalties imposed for such offences by Fitness to Practise Panels shall be determined in accordance with Part Six paragraphs 127 to 130 of these regulations (‘Penalties of Student Discipline Panels’). As provided for in those policies and procedures, appeals against the outcome of a fitness to practise procedure should be submitted under the procedures for the consideration of Student Disciplinary Appeals (see Part Seven below).

*.* The general provisions set out in paragraphs 24 to 39 of the “Regulations for Student Discipline” shall also apply to investigations and panels convened under these regulations. These provisions relate to:

- Equality and Data Protection
- Misconduct which is also a criminal offence
- Burden of proof applied to disciplinary and fitness to practise cases
- Serving of notice to students under these regulations
- Abandonment / non-abandonment of cases when a student withdraws
- Allegations relation to former students under these regulations
- Adjournment of hearing
- Confidentiality and disclosure of information

October 1st 2012
• Attendance of representatives or friends of students at hearings and meetings
• Remote attendance at hearings and meetings
• Records and record-keeping
• Actions of staff during investigations of student conduct.

These provisions may be consulted at [ADD HYPERLINK].
LEICESTER MEDICAL SCHOOL

MB ChB

Code of Practice for Management of the Programme
Introduction
This document describes the roles and responsibilities of individuals and groups responsible for the delivery of the MB ChB programme at Leicester to the standards defined by the General Medical Council in ‘Tomorrows’ Doctors’ (2009). The MBChB programme at Leicester is designed to produce graduates who will make the care and safety of patients their first concern, apply their knowledge in a competent and ethical manner and use their ability to provide leadership and to analyse complex and uncertain situations.

Programme Management
The general principle of programme management is individual accountability for standards through effective leadership of integrated teams of appropriate academic and administrative staff sharing responsibility for effective delivery. The principle applies at all levels, from high level strategy to operational delivery of individual programme elements.

The person responsible for the delivery of undergraduate medical education at Leicester to GMC standards is the **Director of Undergraduate Medical Education**, who is accountable to the Head of the Department of Medical & Social Care Education, and through him to the Head of the College of Medicine, Biological Sciences and Psychology.

Responsibility for meeting prescribed standards in each of the domains defined in Tomorrows’ Doctors (2009) is delegated to a ‘domain lead’ (or leads in the case of more complex domains), each accountable to the Director of Undergraduate Medical Education, and leading an appropriate team of academic and administrative staff. Within domain 5, design and delivery of the curriculum, including assessment there are separate curriculum leads and assessment leads, each leading a set of teams devoted to different aspects of curriculum and assessment. Each of those teams has an appropriate lead.

The Director of Undergraduate Medical Education, together with the domain leads, constitutes a ‘Programme Executive’ which meets regularly to coordinate all aspects of medical education. Within each domain, the relevant leads will also meet in management groups as appropriate to coordinate activity. This is not however a ‘governance structure’ in the conventional University sense.

Programme Governance
Formal governance of the MBChB is through the **Board of Studies for the MBChB**, which is chaired by a senior clinician and which reports to the College Academic Committee, and through that Committee to the University Senate. The Board of Studies is a more broadly constituted group, including lay and student representation, responsible formally for the oversight and approval of strategy and policies proposed by the programme management structures, and for the effective operation of those structures.

Whilst the management of assessments is the responsibility of the assessment lead and associated teams, decisions about assessment outcomes for individual students are made by the **Boards of Examiners** (which include external examiners) and their associated panels, reporting to the University Senate.

The following sections define the remit and responsibilities of each element of the programme management and associated governance structures.
Programme Governance
The body responsible for the governance of the MB ChB Programme is the Board of Studies.

The Board of Studies for the MB ChB
The remit of the Board of Studies is to ensure that the programme management structures are fit for purpose, and that they deliver the programme to the standards prescribed by the General Medical Council in ‘Tomorrows’ Doctors’ (2009). The membership includes members of the Programme Executive plus a majority of ‘non-executive’ members drawn from University staff, NHS staff, lay members and students. The tenure for those posts that are not ex-officio will be 3 years.

Membership
A Senior Clinician who is not a member of the Department of Medical and Social Care Education – Chair
The Head of the College of Medicine, Biological Sciences & Psychology ex-officio
The Head of Department of Medical and Social Care Education ex-officio
The Director of Undergraduate Medical Education ex-officio
The leads for Quality Management ex-officio
The Domain leads for Curriculum and Assessment (Domain 5) ex-officio
The Associate Medical Director for Education for UHL or a representative ex-officio
A clinician with expertise in Equality and Diversity issues
Three clinical teachers from the NHS. One should be a General Practitioner, the other two should be from Kettering, Northampton, Burton, Boston, Peterborough hospitals or Leicestershire Partnership Trust
The East Midlands Foundation School Director or his/her nominated representative ex-officio
Two current medical students [one Phase I and one Phase II], elected by the student body
A lay representative
A representative of the Nursing Profession who has educational experience

Frequency of meetings
The Board of Studies shall meet at least three times in each academic year, but may meet more frequently if necessary. Responsibility for calling meetings and the construction of the agenda, in consultation with the Programme Executive and Board members, shall lie with the domain leads for domain 2, quality assurance, review and evaluation. The Departmental Manager will allocate secretarial support to the Board of Studies.

 Responsibilities of the Board of Studies
The Board of Studies is responsible for:

- The overall strategy for the MB ChB programme, including the management structures for effective delivery to GMC standards.
- Monitoring the effective delivery of the MB ChB to GMC standards through receipt of quality reports from the Programme Executive.
- Approval of codes of practice for the operation of the programme.
- Approval of course documentation.
- Approval of proposals for programme change to be submitted to the College Academic Committee.
- Monitoring interactions with the General Medical Council, including annual reports and periodic visits.
Governance of Assessments

The Board of Studies shall agree the assessment strategy, which will be incorporated into Codes of Practice for Assessment in Phase 1 and Phase 2 of the programme. Responsibility for the delivery of assessments according to the Codes of Practice shall lie with the Assessment Leads for each part of the programme. Boards of Examiners are responsible directly to the University Senate for the governance of assessments, and for standards through the determination of grades and progress decisions for individual students.

The Boards of Examiners

There shall be separate Boards of Examiners for Assessment in Phase 1 and Phase 2 of the programme. These Boards are directly responsible to the University Senate for the overall governance of assessments, and for decisions about individual student progress. These decisions are made on the recommendation of the appropriate panel of examiners and the Mitigating Circumstances Group. Boards of Examiners must be chaired by the Head of the Department of Medical & Social Care Education, however, the Director of Medical Undergraduate Education may chair with the approval of the Academic Registrar.

The detailed membership of the Boards is defined in the relevant Code of Practice, but all are comprised of a mixture of executive members from the assessment group plus a majority of other members drawn from internal and external examiners.

In summary the assessment team is responsible for:

- Defining the blueprints for each assessment across the programme, and ensuring that across all assessments the outcomes for graduates defined by the General Medical Council are assessed rigorously with assessment instruments appropriate to ensure patient safety. Constructing appropriate assessments for each part of the programme.
- Ensuring effective delivery of the assessment to students
- Managing the marking of assessments and the processing of those marks
- Co-ordinating standard setting processes according to the appropriate code of practice
- Presentation of assessment outcomes to the relevant Board of Examiners
- Quality control of assessment processes, including preparation of assessment reports for each assessment.

The Mitigating Circumstances Group considers applications from individual students for consideration of mitigating circumstances which may be relevant to progress decisions. It is an absolute rule that mitigating circumstances can never alter the outcome of an assessment in terms of pass/fail or grade, but may determine the consequences of that outcome for repeat years.

Management of the Programme

The responsible person for the delivery of undergraduate medical education is the Director of Undergraduate Medical Education, who is accountable to the Head of the Department of Medical & Social Care Education, and through him to the Head of the College of Medicine, Biological Sciences and Psychology, and ultimately the University Senate.

Responsibility for meeting prescribed standards in each of the domains defined in Tomorrows’ Doctors (2009) is delegated to a ‘domain lead’ (or leads in the case of more complex domains), each accountable to the Director of Undergraduate Medical Education. Within domain 5, design and delivery of the curriculum, including assessment there are separate curriculum leads and assessment leads, each leading a set of teams devoted to curriculum and assessment. Each of those teams has appropriate leads.
The Director of Undergraduate Medical Education, together with the domain leads, constitutes a ‘Programme Executive’ which meets regularly to co-ordinate all aspects of medical education. Within each domain, the relevant leads will also meet in management groups.

The responsibilities of the Director of Undergraduate Medical Education include:

- Accountability to the Head of Department of Medical & Social Care Education and the Board of Studies for the delivery of the MBChB programme to GMC standards through effective leadership of the Programme Executive.
- Preparation of proposals for programme enhancement for consideration by the Board of Studies
- Liaison with NHS partner organisations to ensure effective programme delivery.
Management of the MB ChB at Leicester
The Domain Leads

There shall be a lead person or persons responsible to the Director of Undergraduate Medical Education for ensuring that the standards prescribed by the General Medical Council in each domain of ‘Tomorrows’ Doctors’ (2009) are met. Collectively the domain leads and the Director of Undergraduate Medical Education comprise the ‘Programme Executive’.

Domain 1 – Patient safety

The aim of the School is to ensure that students put safety of patients at the heart of their clinical practice. The safety of patients will be central to all teaching and assessment. The School will ensure that at graduation students are able to practice as safe future doctors.

Ensuring that patients’ safety is not compromised by the education of medical students

The domain lead for domain 1 – patient safety shall work across the programme, and together with NHS partner organisations, to ensure that:

- The safety of patients and their care is not put at risk by students’ duties, access to patient and supervision on placements, or by the performance, health or conduct of any individual student
- Students receive a trajectory of relevant education to meet the outcomes relating to patient safety set out in Tomorrow’s Doctors
- Students who do not meet the outcomes set out in ‘Tomorrow’s Doctors’ or are otherwise not fit to practise are not allowed to graduate with a medical degree.

This will be achieved by working with other domain leads and teams to ensure that systems and procedures are uniformly in place across the programme to:

- Ensure that medical students undertake only appropriate tasks in which they are competent or learning to be competent with appropriate supervision
- Receive and address immediately any concerns about patient safety arising from undergraduate medical education
- Liaise with student support and ‘concerns’ mechanisms (see below) to identify and address immediately any concerns about a student whose conduct gives cause for concern, or whose health is affected to such a degree that it could harm the public.
- Ensure students perceive and understand how their learning both in class-room and clinical settings relates to safe patient care

The patient safety domain lead will establish a network of safety leads in each NHS organisation that receives medical students, and will act as the primary point of contact to receive any concerns and act upon them through appropriate organisations.

Educating medical students about patient safety

The patient safety lead will coordinate education about patient safety across the programme, working with curriculum and assessment leads to ensure that patient safety issues are firmly embedded into all stages of the programme.
Domain 1 – Patient Safety

Director of Undergraduate Medical

Patient safety lead

Local Education Provider Safety Leads
Professionalism Team
Assessment Team
Curriculum Team
Domain 2 – Quality Assurance, review and evaluation

The aim of the School is to ensure that the quality of medical education programmes is monitored, reviewed and evaluated in a systematic way. The School will ensure that the curriculum can be delivered to the standard required to produce caring, competent, effective and safe future doctors.

The **Quality Leads** will work with all other leads and programme teams to ensure that the quality of medical education is monitored, reviewed and evaluated in a systematic manner.

The Quality Leads will be responsible to the Director of Undergraduate Medical Education for:

- Maintaining in collaboration with the other leads a clear framework for quality management and quality control, with explicit definition of individual responsibilities within that framework.
- Managing systems to monitor undergraduate medical education (including admissions, courses, placements, student support, assessment and resources) in order to ensure that they meet required standards.
- Working with the Director of Undergraduate Medical Education to ensure that appropriate agreements are in place with providers of each clinical or vocational placement, and ensure that there are systems to monitor the quality of teaching and facilities.
- Ensuring that regular reports are produced about different stages or aspects of the programme and their delivery, to be considered by the Board of Studies.
- Working with the Director of Undergraduate Medical Education to ensure that there are functioning systems to plan, implement and review enhancements or changes to the programme.
- Ensuring that comprehensive quality data are collected, analysed and presented to appropriate programme management teams. Quality data may include:
  - Evaluations by students and data from Medical School teachers and other education providers about placements and resources.
  - Feedback from patients
  - Feedback from employers about the preparedness of graduates
  - Feedback to students
- Working with the Director of Undergraduate Medical Education and other domain leads to ensure that concerns about or risks to the quality of any aspect of undergraduate medical education are identified and managed quickly and effectively.

The Quality Leads will also be responsible for coordinating the preparation of reports to University Quality Assurance procedures, including annual development reviews and University periodic review.

The Quality Leads will work with the Director of Undergraduate Medical Education and other leads to prepare documentation for GMC quality assurance, including the Medical School’s Annual Report, and Quality Assurance visits.

Domain 2 – Quality assurance, review and evaluation
Domain 3 – Equality, Diversity and Opportunity

The aim of the School is to ensure that undergraduate medical education promotes equality and respects diversity. Students will be required to treat others with respect and apply the principles of equality and diversity to the safe care of all patients.

The Equality lead will work with all other leads and teams to ensure that undergraduate medical education at Leicester is fair and based on principles of equality.

The Equality lead will be responsible to the Director of Undergraduate Medical Education for:

- Ensuring that the Medical School has policies, appropriately engaged with University policies and systems, which are aimed at ensuring that all applicants and students are treated fairly and with equality of opportunity, regardless of their diverse backgrounds
- Ensuring that staff receive training on equality and diversity to ensure that they are aware of their responsibilities and the issues that need to be taken into account when undertaking their roles at the Medical School
- Ensuring that reasonable adjustments are made for students with disabilities in accordance with current legislation and guidance
- Coordinating the routine collection and analysis of data about equality and diversity issues by the Department of Medical & Social Care Education, to ensure that policies are being implemented and any concerns are identified
- Working with the Director of Undergraduate Medical Education and domain leads to ensure that the Department acts promptly over any concerns about equality and diversity, by implementing and monitoring any necessary changes in practice.
Domain 4 – Student Selection

The aim of the School is to have a selection process that is open, objective and fair in order to select students with the ability and character to become caring, competent, effective and safe future doctors.

The Selection leads will work with the Director of Undergraduate Medical Education and other leads to ensure that the correct numbers of the most suitable applicants for the MBChB are selected by processes which are open, objective and fair.

The Selection leads are responsible to the Director of Undergraduate Medical Education for:

- Ensuring that the Department of Medical & Social Care Education publishes information about the admissions systems, including guidance about the selection process, and the basis upon which places will be offered.
- Ensuring that selection criteria and processes take account of the personal and academic qualities needed in a doctor as set out in Good Medical Practice, and the capacity to achieve the outcomes for graduates defined in ‘Tomorrow’s Doctors’ (2009).
- Ensuring through collaboration with the Assessment leads that the selection processes adopted are valid, reliable and objective
- Ensuring that selection processes include input from people with a wide range of expertise and knowledge, and that they are all trained to apply selection guidelines consistently and fairly.
- Liaison with the equality lead to ensure that those involved in selection are also trained to promote equality and diversity, and to follow current equal opportunities legislation and good practice
- Working with University systems to ensure smooth operation of the processes of recruitment and selection
- Managing mechanisms to deal with queries and complaints from applicants
- Working with University systems to ensure that the numbers of applicants recruited are consistent with national quotas for each category of applicant
Domain 5 – Design and Delivery of the Curriculum, including Assessment

This complex domain is led by a set of leads each responsible to the Director of Undergraduate Medical Education for a different aspect of the domain, but working collectively to ensure that the programme is designed, delivered and assessed so that graduates attain all the ‘outcomes for graduates’ specified in ‘Tomorrow’s Doctors’ (2009).

The aim of the School is to provide contextual, constructed and collaborative learning opportunities, designed to foster the development of skills, understanding and attributes required of caring, competent, effective and safe future doctors.

The aim of the School is to ensure that assessments are appropriate, valid, reliable and fair and are designed to ensure that graduates have achieved all of the competences specified by the General Medical Council and are fit to practise as safe junior doctors.

Design and Delivery of the Curriculum

The Curriculum Leads will be responsible to the Director of Undergraduate Medical Education for leading a team to ensure that:

- A clear curriculum plan sets out how the ‘outcomes for graduates’ will be met across the programmes as a whole, including opportunities for students to exercise choice in areas of interest.
- The curriculum is structured to provide a balance of learning opportunities and to integrate the learning of basic and clinical science, enabling students to link theory and practice.
- The curriculum includes practical experience of working with patients throughout all years, increasing in duration and responsibility so that graduates are prepared for their responsibilities as provisionally registered doctors.
- That the clinical curriculum includes a significant component of learning through apprenticeship.
- Sufficient structured clinical placements are provided to demonstrate the ‘outcomes for graduates’ across a range of clinical specialties, including at least one student assistantship period.

This will involve working with the Director of Undergraduate Medical Education and other leads to:

- Establish a clear educational philosophy and curriculum structure which:
  - Has diverse teaching and learning opportunities, balancing learning in small and large groups.
  - Develops the capacity for self-directed learning.
  - Uses appropriate technologies, including simulation to support learning.
  - Integrates basic medical and clinical sciences.
  - Revisits topics at appropriate stages to reinforce understanding, behaviour and skills.
  - Educates medical students about the role of other health & social care professionals in the assessment and management of patients.
  - Educates medical students about the specific roles of doctors in health and social care professional teams looking after patients.
  - Educates medical students how doctors can most effectively work in isolation when this is required of them.
  - Clinical placements are structured to give students experience across a range of specialties, and reflect changing patterns of healthcare.
  - Recognises that students become increasingly competent and take progressively more responsibility as the course progresses.
  - Recognises the importance of apprenticeship, and specifically in the final year of the programme allows students to rehearse their responsibilities as an F1 doctor and to have the opportunity to shadow F1 doctors.
Design and Delivery of Assessment

The Assessment Leads are responsible to the Director of Undergraduate Medical Education for leading a team to ensure that:

- All of the outcomes for graduates are assessed at appropriate points during the curriculum using assessments that are fit for purpose - that is valid, reliable and fair
- Assessment should be designed to ensure that students’ knowledge and skills at the relevant stage of the programme do not jeopardise patient safety
- Students receive timely and accurate guidance about assessments, including assessment format, length and range of content, marking schedule, and contribution to overall outcome
- Examiners and assessors are appropriately trained, supported and appraised
- Appropriate systems are in place to set standards for assessment to decide whether students have achieved the programme outcomes
- Work with the equality lead to ensure that assessment criteria are consistent with the requirements for competence standards set out in disability discrimination legislation. However, the assessment team must ensure that allowances made for disability do not impair the ability of assessments to determine whether students can function safely in the NHS and provide safe patient care
- Students receive appropriate and timely feedback on their progress.

This will involve working with a wide range of colleagues to manage assessment processes effectively to:

- Ensure that that all graduates demonstrate achievement of all of the outcomes set out in ‘Tomorrow’s Doctors’ (2009)
- Ensure the effective operation of mechanisms to ensure comparability of standards with other institutions proving medical degrees in the UK, including effective use of external examiners and appropriate collaboration with other medical schools through the Medical Schools Council Assessment Alliance.

Management of Programme Delivery

The Director of Undergraduate Medical Education, together with the domain leads shall ensure effective programme delivery.

Each Phase of the programme (phase 1 and phase 2) is led by a Phase Lead. Each component within the phases is led by a unit or block lead, coordinating a team of teachers and support staff to deliver structure and standards approved by the Board of Studies on the recommendation of the Programme Executive. The phase lead and unit or block leads for each phase together constitute a Phase Management Group which meets regularly to coordinate operational programme delivery, make recommendations to the Programme Executive for enhancement, and respond to quality management processes.

Phase leads

The Phase 1 Lead

The Phase 1 Lead is responsible to the Director of Undergraduate Medical Education for the effective delivery of Phase 1 of the programme.

The specific duties of the role are to:

- Co-ordinates a team of Unit Leads to deliver Phase 1 of the programme by:
  - Production of appropriate course documentation
  - Liaison with Unit Leads and other unit staff to ensure effective delivery of all parts of the programme
Co-ordination of curriculum content across units and facilitation of cooperation between Unit Leads to ensure appropriate coverage of the overall programme objectives

- Work with the Quality Leads to coordinate the evaluation of Phase 1 teaching, respond to quality issues as they arise and make regular quality reports to the Board of Studies
- Lead curriculum development in Phase 1 within guidelines approved by the Board of Studies on the recommendation of the Programme Executive
- Chair the Phase 1 Management Group
- Be a member of the Phase 1 Board of Examiners and other relevant Boards and Committees

Phase 1 Unit Leads
Each unit in the core curriculum, including the clinical stream, is the responsibility of a Unit Lead, appointed by the Programme Executive.

Unit leads are responsible to the Director of Undergraduate Medical Education via the Phase 1 Lead, for the effective delivery to students of the unit as specified in the agreed course document. The Unit Lead acts as a point of focus for all matters concerning that unit and its relationship to the rest of the programme.

The specific responsibilities of Unit Leads are to:

- Ensure that the unit, as described in the course document, is delivered effectively to students
- Co-ordinate the production of relevant curriculum materials
- Liaise with appropriate programme management structures to ensure that staff are available to deliver the module
- Liaise with other Unit Leads to ensure coordination and integration of curriculum delivery
- Monitor the progress of students through the unit and maintain appropriate records of performance and attendance.
- Report to the concerns group any student obviously experiencing problems during the unit
- Lead continuing discussions with the unit team on further development of the unit and present proposals for change to the Programme Executive, after discussion at the Phase 1 Management Group if appropriate
- Facilitate dissemination of good practice across units by discussion with other Unit Leads
- Monitor delivery of the unit formally and informally and deal with problems as they arise
- Receive and respond to formal unit evaluations and report action taken to the Phase 1 Management Group and Programme Executive

The Phase 2 Lead
The Phase 2 Lead is responsible to the Director of Undergraduate Medical Education for the effective delivery of Phase 2 of the programme.

The responsibilities of the Phase 2 Lead are to:

- Liaise with clinical block leaders to ensure effective delivery of the agreed clinical education for students
- Identify suitable clinical placements for each clinical block in Phase 2 and choose the most appropriate to meet the needs of students at various stages of the programme
- Oversee the allocation of students to clinical sites and resolve issues arising from placements
- Work with the Quality Lead to monitor the quality of clinical placements by scrutiny of student feedback, formal and informal comments from students and other information as necessary
- Participate in review meetings with providers of clinical education
• Work with the Student Support Lead and concerns group to oversee the monitoring of the progress of individual students through Phase 2 and supervise the provision of appropriate remedial action
• Work with the Assessment Lead to ensure effective delivery of assessments in Phase 2
• Work with the Medical Education team to facilitate curriculum development and evaluation
• Chair the Phase 2 Management Group
• Be a member, ex officio of the Board of Studies, Examination Boards and other Committees and groups as appropriate

Phase 2 Block Leads
Each block in phase 2 is the responsibility of a team of clinical educators and clinical teachers, led by a Clinical Block Lead.
The specific responsibilities of the Clinical Block Lead are to:
• Ensure that the clinical block, as described in the course document is delivered effectively to all students across all clinical sites
• Work with the medical curriculum administrator allocated to that block to ensure effective day to day organisation of clinical education
• Co-ordinate the production of relevant curriculum materials.
• Liaise with clinical education leads to ensure that clinical and other staff are available to deliver the block as described in a broadly equivalent way for all students at all sites
• Work with other clinical block leads to ensure co-ordination and integration of curriculum outcomes, content and delivery
• Monitor the progress of students through the block and oversee the maintenance of appropriate records of student attendance and performance
• Ensure, with the support of the medical curriculum administrator allocated to the block that, at the end of each block the Medical Education office receives a list of students who have:
  o Attended satisfactorily during the block
  o Completed satisfactorily appropriate assignments and assessments, including clinical skills
  o Behaved in a consistently professional manner
• Provide at the end of the block a list of students who have not completed the block satisfactorily, together with a specification of weaknesses that they must address during later remediation
• Report to the Concerns Group any student in difficulties during the module so that appropriate action may be taken quickly
• Lead continuing discussion with the block team for further development of the block and present proposals for change to the Phase 2 Management Group and curriculum committee
• Monitor delivery of the block formally and informally and deal with problems as they arise
• Receive and respond to formal student evaluation of the block and report actions taken to the Phase 2 Management Group
• Facilitate dissemination of good practice across the programme through formal and informal discussions with other block leaders
• Liaise with appropriate NHS Trust management to ensure resources are available for delivery of the block across sites

The Phase 1 and 2 Leads are supported by the Curriculum Manager.
The Curriculum Manager

The Curriculum Manager is a key member of the Curriculum Management team, supporting the Phase Leads in the delivery of the curriculum. The Curriculum Manager is accountable to the Director of Undergraduate Medical Education, responsible for:

- Working with the Phase 1 lead to ensure appropriate administrative support for the effective delivery of Phase 1
- Working with the Phase 2 lead to ensure appropriate administrative support for Phase 2 within the Department of Medical & Social Care Education, and liaison with administrative staff within LEPs to co-ordinate delivery of the curriculum in the clinical environment
- Work with the Phase 2 Co-ordinator and Clinical Block Leaders to identify appropriate student placements
- Under the general oversight of the Phase 2 Co-ordinator supervise the allocation of students to placements
- Oversee the management on a day to day basis of the allocation of students to placements, and any ongoing changes which are necessary
- Liaise with Clinical Block Leads, and Curriculum Administrators to coordinate overall curriculum delivery
- Prepare detailed student placement plans to inform the MPET (SIFT) allocation process
- Support the Assessment Lead and Phase 2 Co-ordinator in the management of summative assessments in Phase 2

Medical Curriculum Administrators

The Medical Curriculum Administrators are NHS staff who assist the Clinical Block Leads with the delivery of clinical education and assessment across multiple clinical sites. The specific responsibilities of the post are to:

- Support the clinical block leaders for one or more clinical blocks in the day to day operation of clinical block
- Co-ordinate teaching timetables and liaise with the block leader and clinical education leads to ensure that scheduled teaching events are delivered effectively
- Ensure that appropriate physical resources, such as rooms, audio-visual equipment etc are available for all scheduled teaching sessions in the block
- Co-ordinate clinical placements within blocks across multiple sites
- Produce, in liaison with the block leader and the Department of Medical & Social Care Education appropriate course documentation, including block workbooks and log books
- Maintain accurate records of student attendance at all scheduled teaching events and clinical placements
- Co-ordinate assessment activities including scrutiny of workbooks and records of completion of specified activities and assignments an collation of reports on student performance to be provided to the Department of Medical & Social Care Education within two weeks of the end of each block
- Liaise on a day to day basis with students and be the first point of contact to resolve issues as they arise
- Organise any formative assessments associated with the block
- Work with other curriculum administrators to assist with the delivery of summative clinical assessments, including the Intermediate Clinical and Final professional examinations
Careers Guidance
The support lead will work with the local postgraduate deanery, the University link Careers advisor and other organisations to coordinate a programme of careers advice across the curriculum and with the curriculum leads to provide opportunities for students to sample specialties as appropriate, and receive guidance on application for Foundation places. Guidance and support will be provided for students who are unsuccessful in summative assessments or who decide on alternative career pathways outside of medicine.

Management of Assessments
The Director of Undergraduate Medical Education, together with the Assessment Leads shall ensure effective delivery of assessments through a set of assessment component leads and their teams.

The assessment groups
The Assessment Leads chair the assessment groups, which are collectively responsible for:
- Defining the blueprints for each assessment across the programme, and ensuring that across all assessments all of the outcomes for graduates defined by the General Medical Council are assessed rigorously with assessment instruments appropriate to ensure content validity and reliability to national standards.
• Constructing appropriate assessments for each part of the curriculum according to the overarching blueprint and relevant code of practice
• Ensuring effective delivery of the assessment to students
• Managing the marking of assessments and the entry and processing of those marks
• Co-ordinating standard setting processes according to the appropriate code of practice
• Presentation of recommendations concerning assessment outcomes to the relevant Board of Examiners
• Quality control of assessment processes, including preparation of assessment reports for each assessment.

The assessment group has two sub groups, one responsible for assessments in each phase of the curriculum. Phase 1 assessments are coordinated through the Phase 1 Assessment group.

The Phase 1 Assessment Group
The group, chaired by Assessment Lead, is responsible for the oversight of all aspects of assessment in Phase 1.

Membership
The Assessment Lead
Chair
One Unit lead from each of semesters 1 to 3 of the four and five year curricula
One Unit lead from each of semesters 4 and 5 of the five year curriculum
At least one medically qualified member of staff

The group is responsible for:
• Coordination of all core assessments in Phase 1
• Contribution to the programme question banks for written assessments
• Construction of appropriate Phase 1 assessments and resit examinations for the four and five year programmes, including:
  o Blue printing to programme outcomes
  o Appropriate balance of unit specific and integrated questions
  o Appropriate balance of question difficulty and diversity
• Oversight of administration of all core assessments in Phase 1 including:
  o Liaison with administrative staff to ensure appropriate room bookings
  o Identification of need for invigilators
  o Preparation of scripts for marking
• Administration of marking of Phase 1 assessments and resit examinations including:
  o Identification of staff requirements for marking teams
  o Oversight of data entry and processing, and production of spreadsheets.
• Conduct of appropriate standard setting procedures for end of semester assessments (ESAs), Phase 1 assessments and Qualifying examinations to make recommendations to the Phase 1 Board of Examiners
• Oversight of clinical assessments including OSCE’s
• Oversight of the assessment of student selected components in Phase 1 to ensure that:
  o The model(s) of assessment chosen for each is appropriate to the unit aims and learning outcomes
  o The demands made upon students are comparable across student selected components
Semester Assessment Groups

The end of semester assessments (see below) for each of semester 1-4 of the five year course and semesters 1-2 of the four year course will each be coordinated by Semester Assessment Groups, which are sub-groups of the Phase 1 Assessment Group.

The membership of each Semester Assessment Group shall comprise:

- All unit leaders in that semester for both four and five year courses
- One other member of the Assessment Group, preferably a unit leader from an earlier semester

In the case of Semester 2, the individual responsible for the Objective Structured Clinical Examination

The Semester Assessment Group will be responsible for:

- The preparation of appropriate written end of semester assessments, ensuring
  - Appropriate proportions of questions are drawn from modules in that semester, crossing units in that semester and covering material from previous semesters – following guidelines determined by the Phase 1 Assessment Group
  - Appropriate blueprinting of the assessment to detailed curriculum outcomes across the whole course to date
- Submission of the papers for approval by the Phase 1 Assessment Group.
- Administration of all core assessments in the relevant semester including:
  - Liaison with administrative staff to ensure appropriate room bookings
  - Identification of need for invigilators to be nominated under service level agreements with medical school departments
  - Preparation of scripts for marking
  - Organisation of marking groups and marking of scripts
- Working with the Phase 1 Assessment Group to set and apply appropriate standards
- Working with the Phase 1 Assessment Group to maintain and develop the bank of question to be used across all assessments
- Quality control and monitoring of assessments in the relevant semester

The Phase 2 Assessment Group

The group, chaired by the Phase 2 Co-ordinator is responsible for the co-ordination of all aspects of assessment in Phase 2.

Membership

The Assessment Lead

The Director of Undergraduate Medical Education

One representative from each core clinical block in Phase 2

The clinical examinations co-ordinator, Leicester Medical School

Two representatives of longitudinal themes

The group is responsible for:

- Coordination of all core assessments in Phase 2
- Oversight of formative assessments within clinical blocks, including
  - Approval of the pattern of assessments within each block to ensure
    - Assessment methods are appropriate for the outcomes to be tested
- Written assessments at the Intermediate and Final Professional Examinations, including
o Maintenance of question banks:
o Construction of appropriate papers including:
  ▪ Blue printing to programme outcomes
  ▪ Appropriate balance of question difficulty and diversity
o Oversight of administration of the assessments including:
  ▪ Liaison with administrative staff to ensure appropriate room bookings
  ▪ Identification of need for invigilators
  ▪ Preparation of scripts for marking
o Administration of marking including:
  ▪ Identification of staff requirements for marking teams and recruitment of suitable staff from the Department of Medical & Social care Education and the NHS
  ▪ Oversight of data entry and processing, and production of spreadsheets for standard setting
o Conduct of appropriate standard setting procedures
  • Clinical assessments at the Intermediate and Final Professional Examinations, including
    o Ensuring that:
      ▪ Appropriate facilities are available for clinical examinations
      ▪ Sufficient, appropriately trained examiners are available for each clinical examination
      ▪ Examiners are briefed in a consistent way for each examination session at every site
      ▪ An appropriate mix of patients, including where appropriate simulated patients are available for all examinations
      ▪ Examinations are conducted in accordance with the code of practice for assessment in phase 2
    o Collation and analysis of marks
    o Standard setting by appropriate methods
    o Quality control of clinical assessments, including
      ▪ Ongoing monitoring of the conduct of assessments, and identification of strategies to improve assessment practice
  • Presentation of mark sheets and recommendations to the Phase 2 Board of Examiners
  • Oversight of the assessment of student selected components in Phase 2, including the elective period to ensure that:
    o The model(s) of assessment chosen for each is appropriate to the aims and learning outcomes
    o The demands made upon students are comparable across student selected components

Assessment of Professionalism
  • The Professionalism Concerns Group which is responsible for the ongoing monitoring of and where necessary attempts to improve the professionalism of students who are giving cause for concern. It receives reports from Unit/Block leads or any other individual or group having concerns about the professionalism of a student. The workings of the Professionalism Concerns Group are governed by the GMC’s “Medical students: professional values and...
fitness to practise” document. The Professionalism Concerns Group shall meet regularly, and maintain a register of students at risk, placing them into one of three categories:

- **Red:** This student is giving serious cause for concern, needs intense monitoring and support, and may be referred to the Fitness to Practise Committee. The Professionalism Support Lead will discuss students who are on the threshold of referral to the Fitness to Practise Committee with the Head of Department [or his/her deputy]. A decision will be made regarding referral to the Fitness to Practise Committee. If it is decided not to refer the student to the Fitness to Practise Committee the Head of Department or his/her deputy will ensure that the student concerned is aware of the seriousness of their unprofessional behaviour and will make it quite clear what needs to be done to prevent future referral to the Fitness to Practise Committee. It will also be made quite clear that future unprofessional behaviour will lead to referral to the Fitness to Practise Committee.

- **Amber:** This student is giving moderate cause for concern because of poor professionalism, or because they are in the process of resolving difficulties which led to a red categorisation previously. They remain subject to close monitoring and targeted support.

- **Green:** This student has been either in the red or amber category, and has acted to reduce concern, leaving them under continuing lighter touch monitoring.

Students who have been referred to the Professionalism Concerns Group and are not considered a cause for concern will not be placed on to the register.

The group refers students to support mechanisms as appropriate, and on to formal systems such as the Fitness to Practise Committee as appropriate.

**Membership**

Director of Undergraduate Education *Chair*

Phase 2 Lead

Phase 1 Lead

An experienced clinician affiliated to the Medical School

One other member of academic staff for MB ChB programme

An administrative secretary appointed by the Departmental Manager

**Serious Professionalism Concerns that require immediate action**

In the event that the Director of Undergraduate Medical Education is made aware of unprofessional conduct by a medical student that places a patient at risk, then the Director of Undergraduate Medical Education will remove the student from patient contact and arrange for the student to appear before the Professionalism Concerns Group.

**The Assessment Manager**

The Assessment Manager leads a team of administrative staff to support the assessment lead in the effective delivery of assessments across the programme.

The Assessment Manager is responsible to the Assessment Leads and the Director of Undergraduate Medical Education for:

- Putting in place and managing systems for the effective delivery of assessments across the programme, including:
  - Maintenance of appropriate question banks for summative and formative assessment
• Coordination of the production of assessment materials for both written and clinical assessments
• Practical arrangements for all examinations, including appropriate space booking, invigilation, and administrative support
• Preparation of scripts for marking, and processing of marked scripts and mark sheets to properly constructive data bases
• Data analysis to prepare for standard setting and incorporation of the results of standard setting into structured reports for the relevant Board of Examiners
• Liaising with external examiners

Domain 5 – Design & Delivery of Assessment
Domain 6 – Support and Development of Students, Teachers & the local Faculty

The aim of the School is to ensure that all students feel supported in order that they can progress to become caring, competent, effective and safe future doctors. In particular, any student who experiences difficulties with the course, whether of a personal, academic or professional nature should receive advice and guidance and have access to additional support services. The goal is for students to be equipped to take responsibility for their own welfare, health, personal and professional development by the time of graduation. We aim to teach students that it is only by taking responsibility for their own welfare and health that they can take responsibility for the welfare and health of patients.

With regard to teachers and local faculty, the aim of the School is to ensure that staff members have the necessary skills and expertise for their roles and that they are supported in their own professional development.

The Domain Lead
The Domain Lead will be appointed by the Director of Undergraduate Medical Education and will be responsible for overseeing and managing both student and staff support.

Student Support
The student support offered by the Medical School falls into three categories. These are pastoral support, academic support and professionalism support. In order to prevent a conflict of interest those members of the Medical School involved in pastoral support will not be directly involved in the academic or professionalism support of students. The Student Support Lead will oversee and coordinate pastoral support, academic support and professionalism support. The Student Support Lead would normally also be the pastoral support lead.

Pastoral Support
Pastoral Support Lead
The pastoral support lead is responsible to the Director of Undergraduate Medical Education for:

- Leading and co-ordinating the activities of the pastoral support team
- Ensuring that students have appropriate support for their general welfare needs and are given information about support networks
- Definition of referral pathways and guidance for referral of students to support services in the wider University and beyond, and maintenance of liaison with those services both in general and in the case of individual students in difficulty.
- Ensuring that students are encouraged to look after their own health and are given information about their responsibilities in this respect as a trainee doctor
- Engendering confidence in students to seek appropriate advice support and treatment in a confidential and supportive environment
- Organisation of the provision of personal tutors and their training and briefing
- Ensuring that students in difficulty with professionalism or academic issues have independent pastoral support even when under investigation or undergoing fitness to practise proceedings

Academic Support
Academic Support Lead
The academic support lead is responsible to the Director of Undergraduate Medical Education for:

- Leading and coordinating the activities of the academic support team
- Inviting students who have failed assessments to meet with a member of the academic support team so that an academic remediation plan can be put into place
- Organising any additional teaching that forms part of individual student’s or groups of students’ academic remediation plan
- Organising within one week of the publication of Examination Board results [Year One resit exam, Year Two resit exam, Year Three resit exam, IPE resit exam and Final Professional Exam resit exam], for those students who are to repeat a year, Phase I and Phase II Repeat Year Advisory Group meetings. The Phase I Repeat Year Advisory Group will consist of the Phase I Lead, the Academic Support Lead and two other Phase I teachers who are not part of the Pastoral Support Team. The Phase II Repeat Year Advisory Group will consist of the Phase II Lead, the Academic Support Lead and two Phase II teachers who are not part of the Pastoral Support Team. The Repeat Year Advisory Groups will meet with individual students to discuss their academic and professional records. Pastoral support issues will only be discussed with the explicit consent of the student. The role of the Repeat Year Advisory Group is to put in place a repeat year support plan. This support plan will involve the appointment of a repeat year mentor who will not be part of the Pastoral Support Team.
- Advising students who have neglected their academic obligations.

Professionalism Support

The Professionalism Support Lead is responsible to the Director of Undergraduate Medical Education for:

- Advising, counselling and remediating students whose lack of professionalism is cause for concern
- Ensuring that students are taught about all aspects of professionalism as defined in the relevant GMC documentation

Staff Support Lead

The Director of Undergraduate Medical Education will appoint a Staff Support Lead who will be responsible for co-ordinating staff development across the Medical School and for liaising with staff development structures in Local Education Providers to ensure that all staff are appropriately trained. This involves:

- Maintenance of records of staff development within the Medical School
- Liaison with LEPs to ensure that they maintain and provide records of relevant training undertaken by NHS staff. Frequently the undergraduate training mechanisms provided by LEPs will be shared with postgraduate medical education
- Use of appraisal to identify professional development needs and to support staff in accessing relevant and appropriate training
- Working with the Medical Education Research and Scholarship Unit to provide opportunities for enhancement of educational expertise and exposure to the leading edge of current medical education developments.
Domain 7 – Management of Teaching, Learning and Assessment

The Director of Undergraduate Medical Education is responsible for ensuring that education is planned using transparent processes that clarify who is responsible for each component of the programme.

This document describes the supervisory structures that are managed by the Director of Undergraduate Medical Education to ensure that:

- A management plan at Medical School (Department of Medical & Social Care Education) level will show who is responsible for curriculum planning, teaching learning and assessment at each stage of the undergraduate programme and how they manage these processes.

The Programme Executive, domain leads and teams, governed by the Board of Studies

- Teachers from the Medical School and other education providers will be closely involved in programme management, represented at Medical School level and responsible for managing their own area of the programme.

The Board of Studies having wide representation, and programme management teams involving staff at all levels from all organisations associated with the Medical School.

- Employers of Graduates, and bodies responsible for their continuing training will be closely involved in curriculum planning and management.

The Board of Studies having appropriate postgraduate and employer representation and curriculum managers having close links with postgraduate medical education, some having dual undergraduate/postgraduate roles.
Domain 8 – Educational Resources & Capacity

The Head of Department of Medical & Social Care Education, working with the Head of the College of Medicine, Biological Sciences & Psychology is responsible for ensuring that the educational facilities and infrastructure are appropriate to deliver the programme.

Advised by the Director of Undergraduate Medical Education, the Head of the Department of Medical & Social Care Education will work with College and University resourcing systems to:

- Ensure students have access to appropriate learning resources and facilities, including libraries, computers, lecture theatres, seminar rooms and appropriate environments to develop and improve their knowledge, skills and behaviour.
- Ensure that facilities are supported by a facilities management plan which provides for regular review of fitness for purpose of the facilities with recommendations and improvements made where appropriate, including facilities for students with disabilities.
- Provision of enough staff from appropriate disciplines and with the necessary skills and experience to deliver teaching and support student learning.

Review Date: July 2013
Notification of Mitigating Circumstances

This form is designed for a student to notify his or her academic department of mitigating circumstances which may have affected performance in an assessment. It is intended for use as part of the University’s Regulations governing the Assessment of Taught Programmes, which can be found here: http://www2.le.ac.uk/offices/sas2/regulations/documents/2012-13/senatereg7-assessment.pdf

The Medical School has published Regulations specific for the MBChB programme and information regarding mitigating circumstances relevant to the medical course.

A Mitigating Circumstances form with relevant documentary evidence must be submitted in advance of the Mitigating Circumstances Panel and Boards of Examiner meeting related to that particular assessment. A mitigating circumstance form may be submitted during the 5 working days prior to the start of the examination. Where the examination consists of both a written and a clinical (OSCE) element the deadline for submission is during the 5 days prior to the first of the series of examinations. Students who submit a mitigating circumstances form during the 5 days prior to an assessment should also complete a Pastoral Care or Personal Tutor summary form.

If a student is unable to attend an assessment because of mitigating circumstances they must submit a mitigating circumstances form to the secretary of the Mitigating Circumstances Panel within 5 working days of completion of the assessment to which it relates. The University reserves the right to verify the authenticity of any evidence submitted. Similarly, in the case of students who feel that their exam performance may have been adversely affected by an event occurring in the last 2 working days prior to an assessment or during the assessment itself, a mitigating circumstances form should be submitted within 5 working days of the completion of the assessment to which it relates. Students who submit a Notification of Mitigating Circumstances form must contact either their Personal Tutor or the Student Support Office. However, in the case of a sudden adverse event that occurs in the 2 working days prior to an assessment or during the assessment itself it is accepted it may not be possible to submit a Personal Tutor or Pastoral Care summary form.

Please ensure that you have read and understood the Regulations for the MBChB programme before completing this form. The Education Unit in the Students’ Union will be able to provide help as you fill in this form. They can be contacted in the Percy Gee Building; or by telephone on 0116 223 1132; or by email at educationunit@le.ac.uk.

<table>
<thead>
<tr>
<th>Your student information</th>
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</thead>
<tbody>
<tr>
<td>First name</td>
</tr>
<tr>
<td>Family name</td>
</tr>
<tr>
<td>Student number</td>
</tr>
<tr>
<td>Programme of study</td>
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<td>Year of study</td>
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<table>
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<tr>
<th>Your assessments</th>
</tr>
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<tbody>
<tr>
<td>Assessment or Examination title</td>
</tr>
<tr>
<td>2T</td>
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<tr>
<td>2T</td>
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</tbody>
</table>
Your mitigating circumstances

Please set out clearly and concisely details of the circumstances that you believe have affected your academic performance:

2T

Please provide the precise dates of the period(s) effected by your mitigating circumstances:

2T

Please list the supporting evidence that you have attached to this form in support of your application. Please note that you are responsible for obtaining the appropriate evidence; the Medical School will not seek documentary evidence on your behalf:

2T

2T

2T

2T

Please note that supporting evidence must be written in English; where original documentation is written in another language please also provide a verified translation.

Have you submitted a Personal Tutor Summary Form?  Yes ☐  No ☐

Have you submitted a Pastoral Care Summary Form? Yes ☐  No ☐

What happens next?

The information on this form and your supporting evidence will be considered by the Department’s Mitigating Circumstances Panel.

The most important thing to understand is that in the MBChB mitigation never affects marks, grades or whether or not you pass an assessment. It cannot permit you to progress into a subsequent year (or to graduate) if your examination performance would otherwise prevent this. Mitigation only affects how the School deals with a student who has failed an assessment. If the Panel agrees that your mitigating circumstances should be accepted as affecting your assessment/examination it will ask the Board of Examiners to take this into account when it makes a decision.

This form must be submitted to:
Mr David Parker
Secretary to the Mitigating Circumstances Panel
Medical Sciences Building
dkp7@le.ac.uk

October 1st 2012
The University recognises that students may suffer from an illness or other serious and unforeseen event or set of circumstances which may mean that they cannot attend an assessment or if they do attend the assessment that their performance may be suboptimal. In such cases the mitigating circumstances regulations and procedures may be applied. These regulations are designed to ensure the fair and consistent treatment of all students.

The regulations on mitigating circumstances procedures are part of the Regulations governing the Assessment of Students on Taught Programmes of Study and can be found in the [General Regulations for Taught Programmes](#). The University guidance applies to medical students. There are some additional points that are specific to the MBChB programme and these are outlined below and in bold.

**What is a mitigating circumstance?**

The University defines mitigating circumstances as follows. A mitigating circumstance is a serious or significant event which is unforeseen and unpreventable and could have significantly impaired the academic performance of a student in one or more assessed activities, possibly over a period of time. Mitigating circumstances may include medical matters or events directly affecting someone other than the student.

Examples of mitigating circumstances may include:

- significant physical or psychological illness
- severe personal difficulties
- serious illness or death of a member of your immediate family (e.g. mother, father, sister, brother, spouse, son, daughter)
- sudden deterioration in a long standing medical condition or disability
- being the victim of a serious crime
- legal proceedings requiring attendance at court.

The following would not normally be accepted as mitigating circumstances:

- failure to read the examination timetable or coursework deadline properly
- pressure of work
- failure to save work properly
- minor illnesses or self-induced conditions (colds, hangovers etc.)
- religious festivals
- domestic or personal disruptions which may have been anticipated (e.g. moving house, holidays etc.)
- sporting fixtures.
Evidence of mitigating circumstances

Students must submit the appropriate mitigating circumstances form and supply the department with supporting documentation from an appropriate third-party as evidence of the mitigating circumstance.

The evidence must explain: (1) what the circumstance is; (2) exactly how it affected you in relation to your studies/assessment; (3) precisely when (i.e. identifying which assessments were affected); (4) what action the student has taken in an attempt to address the problem (e.g. interaction with Personal Tutor or Student Support).

The student is responsible for obtaining the appropriate documentary evidence and ensuring that it is submitted on time. The University will not, seek documentary evidence on the student’s behalf. The evidence submitted in relation to any mitigating circumstances claim must be in English. It is the responsibility of the student to obtain and submit a verified translation if the original evidence is in another language.

<table>
<thead>
<tr>
<th>Examples of evidence of mitigating circumstances</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serious physical illness</td>
</tr>
<tr>
<td>Psychological illness</td>
</tr>
<tr>
<td>Severe personal difficulties</td>
</tr>
<tr>
<td>Serious illness or death of an immediate family member or close friend</td>
</tr>
<tr>
<td>Sudden deterioration in a long standing medical condition or disability</td>
</tr>
<tr>
<td>Being the victim of a serious crime</td>
</tr>
<tr>
<td>Legal proceedings requiring attendance at court</td>
</tr>
</tbody>
</table>

The above examples are indicative.

In addition to the above evidence, the student will be required to submit a personal tutor report or Student Support report confirming the actions that the student has taken to resolve the problem.
Mitigating circumstances will apply for all summative assessments in relation to the MBChB programme.

SUBMISSION OF MITIGATING CIRCUMSTANCE

Students are responsible for ensuring that the Department of Medical and Social Care Education is notified of any mitigating circumstances and for supplying supporting documentation.

A Mitigating Circumstances form with relevant documentary evidence must be submitted in advance of the Mitigating Circumstances Panel and Boards of Examiner meeting related to that particular assessment. A mitigating circumstance form may be submitted during the 5 working days prior to the start of the examination. Where the examination consists of both a written and a clinical (OSCE) element the deadline for submission is during the 5 days prior to the first of the series of examinations. Students who submit a mitigating circumstances form during the 5 days prior to an assessment should also complete a Pastoral Care or Personal Tutor summary form.

If a student is unable to attend an assessment because of mitigating circumstances they must submit a mitigating circumstances form to the secretary of the Mitigating Circumstances Panel within 5 working days of completion of the assessment to which it relates. The University reserves the right to verify the authenticity of any evidence submitted. Similarly, in the case of students who feel that their exam performance may have been adversely affected by an event occurring in the last 2 working days prior to an assessment or during the assessment itself, a mitigating circumstances form should be submitted within 5 working days of the completion of the assessment to which it relates. In the case of a sudden adverse event that occurs in the 2 working days prior to an assessment or during the assessment itself it is accepted it may not be possible to submit a Personal Tutor or Pastoral Care summary form.

Failure to divulge information and provide evidence at the appropriate time or the inability of the University to verify documentary evidence may mean that a Board of Examiners has insufficient information to accept mitigating circumstances.

MITIGATING CIRCUMSTANCES FORM

The Mitigating Circumstances form for medical students is published on the Medical School website and on Blackboard.

The Mitigating Circumstances form must be submitted to Mr David Parker (dkp7@le.ac.uk), the Secretary to the Mitigating Circumstances Panel.
MITIGATING CIRCUMSTANCES PANEL

The Boards of Examiners will establish a Mitigating Circumstances Panel to consider submissions. Membership of Panels will be determined by Heads of Department and will be drawn from the internal examiners.

The Mitigating Circumstances Panel will consist of the following:

- Chair of the Mitigating Circumstances Panel (who will normally be a clinician with consultant status, but not involved in the assessment process)
- Named Deputy Chair (to ensure consistency and appropriate cover)
- Two or three members drawn from the Panel of Examiners
- One member appointed at the discretion of the Head of the Department. This may be a lay member.
- Secretary to the Mitigating Circumstances Panel, Mr David Parker

Mitigating Circumstances Panels will meet prior to Board of Examiners or Panel of Examiners. Mitigating Circumstances Panels will consider cases on the basis of documentary evidence and will operate under delegated powers from the Board of Examiners.

Mitigating Circumstances Panels will be responsible for determining whether sufficient grounds have been established and for making recommendations to the Board of Examiners on whether mitigation should be applied to the outcomes of specific pieces of students’ assessment. Mitigating Circumstances Panels will do so without evidence of the student’s performance for that particular assessment.

NOTE: The recommendations made by the Panel will take into account the nature of the MBChB Programme and the expectation that students are required to work as safe future doctors.

Departments shall keep a formal record of the discussions and recommendations of Mitigating Circumstances Panels.

Mitigating Circumstances Panels make one of the following recommendations to the Board / Panel of Examiners:

- Mitigation considered and accepted.
- Mitigation considered and not accepted.

Where mitigating circumstances are accepted by a Mitigating Circumstances Panel, Mitigating Circumstances Panels shall not make a judgement about the extent to which accepted mitigating circumstances have affected a student’s performance; marks will not be adjusted and there will be no tariff.

At the Board of Examiners meeting for the relevant assessment, the Board will only consider the report from the Mitigating Circumstances Committee in respect of those students who have failed the assessment. In the case of those students whose mitigation has been considered and not accepted, the Board will make its progress decisions in the usual way. In the case of students whose mitigation has been considered and accepted, the Board will take into account the fact that
mitigation has been accepted and this may affect the student’s progress decision providing that the decision falls within the University regulations for the MBChB programme.

The examination marks and progress decisions released following the meeting of the Board of Examiners should clearly identify results where mitigation has been considered and applied.

Boards of Examiners will accept the recommendations of Mitigating Circumstances Panels but will not be expected to receive evidence. Boards of Examiners will determine the outcome of an assessment for an individual student in the light of the Mitigating Circumstances Panel’s recommendation.

NOTE: Mitigation will not affect marks, grades or whether or not a student passes an assessment or examination. It cannot permit a student to progress into a subsequent year (or to graduate) if the examination performance would otherwise prevent this. Mitigation only affects how the School deals with a student who has failed an assessment. If the Panel agrees that mitigating circumstances should be accepted as affecting an assessment/examination it will ask the Board of Examiners to take this into account when it makes a decision.

The paragraph below is to provide advice to students with regard to completing a mitigating circumstances form,

Help with mitigating circumstances

Help and support is provided on a number of levels within the Medical School. Students in Phase 1 of the course will have a tutor who will be familiar with the mitigating circumstances process. However the responsibility for completing the form lies with the student. If the student has experienced significant problems or difficulties in the run-up to the examination it would normally be expected that the student will have met with staff from the Student Support Unit. Many students experience difficulties and with appropriate support progress do well. The Medical School expects students to make use of appropriate support structures and to take responsibility for their own health and welfare.

- if your circumstances mean you might need time away from study your personal tutor/Student Support Unit will be able to advise you whether a formal suspension of studies is a possibility. The Medical School has published separate guidance on “Suspension of Studies” and these should be consulted.
- if you have or suspect you have a learning difficulty (e.g. dyslexia) your personal tutor/department can refer you to the AccessAbility Centre;
- if you are experiencing financial difficulties your personal tutor/department can direct you to Student Welfare Services.

Your primary contact for support in your department is your personal tutor. If for some reason you don’t feel comfortable discussing your particular mitigating circumstance with your personal tutor don’t worry; approach another member of staff in your department instead.

For students in Phase 2 of the course the personal tutors may have less experience with University regulations. However, many will gladly help. Students are welcome to contact the Student Support Unit and other staff within the Medical School.

The Education Unit in the Students’ Union will be able to provide help as you fill in the form. They can be contacted in the Percy Gee Building; or by telephone on 0116 223 1132; or by email at educationunit@le.ac.uk.

October 1st 2012
Mitigating Circumstances
Personal Tutor Form and Pastoral Support Form

Relationship between Mitigating Circumstances, Fitness to Practise and Pastoral Support

The GMC document, Medical Students: Professional Values and Fitness to Practise states that [paragraphs 35-38 and Table 1] medical students should be aware that their own poor health may put patients and colleagues at risk. The GMC requires that in order to demonstrate that they are fit to practise, students should seek medical or occupational health advice, or both, if there is a concern about their health, including mental health and medical students should accept that they might not be able to accurately assess their own health and be willing to be referred for treatment and engage any recommended treatment programmes.

Leicester Medical School students who are concerned about their physical or mental health should contact either their Personal Tutor or the Student Support Office. The majority of students will be seen within 48 hours.

Students who submit a Mitigating Circumstances form prior to an assessment should obtain either a Personal Tutor Summary form or a Pastoral Support Summary form from their Personal Tutor or the Student Support Office and should submit their form with their Mitigating Circumstances form. A copy of the forms is given below.
### PERSONAL TUTOR SUMMARY FORM

#### Your student information

<table>
<thead>
<tr>
<th>Name</th>
<th>2T</th>
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<tbody>
<tr>
<td>Student number</td>
<td>2T</td>
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<tr>
<td>Year of Study</td>
<td>2T</td>
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<tr>
<td>Date and title of assessment</td>
<td>2T</td>
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<tr>
<td>Name of Personal Tutor</td>
<td>2T</td>
</tr>
<tr>
<td>Date of first contact with Personal Tutor</td>
<td>2T</td>
</tr>
</tbody>
</table>

I confirm that the above student has been seen by me, their Personal Tutor. The student was advised that the problems he/she has experienced are within those normally experienced by medical students and that they should continue on the course and take the assessment above.

Yes ☐

I confirm that the above student has been seen by me, their Personal Tutor, and that the student has already sought and received professional support.

Yes ☐

I confirm that the above student has been seen by me, their Personal Tutor, and advised that in view of the severity of his/her problems, that the student should arrange to meet with the Pastoral Support Team.

Yes ☐

Please tick appropriate box

#### Personal Tutor signature (electronic or written version):

This form must be submitted to:

Mr David Parker
Secretary to the Mitigating Circumstances Panel
Medical Sciences Building
dkp7@le.ac.uk

### PASTORAL SUPPORT SUMMARY FORM

February 27th 2013
### Your student information

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
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</thead>
<tbody>
<tr>
<td>Name</td>
<td>2T</td>
</tr>
<tr>
<td>Student number</td>
<td>2T</td>
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<tr>
<td>Year of Study</td>
<td>2T</td>
</tr>
<tr>
<td>Date and title of assessment</td>
<td>2T</td>
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</tbody>
</table>

**NAME OF PASTORAL SUPPORT TEAM MEMBER:** 2T

<table>
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<tr>
<th>Field</th>
<th>Value</th>
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<tbody>
<tr>
<td>Date of first contact with Pastoral Support Team</td>
<td>2T</td>
</tr>
<tr>
<td>Number of times seen by Pastoral Support Team</td>
<td>2T</td>
</tr>
</tbody>
</table>

I confirm that the above student has been seen by the Pastoral Support Team. The student was advised that the problems he/she has experienced are within those normally experienced by medical students and that they should continue on the course and take the assessment above.

Yes ☐

I confirm that the above student has been seen by the Pastoral Support Team and advised that in view of the problems that the student has suffered, that he/she should seek appropriate support/help/advice.

Yes ☐

I confirm that the student has sought appropriate support/help/advice.

Yes ☐

I confirm that the student has not sought appropriate support/help/advice.

Yes ☐

I confirm that the above student has been seen by the Pastoral Support Team and advised that in view of the severity of his/her problems, that the student should suspend their studies. The student has been advised to seek appropriate support.

Yes ☐

**Please tick appropriate box**

**Student Support signature (electronic or written version):**

**This form must be submitted to:**

Mr David Parker  
Secretary to the Mitigating Circumstances Panel, Medical Sciences Building, dkp7@le.ac.uk

February 27th 2013
Leicester Medical School: Professionalism and Professionalism Concerns
Group (PCG)

Introduction/Principles

University Regulations
The University of Leicester Regulations state that students are expected to show consideration for the feelings and sensibilities of others, to play their part in maintaining a harmonious atmosphere among fellow students and staff and to conduct themselves with propriety at all times when they can be identified as a representative of the University. This includes behaviour both in and around University buildings, in public places and in the use of on-line services. The regulations regarding the University’s definitions of misconduct and general expectations of students in relation to their Personal Conduct, their Academic Honesty and Academic Obligations, and their Professional Conduct may be consulted at General Regulations for Taught Programmes
http://www.le.ac.uk/sas/regulations/general-regulations-for-taught-programmes:

General Medical Council (GMC) Regulations
Leicester Medical School’s policies regarding Medical Student Fitness to Practise are governed by the GMC including those principles detailed in Tomorrows Doctors (http://www.gmc-uk.org/education/undergraduate/tomorrows_doctors_2009.asp) and Medical Students: professional values and fitness to practise (http://www.gmc-uk.org/education/undergraduate/professional_behaviour.asp).

Medical Schools equip medical students with the scientific background and technical skills they need for practise. But, just as importantly, they must enable new graduates to both understand and commit to high personal and professional values. University Medical Schools have a responsibility to the public, to employers and to the profession to ensure that only those students who are fit to practise as doctors are allowed to complete the curriculum and gain provisional registration with a licence to practise. This responsibility covers both the thorough assessment of students’ knowledge, skills and behaviour, and appropriate consideration of any concerns about a student’s performance, health or conduct (Tomorrow’s Doctors GMC 2009). These responsibilities have been further defined and highlighted in the Francis report (http://www.midstaffspublicinquiry.com/report)

It is important to recognise and document concerns regarding student performance as particular patterns of behaviour, if not addressed, can recur during postgraduate practise. The Professionalism Concerns process at Leicester Medical School provides a means for categorising and monitoring medical students who are giving cause for concern who have not reached the threshold for referral to formal Fitness to Practise procedures. The aim is to provide a supportive approach which facilitates early intervention, active management and remediation where appropriate. The group operates a range of interventions ranging from written work to promote reflection on professional attitudes, through to sanctions including finding that a student has neglected their Professionalism Obligations and/or referral to Fitness to Practise proceedings. The latter two sanctions may be imposed when there is no evidence of engagement, improvement or where there are concerns regarding patient safety.

October 1st 2012
Neglect of Professionalism Obligations

A medical student whose unprofessional behaviour has been a cause of serious concern may be deemed by the Professionalism Concerns Group (PCG) to have neglected their Professionalism Obligations. Students who are deemed to have neglected their Professionalism Obligations would normally, but not always, be on a Red category of alert (see below). Students referred to the Fitness to Practise Committee would normally be deemed to have neglected their Professionalism Obligations. A student who has neglected his/her Professionalism Obligations will be reported to the next Board of Examiners who will receive a report from the Chair of the PCG. As is the case for other forms of academic failure, the Board of Examiners may recommend a repeat of the year. As is the case for other forms of academic failure, students may repeat a year as a consequence of Neglect of Professionalism Obligations on a single occasion only during the 4 or 5-year MBChB Programme.

The Professionalism Concerns Group

Duties

1) Receive reports from Unit or Block leads or any other individual or group having concerns about the lack of professionalism of a student.

2) In the event that the Director of Undergraduate Medical Education is made aware of unprofessional conduct by a medical student that places a patient at risk, then the Director of Undergraduate Medical Education will remove the student from patient contact and arrange for the student to appear before the Professionalism Concerns Group.

3) Maintain a register of students whose lack of professionalism is a concern, placing them into one of three categories:
   a) Red: This student is giving serious cause for concern, needs intense monitoring and support, and may be referred to the Head of Department of Medical and Social Care Education or a Deputy designated by him, or into formal systems such as the Fitness to Practise Committee. Students in the red category are at particular risk of being in Neglect of their Professionalism Obligations.
   b) Amber: This student is giving moderate cause for concern, because of lack of professionalism, or because they are in the process of resolving difficulties which led to a red categorisation previously. They remain subject to close monitoring and targeted support.
   c) Green: This student has been either in the red or amber category, and has acted to reduce concern, leaving them under continuing lighter touch monitoring.

Students who are not a cause for concern are not recorded on the register.
4) Consider and advise students whose health problems may impair their fitness to practise.

5) Refer students for investigation by the College Fitness to Practise Committee when a student’s unprofessional behaviour has exceeded the threshold for referral to the Fitness to Practise Committee. Decisions regarding the threshold for referral to the Fitness to Practise Committee will be guided by the relevant GMC guidance (http://www.gmc-uk.org/education/undergraduate/professional_behaviour.asp#18defining). Some of this guidance is given in Appendix A.

6) Refer students who have been deemed to have neglected their Professionalism Obligations to the next meeting of the Board of Examiners.

7) Provide recommendations concerning formal interview or warnings to be issued by the Head of Department according to University regulations governing student discipline.

8) Refer students, when appropriate, to the Head of Department for consideration of referral to the relevant Authorised Officer of the University.

9) Notify student in writing of matters of concern raised about their lack of professionalism, and provide information regarding monitoring by PCG with a copy placed on the relevant student’s record.

10) Refer students to the Professionalism Support Team and receive from the Professionalism Support Team a Professionalism remediation plan.

11) Receive and actions reports, and provide monitoring following pre-admission student Fitness to Practise Panel decisions.

12) Receive and actions reports, and provide monitoring following registered student Fitness to Practise Panel decisions.

13) Manage requests for information from the Fitness to Practise Committee regarding previous professional concerns for students on the PCG register.

14) To provide a report to the Boards of Examiners concerning students who have been in Neglect of their Professionalism Obligations.

15) To provide a remediation plan, with clear objectives, for those students who having been in Neglect of their Professionalism Obligations and have been required by the Board of Examiners to repeat a year.

October 1st 2012
16) Produce and distribute an annual report for quality evaluation by the Board of Studies for the MB ChB.

**Reporting Arrangements**

The Professional and Academic Concerns Group will report to the Board of Examiners and to the Board of Studies for the MBChB, which reports to the College Academic Committee and through that Committee to the University Senate.

**Membership**

Membership of the Professionalism Concerns Group will consist of:

(a) The Director of Undergraduate Medical Education  
(b) The Phase 1 Lead  
(c) The Phase 2 Lead  
(d) One other member of academic staff for MB ChB programme  
(e) An experienced clinician affiliated to the Medical School  
(f) An administrative secretary appointed by the Departmental Manager  
(g) One further member may be appointed at the discretion of the Head of the Department. This may be a lay member

**Chair**

1) The Professionalism Concerns Group will be chaired by the MB ChB Director of Undergraduate Medical Education  
2) The Chair will represents the PCG at the Board of Examiners and the Board of Studies for the MBChB  
3) If the Chair is unavailable for any duties then he/she will nominate a deputy from the PCG members.

**Frequency of Meetings**

Meetings will be held at least every two months.

**Frequency of Attendance by Members**

Regular attendance by members is essential. Representatives should endeavour to attend at least 75% of meetings and find a deputy on other occasions.

**Quorum**

Chairperson plus a minimum of 3 members.

October 1st 2012
Administration

1) Agenda items will normally be received 1 week before the meeting.

2) Agenda will normally be circulated 48 hours before the meeting.

3) Draft notes of the meeting will normally be circulated within 2 weeks after the meeting. Following ratification at the next meeting, ratified notes will be disseminated.

4) Letters to students to be circulated by secure email within 2 weeks after the meeting.

Support

Secretarial support will be provided by the Department of Medical and Social Care education.

Review of Terms of Reference

These terms of reference are subject to a yearly review.

Monitoring / Audit Arrangements of the Group

Compliance of these terms of reference will be audited annually by the Board of Studies.
Appendix A

Defining the threshold of student fitness to practise

1. A student’s fitness to practise is called into question when their behaviour or health raises a serious or persistent cause for concern about their ability to continue on a medical course, or to practise as a doctor after graduation. This includes, but is not limited to, the possibility that they could put patients or the public at risk, and the need to maintain trust in the profession.

2. In these circumstances, a student should be considered by fitness to practise procedures at the medical school. If a student’s poor behaviour or health is to be considered through a university’s general disciplinary procedures, this does not prevent it also being considered through the medical school’s formal fitness to practise procedures. The two procedures will operate under different criteria, and it is important that they do not occur simultaneously. In general, university disciplinary procedures should consider the issue in the first instance and a fitness to practise hearing should take place once the disciplinary hearing has finished and the facts have been established.

3. Medical schools should consider the fitness to practise of medical students in relation to how it may have an impact on patient and public safety, and on the public’s trust in the medical profession.

Illustrating the threshold of student fitness to practise

1. Investigators and panellists at medical schools must consider whether a student has engaged the fitness to practise threshold on a case-by-case basis.

2. When considering this threshold, they may want to consider the following questions:

   Has a student’s behaviour harmed patients or put patients at risk of harm?

   Harm or risk of harm may be demonstrated by an incident or a persistent series of incidents that cause concern to personal tutors and academic or clinical supervisors. A series of incidents could indicate persistent failings that are not being, or cannot be, safely managed through pastoral care or student support. Or it may be that care and support have been tried and have failed.

   Has a student shown a deliberate or reckless disregard of professional and clinical responsibilities towards patients or colleagues?

   An isolated lapse from high standards of conduct – such as a rude outburst – would not in itself suggest that the student’s fitness to practise is in question. But the sort of persistent misconduct, whether criminal or not, that indicates a lack of integrity on the part of the student, an unwillingness to behave ethically or responsibly, or a serious lack of insight into obvious professional concerns, would bring a student’s fitness to practise into question.

   Is a student’s health or impairment compromising patient safety?

   A fitness to practise procedure does not need to be initiated solely because a student is ill, even if the illness is serious. However, a student’s fitness to practise is brought into question if it appears that they have a serious medical condition and they do not appear to be following appropriate medical advice as necessary in order to minimise the risk to patients and colleagues.

   As explained in paragraph 48, although unlikely given reasonable adjustments, an impairment or health condition may make it impossible for a student to meet the outcomes set by the GMC at the
point of graduation. In these rare cases, it may be appropriate to consider the student through formal fitness to practise procedures.

Has a student abused a patient’s trust or violated a patient’s autonomy or other fundamental rights?

Conduct that shows that a student has acted without regard for a patient's rights or feelings, or abused their professional position as a medical student, will usually give rise to questions about fitness to practise.

Has a student behaved dishonestly, fraudulently, or in a way designed to mislead or harm others?

The medical school should take action if a student’s behaviour is such that trust in the medical profession might be undermined. This might include plagiarism, cheating, dishonesty in reports and logbooks, forging the signature of a supervisor, or failing to comply with the regulations of the medical school, university, hospital or other organisation.

Categories of concern

The Table below sets out areas of concern that may call into question whether a student is fit to practise. This is not an exhaustive list but indicates the most common concerns identified by medical schools. However, decisions about the behaviour or health of students must be considered on a case-by-case basis, and should be based on whether the behaviour or health calls into question either the student’s ability to continue on a medical course, or their fitness to practise as a doctor after graduation.

<table>
<thead>
<tr>
<th>Areas of concern</th>
<th>Some examples of concern</th>
</tr>
</thead>
</table>
| Criminal conviction or caution | Child pornography  
Theft  
Financial fraud  
Possession of illegal substances  
Child abuse or any other abuse  
Physical violence |
| Drug or alcohol misuse | Drunk driving  
Alcohol consumption that affects clinical work or the work environment  
Dealing, possessing or misusing drugs even if there are |
| **Aggressive, violent or threatening behaviour** | no legal proceedings |
| **Assault** | |
| **Physical violence** | |
| **Bullying** | |
| **Abuse** | |
| **Persistent inappropriate attitude or behaviour** | |
| **Uncommitted to work** | |
| **Neglect of administrative tasks** | |
| **Poor time management** | |
| **Non-attendance** | |
| **Poor communication skills** | |
| **Failure to accept and follow educational advice** | |
| **Cheating or plagiarising** | |
| **Cheating in examinations, logbooks or portfolios** | |
| **Passing off others’ work as one’s own** | |
| **Forging a supervisor’s name on assessments** | |
| **Dishonesty or fraud, including dishonesty outside the professional role** | |
| **Falsifying research** | |
| **Financial fraud** | |
| **Fraudulent CVs or other documents** | |
| **Misrepresentation of qualifications** | |
| **Unprofessional behaviour of confidentiality or attitudes** | |
| **Breach of confidentiality** | |
| **Misleading patients about their care or treatment** | |
| **Culpable involvement in a failure to obtain proper consent from a patient** | |
| **Sexual, racial or other forms of harassment** | |
| **Inappropriate examinations or failure to keep appropriate boundaries in behaviour** | |
| Health concerns and insight or management of these concerns | Persistent rudeness to patients, colleagues or others  
| | Unlawful discrimination  
| | Failure to seek medical treatment or other support  
| | Refusal to follow medical advice or care plans, including monitoring and reviews, in relation to maintaining fitness to practise  
| | Failure to recognise limits and abilities or lack of insight into health concerns  
| | Treatment-resistant condition. |
Permanent Withdrawal from the MBChB course

A small number of students will permanently withdraw from the MBChB course. These guidelines indicate the procedures that should be followed.

This guidance is for students who choose to permanently withdraw from the MBChB course.

NOTE: This guidance is not for students whose course is terminated for academic reasons or for those students removed from the course with regard to fitness to practise. Those students will follow the guidance of the Board of Examiners and the Fitness to Practise Committee.

Students will choose to permanently withdraw from the MBChB course for reasons that may include:

- To seek employment
- Financial
- Personal
- Medical
- To transfer to another course within the University
- Other reason

A number of students will experience personal, health or financial problems during the course. The Medical School seeks to provide support through the Student Support Service within the School and the University.

For students experiencing problems of this nature there are a range of options available. These will vary depending on individual circumstances. The majority of students will continue on the course with appropriate support.

Some students will take a period of Suspension of Studies. This is outlined in the guidance on Suspension of Studies.

Some students will have concerns about their career intentions. The Medical School will provide support and career advice. Students will be referred to appropriate University services.

It is acknowledged that with the support outlined above there will be a small number of students who are not able to continue on the course.

It is expected that in all cases of personal or health issues the Student Support Unit will have been involved.

In some cases the matter will have been dealt with by the Professionalism Concerns Group.

In all cases the decision requires the approval of the Director of Undergraduate Medical Education.

Students are required to complete a Permanent Withdrawal form. This is to be found at the University WEB-page: http://www2.le.ac.uk/offices/sas2/studentrecord/withdrawal/permanent

The student will submit the form to the Director of Undergraduate Medical Education

At the conclusion of the above process the student will receive formal notification in which the following will be outlined:

I. That the permanent withdrawal request has been approved as from a specified date

October 1st 2012
II. That the student has access to appropriate support to manage this process up until a specified time.

III. That the student has access to appropriate career advice and guidance

IV. Some students will be eligible for the degree of BMedSci and this is outlined in the Regulations. Students will be given a deadline for the acceptance of this degree.

If a student makes a request for permanent withdrawal, and is not attending the course, he/she is required to complete a permanent withdrawal form. The Head of Department will define a time period whereby the form must be returned. Students will normally be given four weeks. If the form is not returned within this time period then the student will be deemed to have permanently withdrawn.

Once a student has permanently withdrawn from the course he/she will not be allowed to return to the course at a future date. This will be communicated to the student in writing.
LEICESTER MEDICAL SCHOOL

MBChB

Code of Practice for Quality Management
Introduction
This Code of Practice defines responsibilities, processes and procedures for the quality management and enhancement of the MB ChB Programme. It complements and extends the ‘Code of Practice for the Management of the Programme’. This Code of Practice will require significant investment in information technology infrastructure and personnel. It is proposed to have the Code of Practice fully implemented by September 2017.
Quality processes for the MB ChB are managed by individuals leading integrated teams of academic and administrative staff overseeing quality control in education provider units within and outside the Medical School, and governed by a committee structure which reports to quality structures within the University and beyond.
Quality Assurance of these processes is the responsibility of the General Medical Council, through its Quality Improvement framework.

Management of Quality
The individual responsible for the quality of the MB ChB provision at Leicester is the Director of Undergraduate Medical Education, who is accountable to the Head of the Department of Medical & Social Care Education, and through him/her to the Head of the College of Medicine & Biological Sciences, and ultimately the Vice Chancellor.
Responsibility for the operation of quality management processes is delegated to the Quality Leads, who lead the Quality Unit. The responsibilities of the Quality Leads are defined in the Code of Practice for Management of the Programme, and are reproduced below.
The body responsible for the Governance of Quality is the MB ChB Board of Studies, which reports to the Academic Committee of the College of Medicine, Biological Sciences & Psychology, and through that to the Academic Policy Committee of the University, and the University Senate.

Management of the MB ChB at Leicester
Governance of quality

The body responsible for the governance of quality of the MB ChB is the Board of Studies.

The Board of Studies for the MB ChB

The remit of the Board of Studies is to ensure that the programme management structures are fit for purpose, and that they deliver the programme to the standards prescribed by the General Medical Council in ‘Tomorrows’ Doctors’ (2009). The membership includes members of the Programme Executive plus a majority of ‘non-executive’ members drawn from University staff, NHS staff, lay members and students. The tenure for those posts that are not ex-officio will be 3 years.

Membership

A Senior Clinician who is not a member of the Department of Medical and Social Care Education – Chair

The Head of the College of Medicine, Biological Sciences & Psychology ex-officio

The Head of Department of Medical and Social Care Education ex-officio

The Director of Undergraduate Medical Education ex-officio

The leads for Quality Management ex-officio

The Domain leads for Curriculum and Assessment (Domain 5) ex-officio

The Associate Medical Director for Education for UHL or a representative ex-officio

A clinician with expertise in Equality and Diversity issues

Three clinical teachers from the NHS. One should be a General Practitioner, the other two should be from Kettering, Northampton, Burton, Boston, Peterborough hospitals or Leicestershire Partnership Trust

The East Midlands Foundation School Director or his/her nominated representative ex-officio

Two current medical students [one Phase I and one Phase II], elected by the student body

A lay representative

A representative of the Nursing Profession who has educational experience

Frequency of meetings

The Board of Studies shall meet at least three times in each academic year, but may meet more frequently if necessary. Responsibility for calling meetings and the construction of the agenda, in consultation with the Programme Executive and Board members, shall lie with the domain leads for domain 2, quality assurance, review and evaluation. The Departmental Manager will allocate secretarial support to the Board of Studies.

Responsibilities of the Board of Studies

The Board of Studies is responsible for:

- The overall strategy for the MB ChB programme, including the management structures for effective delivery to GMC standards.
- Monitoring the effective delivery of the MB ChB to GMC standards through receipt of quality reports from the Programme Executive.
- Approval of codes of practice for the operation of the programme.
- Approval of course documentation.
- Approval of proposals for programme change to be submitted to the College Academic Committee.
- Monitoring interactions with the General Medical Council, including annual reports and periodic visits.
Responsibilities of the Quality Lead

The **Quality Leads** will work with all other leads and Programme teams to ensure that the quality of medical education is monitored, reviewed and evaluated in a systematic way.

The Quality Leads will be responsible to the Director of Undergraduate Medical Education for:

- Maintaining in collaboration with the other leads a clear framework for quality management and quality control, with explicit definition of individual responsibilities within that framework – the ‘Code of Practice for Quality Management’
- Managing systems to monitor undergraduate medical education (including admissions, courses, placements, student supervision and support, assessment and resources) in order to ensure that they meet required standards of quality.
- Working with the Director of Undergraduate Medical Education to ensure that agreements are in place with providers of each clinical or vocational placement, and ensure that there are systems to monitor the quality of teaching and facilities on placements.
- Ensuring that regular reports are produced about different stages or aspects of the Programme and their delivery, to be considered at appropriate management levels of the medical school, especially the Board of Studies.
- Working with the Director of Undergraduate Medical Education to ensure that there are functioning systems to plan, implement and review enhancements or changes to the Programme.
- Ensuring that comprehensive quality data are collected, analysed and presented to appropriate programme management teams and governance structures. Quality data must include:
  - Evaluations by students and data from Medical School teachers and other education providers about placements, resources and assessment outcomes
  - Feedback from patients
  - Feedback from employers about the preparedness of graduates
- Working with the Director of Undergraduate Medical Education and other domain leads to ensure that concerns about or risks to the quality of any aspect of undergraduate medical education are identified and managed quickly and effectively.

The Quality Leads will also be responsible for coordinating the preparation of reports to University Quality Assurance procedures, including annual monitoring documentation and University periodic review.

The Quality Leads will work with the Director of Undergraduate Medical Education and other leads to prepare documentation for GMC quality assurance process, including the Medical Schools Annual Report, and Quality Assurance visits.

**Domain 2 – Quality assurance, review and evaluation**
Quality Management Processes

The General Medical Council defines **Quality Management** as the processes through which the Medical School satisfies itself that education provider units are meeting GMC standards as defined in ‘Tomorrow’s Doctors’ (2009). In this context an ‘education provider unit’ (EPU) may be a group of University staff responsible for some part of the programme delivered largely within the University, or an NHS or other body (Trust, General Practice or other body) delivering clinical education.

Each Education Provider Unit (described by the GMC as a ‘Local Education Providers’ (LEPs)) is expected to operate **Quality Control**, which is the arrangements through which EPUs (parts of University provision, NHS trusts, the independent sector and any other service providers that host and support medical students) ensure that medical students receive education and training that meets local, national and professional standards, and is of high quality.

**Education Provider Units**
- Within the University:
  - Teams responsible for each programme element delivered in the University (units in Phase 1 etc)
  - The selection team
  - The assessment team
  - The support team
  - The resources team
- Outside of the university
  - NHS Trusts delivering undergraduate medical education
  - General practices delivering undergraduate medical education

The GMC itself exercises **Quality Assurance** through a set of processes with four components:
- approval against standards
- shared evidence
- visits including checks
- responses to concerns.

The Quality Unit, led by the Quality Leads is therefore responsible for monitoring Education Provider Units both within the University and outside using processes analogous to the quality assurance processes operated by the General Medical Council.

**Approval against standards**

This is the set of processes by which the Quality Unit checks that each education provider unit has in place quality control mechanisms to address the standards in each of the domains of ‘Tomorrow’s Doctors’ which are relevant to that EPU.

Each education provider unit will provide medical education for undergraduates through:
- Responsibilities defined within the “Code of Practice for the Management of the Programme” in the case of University based EPUs
- A Service Level Agreement, which is structured around the domains of ‘Tomorrow’s Doctors’ (2009) in the case of other providers. The SLA is reproduced in Annex A to this Code of Practice.

The quality unit will maintain a **quality control register** which contains evidence from each education provider unit of the presence of processes to support the achievement of GMC standards in each domain relevant to that EPU in accordance with the Code of Practice or Service Level Agreement (SLA). This register will include, if appropriate in any case:

- A description of processes to ensure that the safety of patients is not put at risk by student’s duties, access to patients and supervision in that EPU, and that concerns about the health,
performance and conduct of any individual student are reported promptly to the Director of Undergraduate Medical Education and Support Lead.

- A description of processes within the EPU to ensure that undergraduate medical education is monitored, reviewed and evaluated in a systematic way, in partnership with the Quality Unit.
- A description of the processes within the EPU to ensure that education is fair and based on principles of equality
- Where appropriate, a description of the processes within the EPU which ensure that processes for selection are open, objective and fair
- A description of the processes within the EPU which allow the programme to be delivered according to the specification defined by the Medical School, and described in relevant programme documentation, and for assessment of students to be conducted in accordance with codes of practice for assessment
- A description of the processes within the EPU which ensure that students receive both academic and general guidance on site, and that staff within the EPU who contribute to undergraduate medical education are appropriately selected, trained, supported and appraised
- A description of the structures for the local management of undergraduate medical education within the EPU, including definition of responsibilities and a list of staff involved
- A description of the education facilities and infrastructure within the EPU which support undergraduate medical education.

**Shared evidence**

The Quality Lead will ensure that the Quality Unit collects and processes evidence on the effectiveness of undergraduate medical education within individual Education Provider Units, and across the provision as a whole. This evidence will be collected in partnership with Education Provider Units, but held within the Quality Unit in a shared data-base. Which organisation collects any particular piece of evidence, and how it is collected will be negotiated with the Quality Lead, under the general principle that evidence collection should be as effective and efficient as possible. All of the evidence relevant to any particular Education Provider Unit (which should include evidence of the quality of the provision as a whole, as well as that within the EPU) shall be visible to the EPU in a shared data-base.


**Levels of Evaluation**

![Levels of Evaluation Diagram]

October 1st 2012
**Evaluation of reaction**

This will be achieved by collecting data from students, from staff, and where appropriate from others, such as patients who are involved in the activities of each Education Provider Unit. Data will be collected and classified by EPU, with, if necessary breakdown by different components of activity within that unit (e.g. different blocks in Phase 2). The mechanism of collection of these data will be established in partnership with each EPU, and may vary from category to category.

**Student reaction**

Generally student reaction will be collected through electronic mechanisms operated by the Quality Unit, supplemented by direct contact with students via such activities as focus groups and the Student Staff Committee. On occasion, individual EPUs may collect data directly, but this will be shared and held in the Quality Unit database.

Electronic data collection from students will mostly involve questionnaires delivered through the virtual learning environment (‘Blackboard’), and will include:

- Evaluation each year of each unit in phase 1
- Evaluation each year of each block in phase 2 at each site where it is delivered
- Evaluation of student reaction to assessments
- Evaluation of student reaction to the student support systems
- Evaluation of applicant reaction to student selection systems

**Staff reaction**

This will mostly be collected through management meetings, supplemented as necessary by surveys. Staff delivering units in phase 1 and 2 meet as unit teams, and feedback on their experiences. Unit team leaders and clinical block leaders meet regularly at the Phase 1 and Phase 2 Management Groups respectively, where experience is shared and recorded. Relevant minutes will form part of the quality office data base.

**Patient reaction**

Where feasible, patient reaction will be collected through feedback obtained soon after interactions with students. This is well established in some parts of the programme, such as where students meet patients in their own homes, and where patients come into predictable contact with students.

**Evaluation of learning**

The major source of evidence in this category is analysis of the performance of students in assessments, both summative and formative. The Assessment Unit will undertake analysis both of the performance of assessments, and the patterns of performance of students taking those assessments. The quality control of the assessments themselves (psychometric analyses, verification of the accuracy of marking and data processing), is described in the Codes of Practice for Assessment, and the Quality Unit will hold a description of those processes in the quality control register. The Assessment Unit will also produce regular reports on the performance of assessments to be considered both by Boards of Examiners, and the Quality Unit.

These reports will also include data evaluating student learning. This will include information about student performance overall, such as numbers obtaining each grade and progression rates, but also, and more importantly, the average performance of the class in meeting the requirements of each part of the blueprint for the individual assessment, and over each year of the course as a whole. The Quality Unit will maintain a ‘dashboard’ showing the average performance of students in each year in each of the sixteen main GMC ‘Outcomes for Graduates’, and for each of the contexts tested in that year. This will enable areas of concern in general student progress to be identified and addressed.

The Quality Unit will also work with the Student Support unit, through the ‘concerns process’ to monitor the performance of the weakest students who are giving cause for concern.
Evaluation of Behaviour

The Quality Unit will put in place mechanisms to collect data directly about the performance of students generally in the clinical environment. In part, these mechanisms will involve overall analyses of formative feedback provided to students in each clinical block. This will be supplemented with surveys and focus groups with clinical staff seeking their views on the overall standard of student performance, and opinions on areas of weakness. It is recognised that this is a burden to organise, and for clinical staff to respond, but the reality is that staff pass these opinions regularly in an informal context and they are rarely captured formally, so the argument will be made that this is an opportunity to do so, and for clinical staff generally to influence the conduct of the programme.

Evaluation of results

This is taken to mean evaluation of the performance and progress of graduates once they have left the course. The Quality Unit will establish appropriate links with Postgraduate Deaneries to collect information on the progress of graduates. This will include as a minimum:

- Records of graduates whose performance as Foundation Doctors gives cause for concern, and analysis of the antecedents, if any, that were apparent during the medical course
- Evidence from Educational and Clinical Supervisors of perceived strengths and weaknesses in the preparedness of graduates for work as a Foundation Doctor
- First destination data for speciality training after Foundation
- Annual survey of graduates ‘perception of their own preparedness conducted in February each year at the end of the second Foundation attachment.

Visits, including checks.

The Shared Evidence will support a largely risk-based process of visits and checks. There will always be ongoing contact and liaison between Education Provider Units, the programme management structures and the Quality Unit to address quality issues which are revealed through the shared evidence base. This will be supplemented by periodic quality visits, in particular to each clinical education site (LEP). The frequency of visits to any site will be determined by a risk assessment based on the shared evidence base, but there will be at least one every two years.

The visit to an LEP will take a standard format, and will be organised by the Quality Unit. The Medical School will be represented by:

- The Director of Undergraduate Medical Education or a nominee
- The Phase 2 Lead
- A Quality Lead
- The Curriculum Manager or a representative

The LEP will be represented by:

- The Director of Medical Education (or equivalent) for the Trust
- A senior manager from the Trust
- At least one other clinical teacher from the Trust
- A curriculum administrator from the Trust

The agenda for the visit will include:

- Consideration of the shared evidence relating to the provision at that LEP
- Identification of an action plan to address any issues arising from that evidence
- Review of facilities provided for student at that site
- If necessary from the risk analysis, discussion with current students and clinical teachers at that site
- Discussion of developments in the medical school that may be relevant to that provider
- Discussion of developments in the provider that may be relevant to the medical school
A report of the visit will be produced by the Quality Unit and held as part of the shared evidence base. It is expected that this process of evidence collection and visits will be engaged with the Quality Management processes of the Postgraduate Deanery, initially through sharing of evidence, but possibly in the future through a joint process.

The process will operate differently for General Practices. Just as with other Education Provider Units evidence will be held in the Shared Evidence Base, but given the number of practices, and their size the visits process will be scaled, so that the visits are conducted by one or two appropriate Medical School staff, and any given practice will be visited on average once every five year. The general format of the visit will however be similar, and a report will be produced and held in the Shared Evidence Base. Should a concern arise then a practice may be visited much more frequently.

‘Visits’ to Education Provider Units within the University are inherent in the management processes described in the Code of Practice for Management of the Programme. Should reports in the shared evidence base require any investigation then the Quality Lead will work with the relevant EPU lead to produce a report to be considered by the Programme Executive in the first instance, which will require an action plan to resolve the issue, which will be held as a part of the shared evidence base.

**Responses to concerns**

It is expected that the process of collection and analysis of the Shared Evidence Base will reveal issues that may be managed through the production of an action plan and its implementation.

There will however be occasions where concerns about provision arise acutely, and these will be addressed actively by the Quality Unit as they arise.

Acute concerns may arise in a number of ways, and will always be taken seriously:

- Individual students may raise concerns about provision through staff at the medical school
- Student representatives may raise concerns either through the student staff committee, or directly to medical school staff
- Teachers in Education Provider Units may raise concerns
- Other staff in units, or patients may raise concerns

Concerns will be recorded on a standard form. This may be completed by the member of medical school staff who receives the form, or by the individual raising the concern. Course documentation, both on paper and electronic will flag prominently the mechanisms for raising concerns, and this will be reinforced in student briefings. The University and Medical School has a clear ‘whistle-blowing’ policy which will be followed to protect anyone raising concerns.

The Quality Lead, together with the Director of Undergraduate Medical Education, will make an initial assessment of concern, and scrutinise the shared evidence base for supporting evidence. Exceptionally it may be decided that the concern is already being addressed through existing processes, or is vexatious, in which case an appropriate response will be made to the person raising the concern.

In most cases the concern will be addressed by convening an action group, made up of:

- The Quality Lead
- The Director of Undergraduate Medical Education or representative
- An appropriate Curriculum or Assessment lead
- A student representative

The action group will consider the concern, discuss it with the education provider unit(s) involved, with if necessary a targeted visit, and produce a brief report to be considered by the Programme Executive and Board of Studies. This report will include an action plan for addressing the concern, which will be followed up by regular contact with the EPU concerned. The action plan will contain a time line for the resolution of the concern, which will be reported to the Programme Executive and Board of Studies and held on the shared evidence base.
In the event of a concern being raised about the Director of Undergraduate Medical Education or the Quality Leads, the Head of the Department of Medical & Social Care Education will take over the concerns process, and convene an appropriate group to take it to completion.

**University Governance of Quality Management**

The Director of Undergraduate Medical Education and the Quality Leads will be responsible to the Board of Studies for engagement with University Quality Assurance procedures. These include:

- Annual reporting
- Periodic review

**Annual reporting**

The Quality Leads will be responsible for producing an annual report in a standard format prescribed by the University. Following approval by the Board of Studies, this will be considered by the Academic Committee of the College of Medicine, Biological Sciences and Psychology, which reports to the University Academic Policy Committee. Each report includes a list of action points which must be reviewed at the next report. The College Academic Committee and University Academic Policy Committee analyse reports across all provision to establish common themes and imperatives for action.

**Periodic Review**

The University operates process of periodic review in which each programme of study is examined in more detail on a five year cycle. Periodic review is by a panel made up of an external assessor and senior staff from elsewhere in the University. The panel considers written evidence and interviews staff and students before producing a report which is considered by the University Academic Policy Committee and referred to the College Academic Committee. The report will contain requirements, whose achievement will be monitored, and recommendations for consideration by the programme. The Director of Undergraduate Medical Education, together with the Quality Leads will be responsible for leading preparations for conduct of and response to periodic review.

**Quality Assurance by the General Medical Council**

The Director of Undergraduate Medical Education will be the principal contact with the General Medical Council (GMC), supported by the Quality Lead, and will be responsible for engagement with GMC quality assurance processes, including:

- Approval against standards for any relevant programme developments
- Contribution to shared evidence through the process of annual reporting
- Preparation for and conduct of periodic visits under the Quality Improvement Framework
- Responses to concerns raised by the GMC

The Quality Lead will produce a draft Medical Schools Annual Report (MSAR) as prescribed by the GMC, and present it to the Board of Studies for approval before it is submitted.
EDUCATION AND PRACTICE PLACEMENT PARTNERSHIP AGREEMENT

Draft Version 1.0 February 2013
## Contents

| Introduction and Partnership principles | 3 |
| Educational Principles and Development | 8 |
| Services to be provided | 12 |
| Quality Management, Assurance and Enhancement | 16 |
| Standards for the Delivery of Teaching, Learning & Assessment: | |
| • Domain 1 | 23 |
| • Domain 2 | 25 |
| • Domain 3 | 27 |
| • Domain 4 | 28 |
| • Domain 5 | 29 |
| • Domain 6 | 33 |
| • Domain 7 | 35 |
| • Domain 8 | 36 |
| • Domain 9 | 37 |
| Core Clinical Placement agreement | 38 |
| Specific Clinical Placement agreement: | |
| o People and Disease / Student Selected Component | 42 |
| o Consultation Skills Foundation Course | 43 |
| o Health in the Community (Health inequality and health promotion); including expert patient unit | 44 |
| o Education development | 47 |
| o Patient Safety | 48 |
| o Quality improvement and Leadership | 49 |
| o Preparation for Professional Practice | 50 |
| o Clinical Examinations; including simulated patient unit | 52 |
| Practical Procedures and Simulated Learning agreement | 55 |
| Staffing agreement: | |
| o Core Clinical Teaching / Clinical Education Lead agreement | 57 |
| o Clinical Teacher agreement | 61 |
| o Clinical Administrator agreement | 62 |
| o Clinical Skills Facilitator agreement | 64 |
| Appendix 1 Practical procedures for graduates | 65 |
| SCHEDULE A – FINANCIAL DETAILS | |
| SCHEDULE B | 68 |
INTRODUCTION AND partnership PRINCIPLES

Introduction

This Education and Practice Placement Partnership Agreement (EPPA) is made between The University of Leicester, known hereafter as "the University", and [ENTER NAME OF TRUST], known hereafter as "the Trust" and "the Local Education Provider" or "Provider" for the provision of facilities and clinical placements in meeting the requirement for undergraduate medical teaching. The East Midlands Local Education & Training Board (EMLETB, LETB) is responsible for the commissioning process.

The partnership agreement recognises the importance of quality clinical and practice based learning and training as an essential component of undergraduate medical education. The document comprises core principles across specific areas. Key roles and responsibilities of all organisations in relation to each area are specified in the form of undertakings linked to standards for the delivery of teaching, learning and assessment.

This agreement sets out undertakings that the partners have agreed to. The undertakings represent a commitment by all and reflect a common understanding as to how relationships are to function. In recognition of the dynamic nature of clinical education a commitment is made by both parties to reviewing and revising this agreement on an annual basis and revising sections where required and agreed.

This agreement between the medical school and the Trust specifies the contribution, including teaching, resources and the relevant curriculum outcomes, and how these contributions combine to satisfy the requirements set out in the GMC 2009 edition of Tomorrow’s Doctors (Compliance TD para 157).

The four UK health departments have the role of ensuring that NHS organisations work with medical schools so that students receive appropriate clinical training.

The four UK health departments have a duty to make facilities in NHS hospitals and other premises available for students to receive clinical training. Resources that contribute to the delivery of the curriculum will be covered in this agreement between medical schools and the Trust.

The agreement will set out the process by which the medical schools can be clear about the allocation of the financial resources received to support undergraduate medical education (Compliance TD para 165).

The Partnership Agreement is for the period 1st April 2013 to 31st March 2014

Purpose and Aims

The purpose of this Partnership Agreement is to ensure that the Provider provides an environment that supports the learning and development of its staff and all Students who access the Provider.

The Agreement also specifies the agreed facilities, staff resource and clinical placements to be provided by the Trust for the education of undergraduate medical students.

The purchase of these facilities and placements will be from the Service Increment for Teaching (SIFT) and this will be managed through a contract between the Provider and the EMLETB as part of a Learning & Development Agreement. It is understood that...
meeting the specification in this Partnership Agreement is linked to Quality Assurance procedures exercised by the EMLETB in respect of the contract.

**Principles of Partnership Agreement**

All parties to this agreement recognise and acknowledge

- That health education and training must be provided in partnership and through engagement with education institutions, health care providers and the LETB.

- That this agreement establishes the framework and approach to providing practice based education for the University of Leicester Medical School.

- The agreement recognises the relationship that exists between the University of Leicester Medical School in providing undergraduate education and placement providers who support clinical learning opportunities for undergraduate medical students.

- That this agreement articulates and has a relationship with the Learning and Development Agreement for placement providers (NMET and MADEL Schedules).

- This Agreement endorses the principle that education, training and learning are integral to the delivery of core business of the Provider and indeed is of benefit to the Provider and reflects the active support for the principles of lifelong learning for its workforce

**Responsibilities of Partners**

**The Medical School is responsible for:**

1. Protecting patients and taking appropriate steps to minimise any risk of harm to anyone as a result of the training of their medical students.
2. Managing and enhancing the quality of their medical education programmes.
3. Delivering medical education in accordance with principles of equality.
4. Selecting students for admission.
5. Providing a curriculum and associated assessments that meet:
   - the standards and outcomes in the GMC document Tomorrow’s Doctors (2009) document
   - the requirements of the EU Medical Directive.
6. Providing academic and general support to students.
7. Providing support and training to people who teach and supervise students.
8. Providing appropriate student fitness to practise arrangements.
9. Ensuring that only students who demonstrate the outcomes set out in this document are permitted to graduate.
10. Managing the curriculum and ensuring that appropriate education facilities are provided in the medical school and by other education providers

**The placement provider organisation is responsible for:**

1. Making available the facilities, staff and practical support needed to deliver the clinical parts of the curriculum
2. Ensuring that performance of teaching responsibilities is subject to appraisal
3. Including, when appropriate, a contractual requirement for doctors to carry out teaching.

4. Releasing doctors and other staff to complete the training needed to be teachers, and to take part in professional development and quality assurance activities. This will include the delivery of appropriate training sessions related to both teaching and assessment.

5. Taking part in the management and development of the clinical education they carry out.

6. Supporting medical schools in complying with *Tomorrow’s Doctors (2009)*

7. Providing quality-control information to the medical school about their education provision.

**Sub-contracting**

The Provider will only sub contract work for reasons of clinical necessity and with the express agreement of the University. This arrangement will not be prejudicial to the requirements of the students or quality standards.

The Provider will ensure that organisations providing such placements, which involves placing students in premises not covered by the NHS indemnity scheme, or similar (including GP Practices unless undertaking work contracted from NHS bodies, voluntary and independent sector) have appropriate insurance cover for employers liability, public liability and clinical negligence.

**Confidential Information and Data Protection**

Each Party shall at all times, use its best endeavours to keep confidential, and ensure that its employees and agents keep confidential the business and affairs of the other Party. Neither party shall disclose such information except with the consent of the other Party. A disclosure by a Party in accordance with an Act of Parliament or legislation made under it, or in compliance with a Court Order shall not be an actionable breach of confidence.

All information regarding assessments will be maintained in a secure environment. Electronic documents will be protected by password when stored or transmitted.

In carrying out its obligations each Party shall comply with specific requirements identified in the Schedules, in all material respects with all current data protection legislation, including the Freedom of Information Act 2000 Data Protection Act 1998

**Intellectual Property**

Each party shall retain the ownership of the Intellectual Property it brings to the Agreement and for the Intellectual Property it generates during the Agreement in accordance with current Department of Health guidance.

The Provider and the University acknowledges that all legal and beneficial interest in any Intellectual Property Rights in any document, information, report, licence, text, graphics, data and any other materials or thing, and any and all works which are developed, supplied or created by the Institution are, and shall remain, the property of the Originating Institution.

The Provider acknowledges that all legal and beneficial interest in any Intellectual Property Rights in any document, information, report, licence, text, graphics, data and any other materials or thing, and any and all works which are developed, supplied or created by the University are, and shall remain, the property of the University.

The Provider and the University each acknowledges that all legal and beneficial interest in any Intellectual Property Rights in any document, information, report, licence, text, graphics, data and any other materials or thing, and any and all works which are developed, supplied or created jointly by the Provider and the University whilst giving effect to this Agreement are, and shall remain, the joint property of the Provider and the
University. Each Party shall have the irrevocable right to use such joint property independently of the other in such Party’s normal business operations. If either Party wishes to permit a third party to use such joint property, it shall seek the other Party’s prior written consent (not to be unreasonably withheld or delayed) to grant a licence to such third party to enable it to exploit the said joint property and any income which either Party derives shall be shared between the Parties as they agree at the time or, failing any such agreement, shall be shared equally.

**Variation**
The terms of this partnership agreement may be subject to amendment providing that written notice has been served at least six months in advance. A minimum of 12 months notice is expected for items of major change.

Any variation of the Agreement shall only be effective when agreed in writing and signed by or on behalf of the Chairperson of the LETB and Chief Executive of the Service Provider Organisation. The Variation Deed shall be used to instruct such changes and the signed counterpart will be included at Schedule 1 of this Agreement.

**Agreement Review**
The University and the Provider or their successor bodies will formally review this Agreement every year to ensure they continue to reflect the way the educational activities are delivered and monitored and the cost of delivering them.

Both Parties will review the Schedules associated with this Agreement annually. The review will be informed by:

- Long term developments in the Health and Social Care Workforce
- Information stemming from the Quality Assurance process
- Other reports relating to the quality of the learning environment within the Agreement period

**Planning**
Both parties will jointly commit to the ethos of the Department of Health/HEFCE Report 99/62, developing a joint University/NHS planning culture and develop effective liaison arrangements at all levels to facilitate the exchange of information and joint management of the higher education/NHS interface.

**Management of Contract**
The planning for the use of SIFT will be overseen by the SIFT Steering Group (SSG). The detailed planning and agreement over allocation of student numbers will take place annually in the autumn. Once the allocation of student numbers is agreed at these meetings then they represent binding agreements. The University will undertake independent 6 monthly reviews of placement providers to review progress and problems.

There are two mechanisms whereby the SIFT contract and activity are reviewed:

1. A SIFT Review Group (SRG) in each Trust. The purpose of this group is to regularly review the use of SIFT income by each directorate or division and to ensure that all the SIFT income is being used for undergraduate medical education. If the SIFT monies are not being used completely then the SRG has the power to vire money from one directorate to another. Also if the SIFT income is being used for purposes other than undergraduate medical education, then the SRG has the power to remove that amount from that directorate and move it to another directorate who has a valid need for more resources to teach undergraduate medical students.
The Trust will appoint a senior person to be the Budget Holder for delivery of the SIFT Programme. That person will be responsible for producing an annual plan outlining how the Programme aims will be achieved and the funds deployed. They will also produce an annual accountability report comprising two sections:

i. A detailed narrative section signed off by the SIFT Clinical Lead and the Medical Director
ii. A summary expenditure report signed off by the Finance Director
iii. Narrative and expenditure report to be returned to East Midlands LETB by 31st July each year.

2. It is anticipated that the Trust SRG will be able to resolve the great majority of these issues. However, if they fail to do so then the SIFT Steering Group will have to resolve the issue. First, they will try and do this with the Trust concerned. However, in the end they do have the ultimate sanction of transferring that sum of money to another Trust.

**Dispute Resolution**

The parties will attempt in good faith to resolve any dispute or claim arising out of or relating to the agreement promptly through negotiation between their authorised representatives. It is expected that locally, organisations may have in place agreements to facilitate the functional delivery of their undertakings.

Where contractual issues arise, the conflict resolutions clauses in the Learning and Development Agreement would be applied.
educational PRINCIPLES and development

Undergraduate clinical education exists in a rapidly changing environment. The pattern of general clinical placements with local teams taking responsibility for teaching and the provision of an apprenticeship model no longer exists. The section below outlines some of the changes and on-going challenges. The implication for SIFT placements is outlined.

Clinical placements
Students receive teaching in a range of clinical settings. The previous model where students received all their clinical teaching while on a ward attached to a clinical team no longer applies. This is a national issue and reflects a growing trend in medical education. As a consequence clinical teaching is delivered in the following ways:

- Clinical attachments to a clinical area (rather than a named individual).
- Movement within the clinical attachment to ensure adequate exposure to sufficient clinical material
- The use of novel placements that cross traditional boundaries so that students can follow patient pathways (e.g. community and secondary care)
- Increased use of simulations, where students can practice in a safe environment
- A greater amount of structured teaching to compensate for the reduced teaching by clinical teams and fewer inpatient beds
- The use of expert patient groups

Curriculum developments
In addition to the clinical placement issues outlined above there are a number of curriculum issues driven by NHS agendas, the Francis Inquiry report (Mid Staffordshire NHS Foundation Trust Public Inquiry 2013) and reflected in the GMC Tomorrow’s Doctors (2009). These include:

- A requirement to ensure graduating doctors are fit for purpose
- A requirement to ensure patient safety
- A focus on safe prescribing
- A GMC requirement to include early clinical experience in the medical course
- A GMC requirement to provide student assistantship
- A GMC requirement to ensure a breadth and depth of teaching, linking the doctor as a scientist, the doctor as a practitioner and the doctor as a professional throughout the entire medical course
- An NHS requirement to ensure graduating doctors are able to work in a range of environments, including general practice, the community and secondary care
- A requirement to move to appropriate IT solutions linking to NHS and Higher Education digital and related learning resources.

Assessment developments
Along with the changed placements and curriculum the nature of assessments has significantly altered:

- Assessments have to be appropriate, valid, reliable, generalisable, and fair. Assessments must be designed to ensure that graduates have achieved all of the competences specified by the General Medical Council and are fit to practise as safe junior doctors.
There is a requirement to provide work-based assessments. These must adequately prepare students for the requirements of the Foundation Programme

Assessments are subject to legal challenge. They are high stake events.

The organisation, delivery and monitoring of assessments is increasingly complex

**Quality Management developments**

All educational activities are subject to quality control and quality management (outlined in detail in the section entitled: ‘Quality Management, Assurance and Enhancement’. The following are some of the factors affecting clinical placements

- There is a quality management requirement to demonstrate that teaching in all these areas has taken place
- A requirement to demonstrate that the teaching is effective, subject to peer review and of suitable quality
- A GMC requirement to demonstrate that all teachers have received training and are subject to appraisal.

**IMPLICATIONS FOR CLINICAL PLACEMENTS AND TEACHING:**

**Clinical Placements**

There are broadly two types of clinical placement linked to Leicester Medical School undergraduate programme:

1. **CORE CLINICAL PLACEMENT**

The Core Clinical Placements form the basis of the clinical programme in Years 3, 4 and 5 of the M.B.,Ch.B. programme. They run throughout the year, normally in blocks of seven-weeks.

Each Core Clinical Placement is run by a leadership team consisting of one or more Clinical Education Leads.

Despite the label of ‘core’ these are not general placements as would previously have existed. Each core block is linked to a defined clinical speciality or related topics. These include:

- Cardio-respiratory
- Musculoskeletal
- GI and Metabolic
- Peri-operative care
- Cancer Care
- Acute Care
- Older Persons
- Child Health
- Child Health (Community)
- Reproductive Health
- Special Senses
- Mental Health
- Clinical Methods

The learning outcomes for the block are defined in the block workbook. The block workbook will specify the range of learning tasks that need to be met and the activities that need to be provided by each Local Education Provider. The block workbook will also define the assessment requirements for that specific placement. Practical Procedures will be allocated to each block and need to be taught in suitable clinical skills facilities.
The agreement linked to all the core clinical placements will follow the outline specified in the section on Standards for the Delivery of Teaching, Learning & Assessment

2. SPECIFIC CLINICAL PLACEMENT
The Medical School delivers a range of specific clinical placements. These normally run during a defined period of the year and are designed to deliver a set of specific learning outcomes.

These specific clinical placements extend at time points from Year 1 to Year 5. The structure of the specific clinical placement is different to standard clinical placements and often requires a different set of staff and other resources. Consequently the agreement for each specific clinical placement is detailed separately.

These include:

- People & Disease
- Consultation skills foundation course
- Health in Community
- Educational Development
- Patient safety
- Quality improvement and Leadership
- Career development
- Preparation for Professional Practice
- Clinical Examinations

Clinical Examinations: For the purpose of this agreement the summative clinical examinations have been labelled as a student placement. They require an equivalent (or greater) level of organisation and involvement of clinical staff and resources.

Educational Leadership and Teachers
The consequence of the changes outlined above is that it has been necessary to appoint and develop clinical teachers with time identified in their job plans who are able to take on leadership tasks and facilitate the delivery of novel teaching events and ensure the delivery of teaching linked to the GMC standards in Tomorrow’s Doctors (2009).

In order to ensure consistency and quality a significant component of the teaching is delivered centrally.

To match these requirements the following categories of teachers have been identified:

Clinical Education Leads:
- Clinical Education Leads: with responsibility for a clinical block (Block Leads)
- Clinical Education Leads: with responsibility for a curriculum theme (Theme Leads)
- Clinical Education Leads: with responsibility for overarching medical school clinical tasks.
- Clinical Education Leads: with responsibility for a site (DGH leads)

Clinical Teachers:
- Clinical Teachers with added responsibility: for example: DGH block leads
- Clinical Teachers: with responsibility for teaching on clinical placements

Clinical Skills Facilitators:
- Clinical Skills Facilitators: with responsibility for teaching of procedural skills
Details of the staffing requirements are outlined later in this document.

services to be provided

The Trust will provide the clinical placements for attachments specified in Schedule 2A of the Learning & Development Agreement specified with the EMLETB. The services provided are a consequence of the points outlined under ‘Education Principles and Development’ and specified within the section on ‘Standards for the Delivery of Teaching, Learning & Assessment’ and within the placement agreements.

Educational Requirements

Teaching

a. Sufficient clinical teachers shall be provided for each student to access the learning opportunities and achieve the detailed learning outcomes specified in the course documentation for each part of the curriculum.

b. During clinical teaching, students will as necessary also receive experience in and teaching from other specialties. Students will, under the supervision and with the support and encouragement of clinical and nursing and other staff, require experience of the full range of clinical facilities including wards, outpatient departments and operating theatres.

c. The Trust recognises that junior staff, below the grade of Consultant, will regularly, with the agreement of Consultants, provide a valuable contribution to teaching students. This is an important facet of a medical undergraduate teaching environment which will continue to be valued. It is anticipated that at least 50% of the formal teaching will be undertaken by consultant staff.

d. The Trust agrees that the support and tuition provided by nursing, midwifery and other health professionals is an essential part of the undergraduate clinical experience which should continue undiminished.

e. The Trust notes:
   i. All cancelled teaching sessions should be reinstated or alternative means found to compensate student learning
   ii. If it is known that designated teachers will be absent through illness, holidays, conferences or retirement during an attachment then arrangements must be made to provide suitable cover for their teaching.
When it is known in advance that there will be unavoidable staffing problems for an attachment clinical staff should inform the relevant undergraduate teaching co-ordinator and the University Department of Medical Education prior to the allocation of students so that, if necessary, alternative arrangements can be made.

**Assessment**

A range of assessments are specified by the Medical School linked to clinical placements. These include:

- Summative Assessments that contribute to student progression. These are the Primary Professional Examination, the Intermediate Professional Examination and the Final Professional Examination.
- Block Assessments linked to the Core Clinical Placements
- Assessments linked to each of the Specific Clinical Placements
- Assessment of the Professional Portfolio for Safe Practice

The arrangements for the major summative clinical assessments are specified within the section entitled “Clinical Examinations”. Each of these examinations has been allocated SIFT weeks to reflect the complexity of the arrangements and the resources required to deliver the examinations.

The arrangements for each clinical block assessment are specified by the University in conjunction with the block Clinical Education Lead and summarised in the block workbook.

a. The Trust undertakes to provide all facilities required for the conduct of examinations and assessments as determined by the University.

b. Clinical teachers will contribute to both formative and summative assessment and appraisal of students. This includes the setting of exams as well as participating in clinical examinations and assessments. For this purpose the following formulae will apply:

- Clinical teachers, especially clinical education leads, will provide questions annually for the end of block assessments
- Each consultant who teaches students will participate in the evaluation of individual students within that clinical block, contributing to block assessments, the marking of written work and review of the student workbook.
- Clinical teachers, especially clinical education leads, will provide questions annually for the summative written examination
- Each consultant who teaches students will make themselves available for clinical assessments, including the summative assessments

c. Assessments linked to clinical placements may take place on wards or similar clinical areas or in clinical skills facilities.

d. A set number of end-of-block assessments take place in the Clinical Skills Unit. The Trust undertakes to provide the administrative staff, clinical skills facilitators, simulated patients and examiners to run the assessment.

e. The space requirements for the summative assessments are outlined separately and will be subject to agreement between the University and the Trust. The present arrangement is for the use of clinical out-patient facilities, with the assistance of administrative, nursing, and portering staff. When the conduct of a clinical examination is likely to affect the clinical service, the University agrees that at least 6 months notice will be given of the timing, nature of the event and the number of students to the Chief Executive or his/her representative as appropriate.
f. The Trust will ensure that any planned closure of a clinical area that would prevent the scheduled running of a clinical assessment will be discussed directly with the University with proposal for alternative arrangements.

**Staff for Leadership, Teaching and Administration.**
The Trust agrees to appoint staff to manage teaching and supervision in the workplace as described in the Staffing Agreement.

The Trust will provide a list of names of appointed staff each year to the University as part of SIFT review and will notify the University of any changes in staff appointments. The Trust will notify the University if any staff are removed from a teaching role because of an issue with conduct or performance.

**Space and student accommodation**
The Trust agrees to provide all necessary accommodation and associated facilities (e.g. heating and lighting) for undergraduate teaching purposes in connection with this agreement. There should be adequate space in clinical areas for students to make notes and reflect on their learning. There should be private space available for small group teaching adjacent to clinical areas in which supervised student teaching can take place. Agreement between these parties will be required before any changes are made to accommodation currently available to students, for example for on-call purposes. Residential accommodation for students who are allocated for core clinical placements outside of Leicester (i.e. within District Teaching Hospitals) should be made available in accordance with the recommendations contained in “Safety and Security for Medical Students Resident in Hospitals – MSGC Recommended Standards” issues by the BMA Medical Students’ Group. There should be adequate catering provision for students’ meals during their attachment to the Trust, including the availability of hot meals at night. There should be a rest room / common room available for students during their attachment. Students should have a locker provided for their personal belongings during an attachment.

**Use of pathology services and Trust information systems**
SIFT will be used to cover pathology costs arising from teaching medical undergraduate students (e.g. diagnostic services, mortuary, tissues and related learning resources). SIFT will be used to cover costs arising from allowing medical undergraduate students to access relevant Trust information systems (e.g. Laboratory, imaging, patient, pharmacy) as required for their placement learning. SIFT linked to the Preparation for Professional Practice placement will be utilised to ensure that all clinical students are issued with NHS Smart cards in order that they may access NHS IT systems. The Trust will be responsible for the provision of training for this purpose. The Trust will provide the university with an annual record of all students who have completed such training and been issued with Smart cards.

All placement providers will work with the University to ensure that local IT systems are updated with each placement to ensure students have access to local systems.

**Linen and laundry services**
The Local Education Provider will cover the cost of theatre clothing and similar items which undergraduate students require in the normal course of their clinical work.
Medical Library, Internet and Networked Learning Environment (NLE) Access
The University acknowledges the move to greater digital library resources. Consequently, access to computer terminals, Wi-Fi and related technology must be provided for student use.

The Medical School will provide appropriate access to the University Learning Environment (BlackBoard) for clinical students and for clinical teachers to access and upload teaching material.

Audio Visual Services and Teaching Equipment
SIFT monies will be used by the Trust to defray the costs borne by the Trust of the educational services provided to Clinical Teachers.
SIFT monies will be used by the Trust to purchase teaching equipment for undergraduate medical education.

Premises
The Contract with the EMLETB provides funding through SIFT to the Provider to deliver learning and development in a range of environments which meet the standards set out within this partnership agreement.

The Provider will agree with the EMLETB and inform the University of any proposed fundamental change in the use or location of premises for learning and development, or termination of the use of premises, or using premises other than those identified to the University, or changes to the terms of occupation of the premises, which will impact upon delivery of agreed Services, standards and outcomes as identified in this Agreement.

The Provider will engage with the EMLETB and the University to determine a reasonable period as agreed between the Parties, to manage any transitional arrangements. The length of notice required by the Parties will be contingent upon the impact of the change on delivery of agreed Services, standards and outcomes as identified in this agreement.

Student Travel Costs
The following principles will apply with regard to student travel costs:
Students in the early part of the course (years 1 and 2) are required to attend some general practice placements, hospitals and community teaching sessions. The hospital sessions are all based in Leicester and students are entitled to use the Hopper Bus service. For teaching in general practices and the community students will pay their own transport costs providing the site is in the city centre. If the site is outside of the city centre then travel costs will be paid.
Students attending a base-hospital for a core clinical placement are expected to pay their own transport costs to get to the hospital and back each week.
If students in Phase 2 of the course are required to travel outside of the base hospital on a daily basis or attend a community placement on a daily basis that is outside of the city centre then travel costs will be paid.
The only exception to this rule is the Clinical Methods block, where it is accepted that students will be required to pay their own travel costs.
QUALITY MANAGEMENT, ASSURANCE AND ENHANCEMENT

There is a clear expectation that both the University and the Local Education Provider will contribute to the Quality Assurance and Enhancement Processes that are relevant to their areas of the agreement. This approach is expected to strengthen the inter-dependability between practice and education, allowing for the education of a fit for the future workforce.

The approach of the University to Quality Management is outlined in a document entitled “Leicester Medical School - Code of Practice for Quality Management of the MB ChB Programme”

This Code of Practice defines responsibilities, processes and procedures for the quality management and enhancement of the MB ChB Programme. Quality processes for the MB ChB are managed by individuals leading integrated teams of academic and administrative staff overseeing quality control in education provider units within and outside the Medical School, and governed by a committee structure which reports to quality structures within the University and beyond.

Quality Assurance of these processes is the responsibility of the General Medical Council, through its Quality Improvement framework.

Management of Quality

The individual responsible for the quality of the MB ChB provision at Leicester is the Director of Undergraduate Medical Education, who is accountable to the Head of the Department of Medical & Social Care Education, and through him/her to the Head of the College of Medicine & Biological Sciences, and ultimately the Vice Chancellor.

Responsibility for the operation of quality management processes is delegated to the Quality Leads, who lead the Quality Unit. The responsibilities of the Quality Leads are defined in the Code of Practice for Management of the Programme, and are reproduced below.

The body responsible for the Governance of Quality is the MB ChB Board of Studies, which reports to the Academic Committee of the College of Medicine, Biological Sciences & Psychology, and through that to the Academic Policy Committee of the University, and the University Senate.

Quality Management Processes

The General Medical Council defines Quality Management as the processes through which the Medical School satisfies itself that education provider units are meeting GMC standards as defined in ‘Tomorrow’s Doctors’ (2009). In this context an ‘education provider unit’ (EPU) may be a group of University staff responsible for some part of the programme delivered largely within the University, or an NHS or other body (Trust, General Practice or other body) delivering clinical education.

Each Education Provider Unit (described by the GMC as a ‘Local Education Providers’ (LEPs)) is expected to operate Quality Control, which is the arrangements through which EPUs (parts of University provision, NHS trusts, the independent sector and any other service providers that host and support medical students) ensure that medical students receive education and training that meets local, national and professional standards, and is of high quality.

Education Provider Units

- Within the University:
  - Teams responsible for each programme element delivered in the University (units in Phase 1 etc)
  - The selection team
  - The assessment team
The support team
  o The support team
  o The resources team

• Outside of the university
  o NHS Trusts delivering undergraduate medical education
  o General practices delivering undergraduate medical education

The GMC itself exercises Quality Assurance through a set of processes with four components:
  • approval against standards
  • shared evidence
  • visits including checks
  • responses to concerns.

The Quality Unit, led by the Quality Leads is therefore responsible for monitoring Education Provider Units both within the University and outside using processes analogous to the quality assurance processes operated by the General Medical Council.

**Approval against standards**
This is the set of processes by which the Quality Unit checks that each education provider unit has in place quality control mechanisms to address the standards in each of the domains of ‘Tomorrow’s Doctors’ which are relevant to that EPU.

Each education provider unit will provide medical education for undergraduates through:
  • Responsibilities defined within the “Code of Practice for the Management of the Programme” in the case of University based EPUs
  • The Education and Practice Placement Partnership Agreement, which is structured around the domains of ‘Tomorrow’s Doctors’ (2009) in the case of other providers.
  • The quality unit will maintain a quality control register which contains evidence from each education provider unit of the presence of processes to support the achievement of GMC standards in each domain relevant to that EPU in accordance with the Code of Practice or Partnership Agreement. This register will include, if appropriate in any case:
    • A description of processes to ensure that the safety of patients is not put at risk by student’s duties, access to patients and supervision in that EPU, and that concerns about the health, performance and conduct of any individual student are reported promptly to the Director of Undergraduate Medical Education and Support Lead.
    • A description of processes within the EPU to ensure that undergraduate medical education is monitored, reviewed and evaluated in a systematic way, in partnership with the Quality Unit.
    • A description of the processes within the EPU to ensure that education is fair and based on principles of equality
    • Where appropriate, a description of the processes within the EPU which ensure that processes for selection are open, objective and fair
    • A description of the processes within the EPU which allow the programme to be delivered according to the specification defined by the Medical School, and described in relevant programme documentation, and for assessment of students to be conducted in accordance with codes of practice for assessment
    • A description of the processes within the EPU which ensure that students receive both academic and general guidance on site, and that staff within the EPU who contribute to undergraduate medical education are appropriately selected, trained, supported and appraised
    • A description of the structures for the local management of undergraduate medical education within the EPU, including definition of responsibilities and a list of staff involved
    • A description of the education facilities and infrastructure within the EPU which support undergraduate medical education.

**Shared evidence**
The Quality Lead will ensure that the Quality Unit collects and processes evidence on the effectiveness of undergraduate medical education within individual Education Provider Units, and across the provision as a whole. This evidence will be collected in partnership with Education Provider Units, but held within the Quality Unit in a shared data-base. Which organisation collects any particular piece of evidence, and how it is collected will be negotiated with the Quality Lead, under the general principle that evidence collection should be as effective and efficient as possible. All of the evidence relevant to any particular Education Provider Unit (which should include evidence of the quality of the provision as a whole, as well as that within the EPU) shall be visible to the EPU in a shared data-base.


**Levels of Evaluation**

![Levels of Evaluation Diagram]

**Evaluation of reaction**
This will be achieved by collecting data from students, from staff, and where appropriate from others, such as patients who are involved in the activities of each Education Provider Unit. Data will be collected and classified by EPU, with, if necessary breakdown by different components of activity within that unit (e.g. different core clinical placements). The mechanism of collection of these data will be established in partnership with each EPU, and may vary from category to category.

**Student reaction**
Generally student reaction will be collected through electronic mechanisms operated by the Quality Unit, supplemented by direct contact with students via such activities as focus groups and the Student Staff Committee. On occasion, individual EPUs may collect data directly, but this will be shared and held in the Quality Unit database.

Electronic data collection from students will mostly involve questionnaires delivered through the virtual leaning environment ('Blackboard'), and will include:
- Evaluation each year of each unit in phase 1
- Evaluation each year of each block in phase 2 at each site where it is delivered
- Evaluation of student reaction to assessments
- Evaluation of student reaction to the student support systems
- Evaluation of applicant reaction to student selection systems

**Staff reaction**
This will mostly be collected through management meetings, supplemented as necessary by surveys. Staff delivering units in phase 1 and 2 meet as unit teams, and feedback on their experiences. Unit team leaders and clinical block leaders meet regularly at the Phase 1 and Phase 2 Management Groups respectively, where experience is shared and recorded. Relevant minutes will form part of the quality office data base.

**Patient reaction**
Where feasible, patient reaction will be collected through feedback obtained soon after interactions with students. This is well established in some parts of the programme, such as where students meet patients in their own homes, and where patients come into predictable contact with students.

**Evaluation of learning**

The major source of evidence in this category is analysis of the performance of students in assessments, both summative and formative. The Assessment Unit will undertake analysis both of the performance of assessments, and the patterns of performance of students taking those assessments. The quality control of the assessments themselves (psychometric analyses, verification of the accuracy of marking and data processing), is described in the Codes of Practice for Assessment, and the Quality Unit will hold a description of those processes in the quality control register. The Assessment Unit will also produce regular reports on the performance of assessments to be considered both by Boards of Examiners, and the Quality Unit.

These reports will also include data evaluating student learning. This will include information about student performance overall, such as numbers obtaining each grade and progression rates, but also, and more importantly, the average performance of the class in meeting the requirements of each part of the blueprint for the individual assessment, and over each year of the course as a whole. The Quality Unit will maintain a ‘dashboard’ showing the average performance of students in each year in each of the sixteen main GMC ‘Outcomes for Graduates’, and for each of the contexts tested in that year. This will enable areas of concern in general student progress to be identified and addressed.

The Quality Unit will also work with the Student Support unit, through the ‘concerns process’ to monitor the performance of the weakest students who are giving cause for concern.

**Evaluation of Behaviour**

The Quality Unit will put in place mechanisms to collect data directly about the performance of students generally in the clinical environment. In part, these mechanisms will involve overall analyses of formative feedback provided to students in each clinical block. This will be supplemented with surveys and focus groups with clinical staff seeking their views on the overall standard of student performance, and opinions on areas of weakness. It is recognised that this is a burden to organise, and for clinical staff to respond, but the reality is that staff pass these opinions regularly in an informal context and they are rarely captured formally, so the argument will be made that this is an opportunity to do so, and for clinical staff generally to influence the conduct of the programme.

**Evaluation of results**

This is taken to mean evaluation of the performance and progress of graduates once they have left the course. The Quality Unit will establish appropriate links with Postgraduate Deaneries to collect information on the progress of graduates. This will include as a minimum:

- Records of graduates whose performance as Foundation Doctors gives cause for concern, and analysis of the antecedents, if any, that were apparent during the medical course
- Evidence from Educational and Clinical Supervisors of perceived strengths and weaknesses in the preparedness of graduates for work as a Foundation Doctor
- First destination data for specialty training after Foundation
- Annual survey of graduates ‘perception of their own preparedness conducted in February each year at the end of the second Foundation attachment.

**Visits, including checks.**

The Shared Evidence will support a largely risk-based process of visits and checks. There will always be ongoing contact and liaison between Education Provider Units, the programme management structures and the Quality Unit to address quality issues which
are revealed through the shared evidence base. This will be supplemented by periodic quality visits, in particular to each clinical education site (LEP). The frequency of visits to any site will be determined by a risk assessment based on the shared evidence base, but there will be at least one every two years.

The visit to an LEP will take a standard format, and will be organised by the Quality Unit. The Medical School will be represented by:

- The Director of Undergraduate Medical Education or a nominee
- The Phase 2 Lead
- A Quality Lead
- The Curriculum Manager or a representative

The LEP will be represented by:

- The Director of Medical Education (or equivalent) for the Trust
- A senior manager from the Trust
- At least one other clinical teacher from the Trust
- A curriculum administrator from the Trust

The agenda for the visit will include:

- Consideration of the shared evidence relating to the provision at that LEP
- Identification of an action plan to address any issues arising from that evidence
- Review of facilities provided for student at that site
- If necessary from the risk analysis, discussion with current students and clinical teachers at that site
- Discussion of developments in the medical school that may be relevant to that provider
- Discussion of developments in the provider that may be relevant to the medical school

A report of the visit will be produced by the Quality Unit and held as part of the shared evidence base. It is expected that this process of evidence collection and visits will be engaged with the Quality Management processes of the Postgraduate Deanery, initially through sharing of evidence, but possibly in the future through a joint process.

The process will operate differently for General Practices. Just as with other Education Provider Units evidence will be held in the Shared Evidence Base, but given the number of practices, and their size the visits process will be scaled, so that the visits are conducted by one or two appropriate Medical School staff, and any given practice will be visited on average once every five year. The general format of the visit will however be similar, and a report will be produced and held in the Shared Evidence Base. Should a concern arise then a practice may be visited much more frequently.

‘Visits’ to Education Provider Units within the University are inherent in the management processes described in the Code of Practice for Management of the Programme. Should reports in the shared evidence base require any investigation then the Quality Lead will work with the relevant EPU lead to produce a report to be considered by the Programme Executive in the first instance, which will require an action plan to resolve the issue, which will be held as a part of the shared evidence base.

Responses to concerns

It is expected that the process of collection and analysis of the Shared Evidence Base will reveal issues that may be managed through the production of an action plan and its implementation.

There will however be occasions where concerns about provision arise acutely, and these will be addressed actively by the Quality Unit as they arise.

Acute concerns may arise in a number of ways, and will always be taken seriously:

- Individual students may raise concerns about provision through staff at the medical school
- Student representatives may raise concerns either through the student staff committee, or directly to medical school staff
- Teachers in Education Provider Units may raise concerns
- Other staff in units, or patients may raise concerns
Concerns will be recorded on a standard form. This may be completed by the member of medical school staff who receives the form, or by the individual raising the concern. Course documentation, both on paper and electronic will flag prominently the mechanisms for raising concerns, and this will be reinforced in student briefings. The University and Medical School has a clear ‘whistle-blowing’ policy which will be followed to protect anyone raising concerns.

The Quality Lead, together with the Director of Undergraduate Medical Education, will make an initial assessment of concern, and scrutinise the shared evidence base for supporting evidence. Exceptionally it may be decided that the concern is already being addressed through existing processes, or is vexatious, in which case an appropriate response will be made to the person raising the concern.

In most cases the concern will be addressed by convening an action group, made up of:

- The Quality Lead
- The Director of Undergraduate Medical Education or representative
- An appropriate Curriculum or Assessment lead
- A student representative

The action group will consider the concern, discuss it with the education provider unit(s) involved, with if necessary a targeted visit, and produce a brief report to be considered by the Programme Executive and Board of Studies. This report will include an action plan for addressing the concern, which will be followed up by regular contact with the EPU concerned. The action plan will contain a time line for the resolution of the concern, which will be reported to the Programme Executive and Board of Studies and held on the shared evidence base.

In the event of a concern being raised about the Director of Undergraduate Medical Education or the Quality Leads, the Head of the Department of Medical & Social Care Education will take over the concerns process, and convene an appropriate group to take it to completion.
STANDARDS FOR THE DELIVERY OF TEACHING, LEARNING & ASSESSMENT

The Trust will work with the Medical School to deliver undergraduate medical education in accordance with the **standards** laid down by the General Medical Council (GMC), in its document ‘Tomorrow’s Doctors’ (2009) for those parts of the programme which are delivered in the Trust.

The standards are linked to the Domains identified in Tomorrow’s Doctors’ (2009).

- Domain 1 – Patient safety
- Domain 2 – Quality assurance, review and evaluation
- Domain 3 – Equality, diversity and opportunity
- Domain 4 – Student selection
- Domain 5 – Design and delivery of the curriculum, including assessment
- Domain 6 – Support and development of students, teachers and the local faculty
- Domain 7 – Management of teaching, learning and assessment
- Domain 8 – Educational resources and capacity
- Domain 9 – Outcomes
Domain 1 – Patient Safety

The safety of patients and their care must not be put at risk by students’ duties, access to patients and supervision on placements or by the performance, health or conduct of any individual student.

To ensure the future safety and care of patients, students who do not meet the outcomes set out in *Tomorrow’s Doctors* or are otherwise not fit to practise must not be allowed to graduate with a medical degree.

Responsibility of the University

To have a clear and robust fitness to practise policy and process in place that meets GMC requirements.

To specify defined learning outcomes and assessment criteria as part of the curriculum

The University will ensure that students attached to the Trust will have received necessary immunisations.

In the event of a needle-stick injury to a student, or potential exposure to an occupational health hazard, and following receipt of a report from the Trust, the University Occupational Health Service will undertake appropriate secondary or follow up action and advise the Trust Occupational Health Service accordingly.

Responsibility of the Education Provider Unit

The Trust will ensure that standards of supervision and clinical governance procedures within the Trust ensure the safety of patients and that their care is not put at risk by student’s duties, access to patients and supervision on placements, or by the performance, health or conduct of any individual students. (Compliance TD para 30)

Students whose health, attitudes or conduct during placement give cause for concern over their fitness to practise should be reported promptly to the Medical School (Compliance TD para 33)

Doctors with particular responsibility for teaching students must show evidence through appraisal that they take steps to make sure that students are properly supervised (Compliance TD para 149)

The Provider will ensure that Students will have appropriate preparation, commensurate with the practice learning opportunity being undertaken. Students will receive an appropriate introduction and induction to the practice area in which the learning will take place

Students will be required to comply with all the Trust’s administrative procedures and standards as appropriate and those laid down in the circular “Medical Students in Hospitals”, April 1991 Department of Health HC (91) 18.

The Trust will ensure that the students are closely supervised at all times with regard to their involvement in clinical work and receive the necessary training in basic procedures by Trust employed staff to ensure the risk of injury is minimised.

In the event of a needlestick injury to a student, or potential exposure to an occupational health hazard, he/she will in the first instance be subject to those procedures applying to Trust staff. The Trust having dealt with the incident will complete its accident recording documentation and immediately provide a copy to the University. The University Health Service will undertake appropriate secondary or follow up action and advise the Trust Occupational Health Service accordingly.
To work in partnership to actively participate and contribute to the fitness for practice process of the Medical School. To promote use of concerns forms to staff. To share information to maintain high standard of professional practice

All staff who are involved with interacting with undergraduate medical students will be made aware of the University Concerns Form procedure. In using this procedure, any concern about a student that may have a bearing upon patient safety will be immediately reported to the Senior Clinical Education Lead with the Trust and the Director of Undergraduate Medical Education within the University. (Compliance TD para 30)

Clinical tutors and supervisors must make honest and objective judgements when appraising or assessing the performance of students, including those they have supervised or trained. Patients may be put at risk if a student is described as competent without having reached or maintained a satisfactory standard. Systems must be in place to ensure that staff are made aware of their responsibilities and that their contact with students puts them in a position to make reliable judgements. (Compliance TD para 35)

It must be specified who is responsible for the day-to-day management of students on the placement, and how those responsible report to higher management levels in the Trust (Compliance TD para 156)
Domain 2 – Quality assurance, review and evaluation

The quality of medical education programmes will be monitored, reviewed and evaluated in a systematic way

Responsibility of the University

The medical school will have a clear framework for how it organises quality management and quality control, including who is responsible for this

Management systems will be in place to plan and monitor undergraduate medical education (including admissions, courses, placements, student supervision and support, assessment and resources) to ensure that it meets required standards of quality

The medical school will produce regular reports about different stages or aspects of the curriculum and its delivery, and these will be considered at appropriate management levels of the medical school. There will be systems to plan, implement and review enhancements or changes to the curriculum or its delivery in partnership with providers and the Foundation programme

Problems identified through gathering and analysing quality-control data should be addressed as soon as possible. It should be clear who is responsible for this. There should also be documentation covering:

- the actions taken
- the feedback given to students and staff on what is being done
- how the problems were resolved.

The quality assurance system will ensure that, through the regular reporting upwards on all aspects of undergraduate medical education, the medical school will keep these under constant review, and introduce changes and enhancements

To provide and support opportunities for all relevant stakeholders to engage in curriculum development, review and revalidation of the undergraduate medical programme

Responsibility of the Education Provider Unit

The provider will have systems to monitor the quality of teaching and facilities on placements. Specifically The Trust will maintain a Clinical Education Directorate or equivalent to oversee the provision of medical education across the Trust, and to work with the Medical School to ensure educational quality and promote educational developments

Quality data will be collated to include:

a. evaluations by students, & teachers about the placement, resources and assessment outcomes
b. feedback from patients
c. feedback about the preparedness of graduates

All clinical tutors and supervisors, students, and patients should be involved in quality management and control processes. Their roles must be defined and information made available to them about this.

Appraisals should cover teaching responsibilities for all relevant consultant, and other staff

Problems identified through gathering and analysing quality-control data should be addressed as soon as possible. It should be clear who is responsible for this. There should also be documentation covering:
- the actions taken
- the feedback given to students and staff on what is being done
- how the problems were resolved.

Given the importance of assessment, including the placement-based assessments, there will be specific quality-control standards and systems in place to ensure the assessments are ‘fit for purpose’.

The Medical School, through the Quality Management Group, will monitor the quality of teaching and facilities on placements by specifying components of feedback and by making site visits which will be facilitated by Trust staff.

Trusts will respond to feedback considerations derived from University Annual Block Review with a written action plan (Compliance TD para 42)

The Trust will provide quality assurance information to the Quality Management Group including feedback about resources. This will include feedback from patients. (Compliance TD para 43)

The Trust will ensure that staff involved in the delivery of teaching is involved in a formal peer review of teaching programme. A report on compliance will be provided annually to CPG (Compliance TD para 51)
Domain 3 – Equality, diversity and opportunity

Undergraduate medical education must be fair and based on principles of equality.

Responsibility of the University

To have policies which are aimed at ensuring that all applicants and students are treated fairly and with equality of opportunity, regardless of their diverse backgrounds

To routinely collect and analyse data about equality and diversity issues to ensure that policies are being implemented and any concerns are identified

To ensure that staff will receive training on equality and diversity to ensure they are aware of their responsibilities and the issues that need to be taken into account when undertaking their roles in the medical school.

To provide information to support the student within the requirements of the DDA and in consultation with the Placement Provider.

To liaise with an occupational health service

The medical school will act promptly over any concerns about equality and diversity, implementing and monitoring any changes to policy and practice.

Responsibility of the Education Provider Unit

To provide information to support the student within the requirements of the Disability Discrimination Act (DDA) and in consultation with the University

To work with the University to support students with disability and/or specific learning needs and implement reasonable adjustments within the bounds of capability to undertake their role on registration. To facilitate and encourage the formal involvement of clinical staff in student support.

To ensure that staff will receive training on equality and diversity to ensure they are aware of their responsibilities and the issues that need to be taken into account when undertaking their roles in medical education.

The Trust will ensure that all staff who are engaged in delivery of undergraduate medical education are committed to principles of equality and diversity and are fully aware of the guidance in Tomorrow’s Doctors 2009 (Compliance TD para 72 and 148)

The Trust will routinely collect and analyse relevant data about equality and diversity issues to ensure that policies are being implemented and any concerns are identified
Domain 4 - Admissions process and Selection

Processes for student selection will be open, objective and fair.

Responsibility of the University

To ensure a fair and equitable recruitment process which is fit for purpose.

To ensure that relevant screening processes are in place.

To facilitate the involvement of key stakeholders (including placement providers) in the selection process

Organising and facilitating an annual review of their recruitment and selection processes and involve placement providers in agreeing development actions.

Ensure that staff will be trained to apply selection guidelines consistently and fairly.

Students admitted will pass health and criminal record checks as required by the medical school’s fitness to practise policy.

Responsibility of the Education Provider Unit

The Trust will assist the Medical School in ensuring that processes for student selection are open, objective and fair.

The Trust will assist the Medical School in ensuring that those responsible for selection include people with a range of expertise and knowledge by allowing Trust staff to act as interviewers or in other limited roles in selection
Domain 5 - Curriculum Development Design Management and Delivery

The curriculum must be designed, delivered and assessed to ensure that graduates demonstrate all the ‘outcomes for graduates’ specified in Tomorrow’s Doctors.

Responsibility of the University

Provide a clear curriculum plan that sets out how the ‘outcomes for graduates’ will be met across the programme as a whole. The curriculum will include opportunities for students to exercise choice in areas of interest.

To ensure that the clinical skills component within the curriculum reflects current and future practice needs (and the methods for achieving and assessing them) meet regulatory body requirements.

Students will receive timely and accurate guidance about assessments, including assessment format, length and range of content, marking schedule and contribution to overall grade.

Provide training opportunities to allow examiners and assessors to be appropriately selected, trained, and supported.

Specify systems to set appropriate standards for assessments to decide whether students have achieved the curriculum outcomes.

Assessment criteria will be consistent with the requirements for competence standards set out in disability discrimination legislation. Reasonable adjustments will be provided to help students with disabilities meet these competence standards.

The Medical School will provide access to electronic versions of all Learning Objectives and Portfolios

Responsibility of the Education Provider Unit

The Trust will work constructively with the Medical School to ensure that the medical programme is designed, delivered and assessed to ensure that graduates ensure all the ‘Outcomes for Graduates’ specified in ‘Tomorrow’s Doctors’ 2009

- The Trust will assist the Medical School in setting a clear programme plan to show how the ‘Outcomes for Graduates’ will be met across the programme as a whole, especially those parts undertaken in the Trust. The Trust will ensure that students are offered opportunities to exercise choice in areas of interest.
- The Trust will ensure that during placements students have a balance of learning opportunities, and are stimulated to integrate the learning of basic and clinical sciences, enabling students to link theory and practice.
- The Trust will assist the Medical School in ensuring that students have practical experience of working with patient throughout all years, increasing in duration and responsibility so that graduates are prepared for their responsibilities as provisionally registered doctors. The Trust will agree with the Medical School to provide clinical placements to enable students to demonstrate appropriate ‘outcomes for graduates’ across a defined range of clinical specialties or care pathways, and will work with the Medical School to establish periods of ‘Student Assistantship’ as defined by the GMC.
- The Trust will ensure that students have regular feedback on their performance whilst on placement, and provide details of that feedback to the Medical School at the end of the placement.
- The Trust will work with the Medical School to ensure appropriate formative and summative assessment of the ‘outcomes for graduates’ at appropriate
points during the programme
o The Trust will work with the Medical School to ensure that examiners are appropriately selected, trained, supported and appraised
o The Trust will provide staff time to assist the Medical School in the setting of standards for assessments to decide whether students have achieved the programme outcomes
o The Trust will assist in setting assessment criteria consistent with the requirements for competence standards set out in disability discrimination legislation. The Trust will assist the Medical School in making reasonable adjustments to help students with disabilities meet these competence standards.

Specifically:

Clinical Teachers

Sufficient clinical teachers shall be provided for each student to access the learning opportunities and achieve the detailed learning outcomes specified in the course documentation for each part of the programme listed above.

This will include, as a minimum:
- Appropriately qualified clinical staff to deliver didactic teaching (seminars etc) specified for each part of the course
- At least two sessions of consultant-led teaching in the clinical environment each week for each student attached to the Trust. Clinical workload should be appropriate to the conduct of effective teaching alongside clinical service, and it is expected that the teaching of undergraduate medical students should be included a part of Direct Patient Care Programmed Activities in consultant work plans.
- Sufficient protected time in consultant work plans for each student to have a minimum of one hour, individual dedicated teaching time each week in addition to teaching alongside clinical work.
- Such additional teaching from consultants, junior medical staff and other health professionals as is necessary to achieve the course outcomes
- The Trust should ensure that every doctor who comes into contact with medical students recognises the importance of role models in developing appropriate behaviours towards patients, colleagues and others. (Compliance TD para 149)
- Encourage and support appropriate staff invited to participate with colleagues from the University in activities supporting the education and training. Such activities will include
  o Development of the curricula of programmes
  o Membership of course and programme committees
  o Quality assurance processes
  o Inter-professional learning

Clinical learning opportunities

Students should have good access to a sufficient variety of patients in a sufficient variety of clinical environments to complete the learning tasks specified in the course documentation. This must include:
- Access to in-patients both informally and during ward rounds by various clinical staff
- Attendance at out-patient clinics organised in such a way that students may talk to and examine patients and discuss the case with a clinical teacher
- Opportunities to observe appropriate surgical procedures, and where appropriate to scrub and assist in ways compatible with their level of competence
- Opportunities to observe, and where appropriate assist with investigations
- Opportunities to take part in appropriate clinical meetings, such as
multidisciplinary team meetings, radiology meetings etc.

- Students must have different teaching and learning opportunities that should balance teaching in large groups with small groups. They must have practical sessions and opportunities for self-directed learning. Providers should take advantage of new technologies, including simulation, to deliver such learning.

- Providers should ensure that students work with and learn from other health and social care professionals and students. Opportunities will be provided for students to learn with other health and social care students, including the use of simulated training environments with audiovisual recording and behavioural debriefing. This will help students understand the importance of teamwork in providing care.

- Students must have opportunities to interact with people from a range of social, cultural, and ethnic backgrounds and with a range of disabilities, illnesses or conditions

- Appropriate arrangements are made for students with disabilities on placements. Reasonable adjustments will be provided to help students with disabilities meet competence standards

- Provide opportunities and supervision for student selected components as special study modules

- Students must be properly prepared for their first allocated F1 post. Separate from and following their Student Assistantship, they should, wherever practicable, have a period working with the F1 who is in the post they will take up when they graduate. This ‘shadowing’ period allows students to become familiar with the facilities available, the working environment and the working patterns expected of them, and to get to know their colleagues.

- The Learning Objectives will specify the knowledge, skills and attitudes expected to be learned during the attachment and, within the restraints of the clinical situation, should be seen as a core learning entitlement for all students.

- All clinical teachers involved in teaching undergraduates on a specific attachment will be expected to be familiar with and supportive of the aims and objectives of that attachment, the assessment criteria and the use of the block workbooks and other learning material.

Clinical skills education

The Trust will provide:

- Appropriate staffing and running resources for a clinical skills unit of sufficient capacity to serve the medical programme and ensure that medical students are able to attain and be assessed in the range of clinical skills prescribed by the General Medical Council and the Medical School (Compliance TD para 167)

- A suitable range of clinical skills training opportunities to ensure that all students can achieve and be assessed upon those clinical skills whilst on attachment at the Trust

Assessment of students

The trust will ensure

- Students in each block are assessed in the workplace in the ways that are specified in the Block workbook, and that the results of those assessments are returned to the Medical School within two weeks of the end of the block

- Students will have regular feedback on their performance provided by those supervising their learning
• Clinicians responsible for supervising students must provide meaningful feedback on the performance of students on placements using the systems specified in the block workbooks. (Compliance TD para 85)
• Sufficient examiners, patients and facilities are provided for the major summative assessments of all students in phase 2; the Intermediate Professional Examination and the Final Professional Examination
• Administrative support is provided for assessments across the programme, including the major summative assessments
• Examiners are provided for the Clinical Examination at the end of Phase 1
Domain 6 – Support and development of students, teachers and the local faculty

Students must receive both academic and general guidance and support, including when they are not progressing well or otherwise causing concern.

Everyone teaching or supporting students must themselves be supported, trained and appraised.

Responsibility of the University

Students will have comprehensive guidance about the curriculum, their placements, what is expected of them and how they will be assessed.

Students will have appropriate support for their academic and general welfare needs and will be given information about these support networks.

Appropriate alternative qualification pathways will be available to those who decide to leave medicine.

Students will be encouraged to look after their own health and given information about their responsibilities in this respect as a trainee doctor. They will feel confident in seeking appropriate advice, support and treatment in a confidential and supportive environment.

Medical schools will have robust and fair procedures to deal with students who are causing concern on academic and/or non-academic grounds. Fitness to practise arrangements and procedures will take account of the guidance issued by the GMC and the Medical Schools Council. Students must have clear information about these procedures.

Everyone involved in educating medical students will be appropriately selected, trained, supported and appraised.

Responsibility of the Education Provider Unit

The Trust will work with the Medical School to ensure that students receive both academic and general guidance support, including when they are not progressing well or otherwise causing concern, and that everyone teaching or supporting students must themselves be supported, trained and appraised.

- The Trust will work with the Medical School to ensure that students have comprehensive guidance about the programme, their placements, what is expected of them and how they will be assessed
- The Trust will ensure that students on placement have access to support for their academic and general welfare needs, and are given information about these support networks
- The Trust will assist the Medical School in providing career advice and opportunities to explore different careers in medicine
- The Trust will help the Medical School to encourage students to look after their own health, and reinforce information about their responsibilities in this respect as a trainee doctor. Students will be encouraged whilst on placement at the Trust to feel confident in seeking appropriate advice, support and treatment in a confidential and supportive environment
o The Trust will work with the Medical School procedures to deal with students who are causing concern on academic or non-academic grounds, including where Fitness to Practise proceedings take place. (Compliance TD para 122 and 131)

o The Trust will ensure that everyone involved in educating undergraduate medical students on placement at the Trust is appropriately selected, trained, supported and appraised. Doctors with particular responsibility for teaching students must show evidence through appraisal that they are developing the skills and practices of a competent teacher (Compliance TD para 149)

o Staff involved in undergraduate medical education will undertake training. A compliance report will be sent annually to the Medical School Curriculum Policy Group (CPG). (Compliance TD para 58)
Domain 7 – Management of teaching, learning and assessment
Education must be planned and managed using processes which show who is responsible for each process or stage.

Responsibility of the University
To work in partnership with key stakeholders to ensure professional regulatory body and statutory standards are met and effectively support students practice learning.

A management plan at medical school level will show who is responsible for curriculum planning, teaching, learning and assessment at each stage of the undergraduate programme, and how they manage these processes.

Responsibility of the Education Provider Unit
To work in partnership with key stakeholders to ensure professional regulatory body and statutory standards are met and effectively support students practice learning.

It must be clear to the University and to students who is responsible for the day-to-day management of placements, and how those responsible report to higher management levels in the provider organisation.

Teachers from education providers will be closely involved in curriculum management, represented at medical school level and responsible for managing their own areas of the programme.

Employers of graduates, and bodies responsible for their continuing training, will be closely involved in curriculum planning and management.
Domain 8 – Educational resources and capacity
The educational facilities and infrastructure must be appropriate to deliver the curriculum.

Responsibility of the University
To organise and work jointly in a timely manner with Placement Providers to organise and manage placement allocation and capacity to ensure quality placements in appropriate range and balance of settings and in appropriate numbers.

To coordinate a SIFT Steering Group Meeting.

To make returns on student numbers to the LETB, providers and other bodies as required.

Responsibility of the Education Provider Unit
To organise and work jointly in a timely manner with the University to organise and manage placement allocation and capacity and ensure quality placements in appropriate range and balance of settings are available to meet commissioned numbers.

To work in partnership in order to manage local placement capacity, with consideration given to commissioned numbers, local NHS service re-design and numbers of staff with the relevant teaching and assessing qualifications.

Students will have access to appropriate learning resources and facilities including libraries, computers, lecture theatres, seminar rooms and appropriate environments to develop and improve their knowledge, skills and behaviour.

Facilities will be supported by a facilities management plan which provides for regular review of the fitness for purpose of the facilities with recommendations and improvements made where appropriate. When reviewing facilities, providers should include their suitability for students with disabilities.

There will be enough staff from appropriate disciplines, and with the necessary skills and experience, to deliver teaching and support students’ learning according to needs of the curriculum.
Domain 9 – Outcomes
The outcomes for graduates of undergraduate medical education in the UK are set out in *Tomorrow’s Doctors*. All medical students will demonstrate these outcomes before graduating from medical school.

The medical schools must track the impact of the outcomes for graduates and the standards for delivery as set out in *Tomorrow’s Doctors* against the knowledge, skills and behaviour of students and graduates.

Responsibility of the University

The programme of undergraduate medical education employs a curriculum which is demonstrated to meet the outcomes for graduates.

The programme requires that graduates are able to demonstrate the outcomes.

Quality management will involve the collection and use of information about the progression of students. It will also involve the collection and use of information about the subsequent progression of graduates in relation to the Foundation Programme and postgraduate training, and in respect of any determinations by the GMC.

Responsibility of the Education Provider Unit

Quality management will involve the collection and use of information about progression of graduates in relation to the Foundation Programme and postgraduate training, and in respect of any determinations by the GMC.
core clinical placement agreement

The Core Clinical Placements form the basis of the clinical programme in Years 3, 4 and 5 of the M.B., Ch.B. programme. They run throughout the year, normally in blocks of seven-weeks.
Each Core Clinical Placement is run by a leadership team consisting of one or more Clinical Education Leads.
The learning outcomes for the block are defined in the block workbook. The block workbook will specify the range of learning tasks that need to be met and the activities that need to be provided by each Local Education Provider. The block workbook will also define the assessment requirements for that specific placement.

The Core Clinical Placements include the following:
- Cardio-respiratory
- Musculoskeletal
- Gastrointestinal and Metabolic
- Peri-operative
- Cancer Care
- Acute Care
- Older Persons
- Child Health
- Child Health (Community)
- Reproductive Health
- Special Senses
- Mental Health
- Clinical Methods
- Student Selected Components throughout the clinical course

Responsibility of the University
The University will specify the overarching structure for the core clinical placements.
The University will specify the learning outcomes for each core clinical placement.
The University will ensure that the core clinical placements meet the learning and teaching strategy and provide a balanced exposure across the duration of the medical course.
The University will specify the assessment pattern to be followed by each core clinical placement. The University will ensure that the balance of assessment patterns over the different clinical blocks is compatible with the assessment strategy. The University will ensure that the burden of assessment is acceptable both within a context of learning and also of administrative requirements.
The University will indicate which practical procedures are linked to individual blocks.
The University will provide an academic lead for clinical education.
The University will provide a curriculum manager to oversee the administrative support for all clinical placements.
The University will provide a management structure to receive reports, provide guidance and to facilitate developments within the curriculum.
The University will follow its requirements with regard to each of the Domains specified in the previous section of this document.

Responsibility of the Trust
The Trust will provide appropriate facilities, staff and learning opportunities for each of the core clinical placements specified.
The Trust will provide a named education lead for each core clinical placement
The Trust will provide an administrator to coordinate the placement and liaise with the University. This will follow the guidance provided in this document (Staffing: Medical Curriculum Administrator) with one undergraduate co-ordinator employed for approximately every 1500 student weeks of student teaching delivered by the Trust

The Trust will identify and provide consultant staff to contribute to the teaching programme and to act as tutors
The Trust will provide consultant staff to contribute to the assessment of the unit of teaching.
The Trust will follow the requirements with regard to the Domains specified in the previous section of this document.

Quality Control
Quality control will be based on the standards previously outlined linked to the GMC domains

NOTE: The majority of ‘core clinical placements’ are based in a hospital setting providing secondary care. The description above, with the points listed under ‘Standards for the Delivery of Teaching, Learning & Assessment’ and the learning outcomes in the relevant workbooks are sufficient to define the requirements for these placement. However, there are some core placements that do not follow this model and it is necessary to define more precisely the requirements for the placement.
At present these include:
  o Child Health (Community)
  o General Practice

An agreement for Child Health (Community) follows on the next page.
The General Practice agreement is held separately at present
In future years it is likely that there will need to be greater specification for additional core placements. This will certainly be the case for the Mental Health placement and the Older Persons placement.
Community Child Health teaching

Community Child Health placement is part of the Child Health Module. This is a module which takes place later in the medical course – ultimate or penultimate years for both the 5-year students and the graduate students on the 4-year course. The Community Child Health placement takes place over a three-week period as part of the seven week Child Health Module. In addition, those Child Health Module students who do not take part in the three-week Community Child Health Placement, attend a one-day community paediatric placement.

Learning within the Community can take place in a variety of settings with a range of approaches:
- Community settings
- Multi-disciplinary meetings
- Audits and research (opportunities arise from within the Summer SSC module)
- E-learning
- Seminars
- Lectures
- Reflective practice
- Self-directed learning
- Interprofessional learning

Students will have access to scheduled Community Paediatric Clinics, Student-led teaching clinics, Safeguarding exposure and Small group learning – including learning in teams about: patient safety, prescribing, multidisciplinary and multi-agency working, and effective communication methods.

Objectives for the Community Child Health placement:
To ensure students have the required knowledge, attitudes and skills to care for paediatric patients

Knowledge:
- To acquire a fundamental paediatric knowledge base
- To acquire clinical assessment and examination skills and the ability to apply them in clinical practice
- To develop an awareness of the importance of multi-professional and collaborative inter-agency working

Skills
- Complete a holistic patient centred assessment to identify health care needs
- Demonstrate key principles of effective team working
- Demonstrate appropriate communication skills including dealing with language and cultural issues
- To perform simple practical procedures

Attitudes
- Demonstrate respect and a positive attitude towards team working

Resources required for Community Child Health programme
As minimum the Trust is required to provide the following in order to deliver the Community Child Health programme:
- Undergraduate Clinical Education Lead. This requires a 3 or 4PA appointment.
  This individual will lead the development of an expanding programme of work
linked to teaching within the community. They must have sufficient time in their job plan to allow for preparation, organisation, delivery and feedback.

- A team of Clinical Tutors sufficient to deliver the course content. This requires a minimum of 5PA of allocated additional senior clinician time. Their role will include preparation, organisation, delivery of teaching and feedback.
- Clinical tutors from the Allied Health Care Professional team (e.g. Diana, ANPs) to support the content and delivery of the course. This will require 2 WTE posts.
- Administrative support. There must be a named administrator to coordinate the placement. The community placement is more complex than the standard hospital placement and appropriate time must be allocated.
- The Trust will be responsible for the cost of required teaching resources, facilities and venues including printing and electronic learning resources.

**Student Travel Costs**

Students are responsible for any travel costs within the ‘City Centre’.
The Trust is responsible for travel costs for students outside of the city centre.

**The Community Child Health administrator** will have the following tasks within their job plan:

- Work with the University and LPT leads to manage the Community Child Health placement and any associated Interprofessional Learning
- Arrange bookings for meetings and teaching sessions
- Facilitate access to transport information
- Collect appropriate quality control information relevant to GMC Tomorrow’s Doctors (2009) and feed this back to the Trust Management and University
- Provide a point of contact for any queries

**Quality control:**
The Placement Provider will provide quality control information to the University regarding the Community Child Health placement including:

- Names of Undergraduate Clinical Education Lead.
- Names of Clinical Tutors
- Evidence of training and staff development
- Evidence of student feedback
specific clinical placements agreements:

### People and Disease

People and Disease extends over the first two years of the course and contributes to the early introduction to patient contact.

The aim of the course is to provide students with an opportunity to undertake a longitudinal study of a small number of patients and their families and to integrate their understanding of basic medical science, social and behavioural science and clinical skills.

Patients are seen in two settings:
- **General Practice**: A GP tutor will identify a patient for the student to visit
- **Hospital**: A hospital consultant will identify a patient for the student to visit

Visits to the identified patients extend over a 15 month period with repeated visits to the patient’s home. Details are specified in the course handbook.

### Responsibility of the University

- The University will provide a Lead Academic
- The University will provide the administrative support
- The University will provide the teaching resources for this course
- The University will work with general practitioners to ensure the identification of suitable patients
- The University will provide the academic support for the students on this course.

### Responsibility of the Trust

- The Trust will identify and provide consultant staff to contribute to the teaching programme and to act as tutors
- The Trust will ensure consultant staff identify suitable patients for the students to visit.
- The Trust will provide consultant staff to contribute to the assessment of the unit of teaching.

**NOTICE:**

Notice is given that the University intends to modify the People and Disease Unit for educational reasons. The Medical School is undertaking a review of early clinical experience. The allocation of student weeks for this placement is likely to change for 2014/2015.
**Consultation Skills Foundation Course**

The Consultation Skills Foundation Course is the central programme of early clinical education in Years 1 and 2.

The course includes the following:
- GP teaching to small groups delivered by a GP tutor in general practice. The GP will recruit suitable patients
- Hospital teaching to small groups delivered by a hospital tutor. The hospital tutor will approach in-patients to be used for teaching.
- Practical Procedural Skills: A range of procedural skills will be covered, taken in part from the GMC Tomorrow’s Doctors (2009) Practical procedures for graduates (Appendix 1).

**Responsibility of the University**
- The University will provide an academic lead for the course
- The University will provide administration to liaise with the GP tutors
- The University will provide facilities for the teaching of the relevant practical procedures
- The University will provide the teaching resources for the course

**Responsibility of the Trust**
- The Trust will provide sufficient consultant tutors
- The Trust will provide administration to ensure good communication with students and their hospital tutor.
- The Trust will provide access to Clinical Skills staff and resources for those practical procedures referenced in Tomorrow’s Doctors (2009).

**Quality Control**
- There will be an annual list of GP tutors and Hospital tutors
- There will be evidence of appropriate training for tutors
- There will be a record of student’s completion of required practical procedures.
- There will be a response to student feedback
Health in the Community (HitCom) and the Interprofessional Learning Strand

Health in the Community (HitCom)
Health in the Community is a placement that takes place early in the medical course – Year two for the 5-year students and Year one for the graduate students on the 4-year course. The placement takes place over a three-week period.

Interprofessional Learning Strand (IPE)
The Interprofessional Learning Strand has three components:
Strand One: Classroom based learning (Year 1)
Strand Two: Health in the Community (Year 2)
Strand Three: Activities linked to clinical placements in Years 3, 4 and 5:
Patient Safety workshops
Listening workshops with service users
Learning in teams about: elderly care, those with mental illness, children, cancer, diabetes. This included e-learning opportunities

Objectives for Health in the Community:
To ensure students have the required knowledge, attitudes and skills to care for patients from deprived backgrounds

Knowledge:
  f. To provide opportunities for students to explore partnership working and collaborative practice for talking disadvantage
  g. To allow students to critique service provision and analyse the quality of local models of partnership working aimed at addressing inequalities in health
  h. To allow students to consider the needs of marginalised groups
  i. To allow students to analyse how health inequalities relate to the local population where bio-psycho-social disadvantages are evident

Skills
  c. Complete a holistic patient or user centred assessment to identify care needs
  d. Demonstrate key principles of effective team working

Attitudes
  b. Demonstrate respect and a positive attitude towards team working

Resources required for Health in the Community
As minimum the Trust is required to provide the following in order to deliver the Health in the Community programme:
  o Health Inequality Clinical Education Lead. This requires a 4PA appointment. This individual will be key for the development of an expanding programme of work linked to health inequality and teaching within the community (see section on “Education Development”).
  o Health Promotion Clinical Education Lead. This must be for 2PAs. This must follow the guidelines as per Clinical Education Leads for other elements of the curriculum.
  o A team of Nurse Tutors. There will be 8 nurse tutors. They must have sufficient time in their job plan to allow for preparation, organisation, delivery and feedback.
  o Administrative support. There must be a named administrator to coordinate the placement. The community placement is more complex than the standard hospital placement and a full-time administrator is required for this position.
The Trust will be responsible for the cost of required teaching resources, including printing or electronic resources.

**Expert Patient Unit**

An Expert Patient Unit will be established in conjunction with the University. This is essential to the delivery of the Interprofessional Education programme.

The use of expert patients is required to deliver teaching throughout the medical course and to provide input to medical school processes and committees. To date these have been used in conjunction with community-based teaching and inter-professional education. The changing nature of the acute clinical service with shorter stays makes this an increasingly important resource.

**Responsibility of the University:**
The University will provide facilities for an expert patient unit. This will include space for training and an administrator to manage the resource. There will be a named University academic to provide oversight and leadership. The University will provide a suitable management structure to look after training, evaluation, feedback and timetabling for the simulators. The University will be responsible for the payments made to the patients.

**Responsibility of the Trust:**
SIFT income, linked to Health in the Community and Educational Development, will be set aside to provide baseline funding for the unit. Such income will be subject to a recharge agreement between the Trust and the University. The base-line provision for the unit will be equivalent to 80 student weeks. Any further expansion of the simulated patient unit would be dependent on where the resources were being used and subject to annual review.

**Student Travel Costs**

Students are responsible for any travel costs within the ‘City Centre’. The Trust is responsible for travel costs for students outside of the city centre.

**The Health in the Community administrator** will have the following tasks within their job plan:

- Work with the University and LPT leads to manage the Health in the Community placement and the associated Interprofessional Learning Strand
- Liaise with the eight linked GP practices to ensure suitable patients are identified, information collected and agencies informed
- Arrange bookings for meetings and teaching sessions
- Ensure transport arrangements are in place
- Collect appropriate quality control information and feed this back to the Trust Management and University
- Provide a point of contact for any queries

**Quality control:**
The Placement Provider will provide quality control information to the University regarding the Health in the Community and the Interprofessional Learning Strand including:

- Names of Health Inequality and Health Promotion Lead.
- Names of Nurse Tutors
- Evidence of training and staff development
**Education Development**

There are rapid changes taking place in the NHS, both within the acute sector and the community. The M.B.,Ch.B. programme in Leicester has traditionally been based in secondary care for the majority of the clinical placements. The course already has placements linked to primary care and the community. There is a recognition that use of primary care and community placements must expand. This is required for the following reasons:

- A large percentage of our graduates will end up working in primary care and the community (likely to be the majority of students)
- There is a drive by the Department of Health to ensure that care is provided as close to home for most patients and that this should be in primary care and related community settings.
- Secondary (and tertiary) care beds are limited with patients discharged home earlier
- Many hospital-based consultants are changing their traditional roles and spending time in community settings

While there are clear benefits to students seeing patients in a community setting there are a number of challenges:

- The educational infrastructure in the community is limited. Community health care settings have not been built with suitable teaching space
- The venues are diverse and spread over a wide region.
- There is a requirement for students and tutors to travel. The travel costs for medical students are significant and must be taken into account

**Proposal for Education Development**

The University and the Trust will agree on a programme of activity that will be included in the Education Development placement

The education development should be to the mutual benefit of both the University and the Trust

This may include a pilot placement or early work to evaluate the feasibility of using a particular setting for teaching

There are likely to be staff development requirements

There must be an element of evaluation of any new developments. The exact nature of the evaluation must be agreed beforehand. It is anticipated that this will result in novel and forward-thinking placements and an important outcome will be the dissemination of the findings.

Since this programme will be reviewed on an annual basis there is no requirement for a long-term appointment. Nevertheless there may well be a joint proposal for short-term support
Patient Safety

Patient safety is included as a domain represented in all clinical placements.

In addition, Leicester has identified a placement whose key outcome is that of patient safety. Each student has a week within this placement. The patient safety week is closely linked to the Quality Improvement and Leadership week (outlined in the next section).

Students will have opportunities to do the following:
- Participate in simulations linked to patient safety
- Receive teaching in safe prescribing

Responsibility of the University
The University will provide the administration for this placement
The University will provide the teaching resources

Responsibility of the Trust
The Trust will appoint a Safe Prescribing Lead with a minimum of 2PAs
The Trust will provide teaching of practical procedures relevant to patient safety with the necessary equipment
The Trust will provide staff for the delivery of simulations linked to patient safety
The Trust will ensure students have access to required Trust IT systems
Quality Improvement and Leadership

Quality improvement, leadership and patient safety are interlinked. This is a new development within the course and it is anticipated that the requirements for this placement will develop over the next year. The intention is for the Trust responsible for this element to work closely with the University to agree the detailed objectives and the allocation of resources.

Objectives
Students must understand the role of the medical profession with regard to quality improvement, leadership and patient safety. The programme will reflect issues raised in the Francis Inquiry report (Mid Staffordshire NHS Foundation Trust Public Inquiry 2013) Students must develop the skills and attitude that will equip them to be the future leaders in the NHS Students must develop personal skills to enable them to take responsibility for their own development and their future career in the NHS.

Responsibility of the University
The University will provide curriculum learning outcomes linked to leadership. These will reflect the outcomes of the NHS Leadership Framework. The University will allocate time within the curriculum for these outcomes to be met. The University will link this programme of activity with the student “Portfolio for Safe Practice” and the need to prepare students for revalidation.

Responsibility of the Trust
The Trust will appoint a Quality Improvement and Leadership Education Lead. The Trust will work with the University to identify suitable learning resources for this placement.
Preparation for Professional Practice (PfPP)

The PfPP period is a clinical placement of two weeks duration that occurs after the Final Professional Examination.

Objective for the PfPP:
1. To ensure students are adequately prepared for their foundation post. This period will count as a period of “Student Assistantship” in accordance with GMC requirements as in Tomorrow’s Doctors 2009.
2. To be integrated into a clinical team. The student must be linked to a foundation doctor. The overall placement must be supervised by a named Consultant.
3. **IT access**: To ensure students have completed all the required IT training in order to access NHS IT systems. Students must also have appropriate opportunities to use the NHS IT systems and to be familiar with the range of tasks required of a foundation doctor.
4. **Investigations**: Students must have opportunities to order investigations and follow through on the subsequent review of results. Ordering of imaging is excluded.
5. **Discharge planning**: Students must take responsibility for the discharge of patients. Students must have opportunities to complete a discharge summary under supervision. If prescriptions are required this must be authorised by a qualified doctor. This must be included as part of a discharge plan in which the student participates in all components.
6. **Handover**: Students must have an opportunity to conduct a handover. They need to be trained appropriately. The handover needs to be formally assessed and feedback provided.
7. **Patient Safety**: Students must have an opportunity to reflect on relevant patient safety issues. Mechanisms must be in place for the student to feedback to the Trust and for the student to receive training and guidance.
8. **Safe Prescribing**: Students must receive appropriate teaching in the principles of therapeutics and safe prescribing in the workplace. This must be supported by the Pharmacy staff. All students must be assessed on their workplace-based prescribing with feedback provided to the students.
9. **Career advice**: The PfPP is a valuable opportunity for students to further review their career intentions. The Trust must provide suitable career advice. All students must have career training sessions. It should be noted that such sessions can be delivered at other period during the course and not only during the PfPP period.
10. **Clinical Skills**: The PfPP period allows students to complete a range of clinical skills. In addition to sessions in the Clinical Skills Unit the University requires students to be signed off in practice for a limited number of skills. The sign-off of the workplace-based skills must be completed during the PfPP period.
Resources required for the PfPP:
As minimum the Trust is required to provide the following in order to deliver the PfPP programme:
- PfPP Clinical Education lead. This must follow the guidelines as per Clinical Education Leads for other elements of the curriculum.
- Career advisory lead. This must follow the guidelines as per Clinical Education Leads for other elements of the curriculum.
- Career advisory service – This should be arranged in conjunction with Foundation School so that services can be shared. There must be sufficient time linked to a career advisor to support this placement and other relevant parts of the course linked to career development. It is anticipated that this would equate to 0.5fte
- PfPP administrator. The time allocated to this role must be in accordance with the general placement guidelines for administrative support.
- Pharmacist. A key component of this placement is that the students have access to a pharmacist to help with safe prescribing. This must be incorporated in the placement (i.e. not a lecture) and will require significant time. The expectation is that a named Pharmacist will be identified with time in a job plan to allow for this role.
- Clinical skills facilitator time. The students will require access to the Clinical Skills unit with time from the clinical skills facilitator. A significant element of the block is directed at completion of the clinical skills programme and so appropriate resources must be allocated.
- Clinical skills equipment must be provided as necessary
- IT services - Smart card implementation and administration. The Trust must provide Smart cards for all students; including the IT costs involved. The Trust must provide IT training for the students
- PfPP handbook printing costs

The PfPP administrator will have the following tasks within their job plan:
- Work with the University and UHL leads to manage the PfPP period
- inform the Directorate Leads (or other appropriate senior managers) about the placements
- Let the FY doctors know to expect students and outline what the Trust expects from the 2 week placement
- Arrange an introductory session at the beginning of the 2 week programme (if appropriate) and get any paperwork/sign off sheets ready for students
- Let the students know the contact details for their placement
- Collect appropriate quality control information and feed this back to the UHL Management and University
- Provide a point of contact for any queries

Quality control:
The Placement Provider will provide quality control information to the University regarding the PfPP including:
- Names of PfPP lead and PfPP administrator
- List of all placement settings and contact person for each
- Information on the completion of IT training requirements
- Information on the completion of workplace-based skills assessments
- Information of the provision of careers advisory service
- Information regarding patient safety issues

Clinical Examinations
The Medical School has a responsibility for the delivery of the assessments that determine the ability of the students to progress from one year to the next and to graduate from the course. The Medical School has to provide assurance as to the quality of the assessments and that they meet the requirements of the General Medical Council. Ultimately the Medical School has to be sure that graduates are competent and safe to practice.

Examinations include written and clinical assessments.

The M.B.,Ch.B. course at Leicester has three summative clinical examinations:
Year 3 – Primary Professional Examination
Year 4 – Intermediate Professional Examination
Year 5 – Final Professional Examination

Each clinical examination is run on the following principles:
The examination runs over five days (i.e. equivalent to a week)
The examination requires access to:
- Patients
- Simulators
- Medical examiners (Consultants)
- Administrative support
- Clinical Skills staff and clinical skills equipment
- Electronic resources
- Printed resources
- Staff training
- Running costs; including patient taxis, food
- Clinical resources; including space. For two of the examinations we use out-patient space with cancellation of clinics

The Medical School makes a significant contribution to the running of the clinical examinations with administrative and academic input. Appropriate committees are in place and results are reviewed by a Board of Examiners.

The running of the examinations is complex and high stakes.

**Responsibility of the University**
The University will provide an Assessment Lead
The University will provide an Assessment Manager
The University will provide a Code of Practice for Assessment which details the structure and content of the assessment
The University will provide managerial oversight linked to an Assessment Executive and responsible Assessment Committees
The University will provide use of the Clinical Skills Unit for a component of the clinical examination
The University will be responsible for the training of simulators
The University will outline the training requirement for examiners
The University will provide the Trust with the dates of the clinical examinations at least 6 months in advance and normally 12 months in advance.
The University will ensure all arrangements for external examiners

**Responsibility of the Trust**
The Trust will appoint a Clinical Assessment Lead
The Trust will appoint an Assessment Administrator
The Trust will provide consultant staff to act as examiners, as specified by the University
The Trust will provide clinical skills staff to contribute to the examination as specified by the University.
The Trust will provide suitable equipment for the examinations, including clinical skills equipment
The Trust will provide facilities suitable for the running of clinical examinations. At present the examination utilises the out-patient department at the Leicester Royal Infirmary.

The Trust will work with the Assessment Lead to ensure adequate preparation of the clinical examinations to ensure their smooth running on the day.

The Trust will deliver appropriate examiner training sessions to ensure that all consultants involved in the examination are suitably trained and prepared. This will also include working with the Assessment lead to ensure that staff attend training sessions for the management OSCE stations.

The Trust will ensure that suitable patients are recruited to the clinical examinations.

The Trust will allocate funding for the simulated patients used in the examinations.

The Trust will cover the costs for the practical arrangements linked to the examinations including: Patient taxi costs, catering costs, printing costs and postage costs.

The Trust will provide funding for the simulators used in the examinations.

**Quality control:**

The Trust will provide a list of consultants contributing to the examination each year.

The Trust will provide data on examiner training.

**Simulated Patient Unit**

Simulated patients are used in a range of settings for both teaching and assessment. The University will provide facilities for a simulated patient unit. This will include space for training and an administrator to manage the unit. There will be a named academic responsible for providing oversight and leadership.

The simulated patients will be used within many of the clinical placements, both core clinical placements and specific clinical placements. They have a key role in all clinical assessments.

SIFT income, linked to the Examinations and Consultation Skills Foundation Course (the major areas where simulators are used), will be set aside to fund the unit. Such income will be subject to a re-charge agreement between the Trust and the University. The baseline provision for the unit will be equivalent to 100 student weeks. Any further expansion of the simulated patient unit would be dependent on where the resources were being used and subject to annual review. These student weeks will be divided as follows:

- **LPT:** 20 student weeks (used jointly by Mental Health, Examinations)
- **UHL:** 60 student weeks (used jointly by Examinations, Consultation Skills)
- **GP:** 20 student weeks (used by Clinical Methods/GP)

The University will provide a suitable management structure to look after training, evaluation, feedback and timetabling for the simulators. The University will be responsible for the payments made to the simulators.

**PROPOSAL**

A week of SIFT placement money has been allocated for each clinical examination; i.e. three weeks of placement funding.

Multiple Local Education Providers contribute to each examination.

There is a need for the clinical examinations to be tightly controlled. All the examinations are now subject to legal challenge by any student deemed to be unsatisfactory. The risks associated with the examination are great and continue to increase. It has proved difficult to manage the clinical examinations over recent years.

Changes have taken place to the space provided by the Trust for the examinations in the past year. This has limited the examinations. It is anticipated that further restrictions on the space will be confirmed shortly. The University therefore has a responsibility to plan for these future developments.

It is proposed that the SIFT placement funding linked to the clinical examinations will be administered by Leicester Medical School.
o At the beginning of each year the University will agree a contract with regard to the Trusts contributing to the examination
o Funding will be paid to providers for specific components of the examination.
 o The agreement will include arrangements for examiners, administrators, skills facilitators, equipment and related examination requirements.
A detailed proposal will be brought for the 2014/15 Partnership Agreement.
PRACTICAL PROCEDURES AND SIMULATED LEARNING

Medical students are required to carry out practical procedures safely and effectively. Practical procedures are incorporated in the medical programme in the following manner:

1. The GMC (Tomorrow’s Doctors; 2009) includes a list of practical procedures in which all students are required to receive training. This is a mandatory requirement. The procedures are listed in Appendix 1. These procedures are taught over the duration of the M.B., Ch.B. programme and are incorporated within the following elements:
   a. Clinical Skills Foundation Course. Practical procedures within CSFC are delivered within the University utilising staff from the Clinical Skills Unit at UHL.
   b. Core Clinical Placements. Specified practical procedures are linked to individual clinical blocks. The allocation of procedures is indicated in the Clinical Skills Workbook. The majority of these are delivered by the Education Provider to which the student is attached for that placement.

2. Additional practical procedures: The University requires students to be trained in a number of additional practical procedures. These are specified within each Clinical Block Workbook. These are revised on an annual basis.

3. Simulations. Practical procedures are best taught within a simulated learning environment where practical elements are linked to other aspects of safe practice. A number of clinical blocks have a defined simulation that is delivered within a clinical skills environment. These are indicated in the relevant clinical block workbook.

Allocation of resources within the SIFT contract:

The provision of resources for the delivery of the practical procedures and simulated learning will come out of the SIFT placement funding linked to the element of the course where the skill is being taught. This is identified within the following:

- Consultation Skills Foundation Course
- Core Clinical Placements
- Preparation for Professional Practice
- Patient Safety
- Remedial placements
- Examinations

Resources required:

As minimum the Trust is required to provide the following in order to deliver the Procedural Skills and Simulation programme:

There will be a named Clinical Skills Lead to coordinate the programme of practical procedures and simulations.

Note: with the expansion of the programme of simulations there must be a Clinical Skills Co-lead appointed. The co-lead should be placed so as to work within the DGHs and other partners.

The Trust will provide facilities that are suitable for the delivery of teaching of practical procedures.

The Trust will provide the necessary equipment to deliver the required teaching.

The Trust will provide the appropriate clinical skills facilitators to deliver the training.

There will be a named lead clinical skills facilitator to liaise with the Clinical Skills Lead and the University.

The Trust will put in place a mechanism to collect data on student attendance and satisfactory completion of the practical procedures.
The Trust will make available clinical skills facilitators and appropriate equipment for assessments. Practical procedures will be incorporated in the Primary Professional Examination, the Intermediate Professional Examination and the Final Professional Examination. In addition, a number of clinical blocks will include and end-of-block assessment utilising an OSCE format in which clinical skills will be tested. In such cases, the Trust will provide appropriate staff and equipment.

**Clinical Skills lead**
A Clinical Skills lead will be appointed. The Clinical Skills Lead reports to the Director of Undergraduate Medical Education.

**Responsibilities**
The Clinical Skills Lead will:

- be adequately prepared for the role and have participated in relevant training and evidence relevant continued professional development activities to remain personally up to date in developments in medical education and its related concepts, systems and local structures;
- be appropriately trained to teach, provide feedback and undertake competence assessment for medical students in the specialty;
- be trained in equality and diversity to promote equality of opportunity and eliminate unfair discrimination;
- understand their responsibilities for patient safety;
- coordinate delivery of the clinical skills programme; working with staff within the University and Education Providers.
- Contribute to the design and delivery of assessment of practical procedures in the professional clinical examinations;
- be fully familiar with the educational objectives for the clinical placements, the high level outcomes for graduates specified in GMC *Tomorrow’s Doctors* (2009), and be able to use these as the point of reference in discussing skills assessments with Clinical Education Leads and clinical skills facilitators who may be signing off students for skills or participating in formal examinations of clinical skills.
- contact the Phase 1 or Phase 2 Coordinator or the Director of Undergraduate Medical Education using a Concerns Form should the level of performance, attitude or behaviour of a medical student give rise for concern;
- meet, as required, with clinical skills staff from all partner organisations to undertake review of delivery, develop and specify forms of assessment and promote best practice;
- have adequate time within their job plan to undertake the above responsibilities.

**Quality control:**
The Placement Provider will provide quality control information to the University regarding the Practical Procedures including:

- Names of Clinical Skills Lead and clinical skills facilitators
- An annual review of the facilities provided for teaching practical procedures
- Evidence of record keeping with regard to student’s satisfactory completion of the required list of practical procedures

**staffing agreement:**

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**Core Clinical Teaching / Clinical Education Lead**

A fundamental principle of the Leicester M.B.,Ch.B. programme is the appointment of Clinical Education Leads with leadership responsibility for organisation and delivery of defined aspects of the medical course.
In order to ensure the continued appointment of appropriate staff the following arrangements will be implemented within the SIFT placement plan:

i. In specified core clinical placements a week of activity has been allocated to core clinical teaching

ii. Certain additional weeks have been added to this activity where all the teaching is based within the skills unit or other facilities outside of the clinical environment.

iii. The total amount of SIFT placement funding linked to these weeks is sufficient to maintain the funding of the Clinical Education Leads

Within the SIFT placement plan there are three separate lines of activity linked to core clinical teaching

- Core Clinical Teaching – supervised by UHL NHS Trust
- Core Clinical Teaching – supervised by LPT
- Core Clinical Teaching in Phase 1 – with SIFT weeks divided between UHL, LPT and General Practice

The following principles govern the arrangement for managing the use of SIFT weeks allocated to Core Clinical Teaching:

- There will be a joint management structure between the University and the Trust (UHL NHS Trust and LPT)
- The joint management group will include a member of staff from one of the DGHs
- Terms of reference for the management group need to be approved and will be subject to review
- There will be transparency as to the use of the SIFT funding linked to core clinical teaching. In this regard the funding can only be used to appoint a named Clinical Education Lead (or in limited situations equivalent staff taking on the same role).
- Clinical Education Leads have a function outside of their main site of employment and provide leadership that extends to all placement providers.
- The mechanism of allocation of SIFT weeks means that all Education Providers are contributing to the funds allocated for this purpose. While the majority of the core clinical teaching will be delivered in Leicester, this is not absolute. In particular it is important that members of staff in education providers outside of Leicester must have an opportunity to take on education leadership tasks. It is therefore required that the joint management group must implement a process that allows a wide range of staff to apply for clinical education lead roles. This includes both undergraduate and postgraduate teachers as well as staff based in UHL or LPT and in associated DGHs and General Practice
- SIFT funding will be used to ‘buy-out’ Programmed Activities. In other words the time allocated must be identified within the consultant or GP job plan within a 10PA week. Clinical activity will be reduced to accommodate the teaching PAs.
- The use of funding for this purpose will be subject to appraisal and review
- It is inevitable that staff appointed into Clinical Education Lead roles will also contribute to the general teaching within a placement. However, this is not the main purpose and funding for education leads should not be the means whereby teaching within the placement component of a clinical block is supported. The placement SIFT must be used to support teaching within
the clinical block.

**Clinical Education Lead role**
The clinical education lead role will fall into the following categories:

i. Provide leadership for one of the Core Clinical Placements (i.e. clinical blocks)

ii. Provide leadership for a specified theme within the clinical curriculum (e.g. Imaging, Pathology, Infection, Patient Safety, etc)

iii. Provide leadership linked to an overarching educational role (e.g. assessment, student selection, staff development, quality management, etc)

The allocation of Clinical Lead PAs should follow these principles:

i. Each core clinical block must have a minimum of 4PAs allocated for leadership tasks and core clinical teaching. Some of these may be linked to Medical School tasks.

ii. Each identified theme must have between 2 and 5 PAs allocated for leadership and core clinical teaching.

iii. The PAs for overarching educational roles will be agreed jointly between the University and the Trust and must meet the requirements specified in the Partnership Agreement

iv. For staff appointed to lead on one of the special clinical placements there is funding allocated for that placement which must be used as specified in the Partnership Agreement

**Quality Control:**

There will be a record of Management meetings to review and monitor the Core Clinical Teaching.

The Management group will produce an annual report containing the following information:

- Names of staff in post
- Identify new appointments
- Indicate roles for staff appointed
Clinical Education Lead / Block Lead:
Each core clinical block is the responsibility of a team of clinical educators and clinical teachers, led by a Clinical Block Lead.

The specific responsibilities of the Clinical Block Lead are to:

- Ensure that the clinical block, as described in the Phase 2 course document is delivered effectively to all students across all clinical sites
- Work with the medical curriculum administrator allocated to that block to ensure effective day to day organisation of clinical education
- Coordinate the production of relevant curriculum materials.
- Liaise with clinical education leads to ensure that clinical and other staff are available to deliver the block as described in a broadly equivalent way for all students at all sites
- Work with other clinical block leads to ensure coordination and integration of curriculum outcomes, content and delivery
- Monitor the progress of students through the block and oversee the maintenance of appropriate records of student attendance and performance
- Ensure, with the support of the medical curriculum administrator allocated to the block that, at the end of each block the Medical Education office receives a list of students who have:
  - Attended satisfactorily during the block
  - Completed satisfactorily appropriate assignments and assessments, including clinical skills
  - Behaved in a consistently professional manner
- Provide at the end of the block a list of students who have not completed the block satisfactorily, together with a specification of weaknesses that they must address during later remediation
- Report to the Concerns Group any student in difficulties during the module so that appropriate action may be taken quickly
- Lead continuing discussion with the block team for further development of the block and present proposals for change to the Phase 2 Management Group and curriculum committee
- Monitor delivery of the block formally and informally and deal with problems as they arise
- Receive and respond to formal student evaluation of the block and report actions taken to the Phase 2 Management Group
- Contribute to the summative assessments as required by the University. Work with the assessment administrator to recruit suitable patients for the examinations, to recruit appropriate examiners and to contribute questions to written assessments.
- Facilitate dissemination of good practice across the programme through formal and informal discussions with other block leaders
- Liaise with appropriate NHS Trust management to ensure resources are available for delivery of the block across sites

List of Clinical Education Leads
<table>
<thead>
<tr>
<th>Clinical Education</th>
<th>Provider responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead</td>
<td></td>
</tr>
<tr>
<td>Cardio-respiratory</td>
<td>UHL</td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td>UHL</td>
</tr>
<tr>
<td>GI and Metabolic</td>
<td>UHL</td>
</tr>
<tr>
<td>Peri-operative</td>
<td>UHL</td>
</tr>
<tr>
<td>Cancer Care</td>
<td>UHL</td>
</tr>
<tr>
<td>Acute Care</td>
<td>UHL</td>
</tr>
<tr>
<td>Older Persons</td>
<td>UHL</td>
</tr>
<tr>
<td>Child Health</td>
<td>UHL</td>
</tr>
<tr>
<td>Child Health</td>
<td>LPT</td>
</tr>
<tr>
<td>(Community)</td>
<td></td>
</tr>
<tr>
<td>Reproductive Health</td>
<td>UHL</td>
</tr>
<tr>
<td>Special Senses</td>
<td>UHL</td>
</tr>
<tr>
<td>Mental Health</td>
<td>LPT</td>
</tr>
<tr>
<td>Clinical Methods</td>
<td>GP</td>
</tr>
<tr>
<td>Palliative care</td>
<td>Loros</td>
</tr>
<tr>
<td>Imaging</td>
<td>UHL</td>
</tr>
<tr>
<td>Pathology</td>
<td>UHL</td>
</tr>
<tr>
<td>Haematology</td>
<td>UHL</td>
</tr>
<tr>
<td>Clinical anatomy</td>
<td>UHL</td>
</tr>
<tr>
<td>Genetics</td>
<td>UHL</td>
</tr>
<tr>
<td>Infection</td>
<td>UHL</td>
</tr>
<tr>
<td>Dermatology</td>
<td>UHL</td>
</tr>
<tr>
<td>Patient Safety</td>
<td>UHL/Burton</td>
</tr>
<tr>
<td>Safe Prescribing</td>
<td>UHL</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>UHL</td>
</tr>
<tr>
<td>Preparation for</td>
<td>UHL</td>
</tr>
<tr>
<td>Professional Practice</td>
<td></td>
</tr>
<tr>
<td>Careers Lead</td>
<td>UHL</td>
</tr>
<tr>
<td>Health Inequality</td>
<td>LPT</td>
</tr>
<tr>
<td>Health Promotion</td>
<td>LPT</td>
</tr>
<tr>
<td>Assessment</td>
<td>UHL</td>
</tr>
<tr>
<td>Quality Improvement and Leadership</td>
<td>Northampton</td>
</tr>
<tr>
<td>Clinical Ethics and Law</td>
<td>LPT</td>
</tr>
<tr>
<td>Clinical Skills – Lead and Co-lead</td>
<td>UHL</td>
</tr>
<tr>
<td>General Practice</td>
<td>GP</td>
</tr>
<tr>
<td>Student Selection</td>
<td>UHL</td>
</tr>
</tbody>
</table>
Clinical Teachers

Clinical teachers provide teaching for students on clinical placements. Clinical teachers will normally be consultants who have responsibility for patients in a clinical area or the provision of a clinical service. Undergraduate education must be recognised within the consultant job plan. At least two sessions of consultant-led teaching in the clinical environment should occur each week for each student attached to the Trust. Clinical workload should be appropriate to the conduct of effective teaching alongside clinical service. There will be sufficient protected time in consultant work plans for each student to have a minimum of two hours of individual dedicated teaching time each week in addition to teaching alongside clinical work. In this context an hour of teaching may take a number of forms including:

- Teaching in a clinic, where the standard patient booking is reduced by 25% to ensure students have the opportunity to be observed taking histories or undertaking clinical examinations and to receive appropriate feedback.
- Teaching linked to a ward round, where the consultant returns after the formal component of the ward round to undertake specific teaching with the students attached to that consultant.
- Time set aside to perform work-based assessments
- Time set aside to deliver a focussed teaching event

Providing the above criteria are met a consultant may include 0.5SPA time in their job plan. This will vary depending of the Trust employing the consultant, but should still meet these principles. All consultants with an undergraduate teaching role will be expected to keep evidence of engagement.
Medical Curriculum Administrators

The Medical Curriculum Administrators are NHS staff who assist the Clinical Block Leaders or Specific Placement Leaders, in conjunction with the Medical School, with the delivery of clinical education and assessment across multiple clinical sites. The Trust will employ medical curriculum administrators and will provide office accommodation with areas suitable for staff engagement with students. One medical curriculum administrator will be employed for approximately every 1500 student weeks of student teaching delivered by the Trust (the minimum is one medical curriculum administrator).

For some elements of the course the administrative requirements are greater. Such administrative requirements are specified in relation to certain specific clinical placements.

The specific responsibilities of the post are to:

- Support the clinical block leaders for one or more clinical blocks in the day to day operation of clinical block
- Coordinate teaching timetables and liaise with the block leader and clinical education leads to ensure that scheduled teaching events are delivered effectively
- Ensure that appropriate physical resources, such as rooms, AV etc are available for all scheduled teaching sessions in the block
- Coordinate clinical placements within blocks across multiple sites
- Produce, in liaison with the block leader and the Department of Medical & Social Care Education appropriate course documentation, including block workbooks and log books
- Maintain accurate records of student attendance at all scheduled teaching events and clinical placements
- Coordinate assessment activities including scrutiny of workbooks and records of completion of specified activities and assignments an collation of reports on student performance to be provided to the Department of Medical & Social Care Education within two weeks of the end of each block
- Liaise on a day to day basis with students and be the first point of contact to resolve issues as they arise
- Organise any formative assessments associated with the block
- Work with other curriculum administrators to coordinate summative clinical assessments, including the Intermediate Clinical and Final professional examinations

The precise role of the administrator will vary slightly depending on where they are based.

For a number of the specific clinical placements the role of the administrator will be linked to that component and additional details outlined in the relevant section of this document.

List of Administrative roles linked to Clinical Education

<table>
<thead>
<tr>
<th>Area of responsibility</th>
<th>Provider responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardio-respiratory</td>
<td>Block administrator</td>
</tr>
<tr>
<td></td>
<td>UHL</td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td>Block administrator</td>
</tr>
<tr>
<td></td>
<td>UHL</td>
</tr>
<tr>
<td>GI and Metabolic</td>
<td>Block administrator</td>
</tr>
<tr>
<td></td>
<td>UHL</td>
</tr>
<tr>
<td>Course</td>
<td>Position</td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>-------------------------------------------</td>
</tr>
<tr>
<td>Peri-operative</td>
<td>Block administrator</td>
</tr>
<tr>
<td>Cancer Care</td>
<td>Block administrator</td>
</tr>
<tr>
<td>Acute Care</td>
<td>Block administrator</td>
</tr>
<tr>
<td>Older Persons</td>
<td>Block administrator</td>
</tr>
<tr>
<td>Child Health</td>
<td>Block administrator</td>
</tr>
<tr>
<td>Child Health (Community)</td>
<td>Undergraduate coordinator for site</td>
</tr>
<tr>
<td>Reproductive Health</td>
<td>Block administrator</td>
</tr>
<tr>
<td>Special Senses</td>
<td>Block administrator</td>
</tr>
<tr>
<td>Mental Health</td>
<td>Block administrator</td>
</tr>
<tr>
<td>Clinical Methods</td>
<td>Block administrator</td>
</tr>
<tr>
<td>People and Disease</td>
<td>Unit Administrator</td>
</tr>
<tr>
<td>Consultation Skills</td>
<td>Unit administrator / Undergraduate coordinator</td>
</tr>
<tr>
<td>Foundation course</td>
<td></td>
</tr>
<tr>
<td>Health in the Community</td>
<td>Unit administrator / Undergraduate coordinator</td>
</tr>
<tr>
<td>Preparation for Professional Practice</td>
<td>Unit administrator</td>
</tr>
<tr>
<td>Clinical Examinations</td>
<td>Clinical Assessment Administrator</td>
</tr>
<tr>
<td>DGH</td>
<td>Undergraduate coordinator for site</td>
</tr>
</tbody>
</table>

**Clinical Skills Facilitators**

Clinical skills facilitators will be appointed to deliver the programme of procedural skills as specified.
The agreement with regard to the procedural skills is outlined in the section “Practical Procedures and Simulated Learning”
## Appendix 1 - Practical procedures for graduates

### Diagnostic procedures

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Description in lay terms</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Measuring body temperature</td>
<td>... using an appropriate recording device.</td>
</tr>
<tr>
<td>2. Measuring pulse rate and blood pressure</td>
<td>... using manual techniques and automatic electronic devices.</td>
</tr>
<tr>
<td>3. Transcutaneous monitoring of oxygen saturation</td>
<td>Applying, and taking readings from, an electronic device which measures the amount of oxygen in the patient's blood.</td>
</tr>
<tr>
<td>4. Venepuncture</td>
<td>Inserting a needle into a patient's vein to take a sample of blood for testing, or to give an injection into the vein.</td>
</tr>
<tr>
<td>5. Managing blood samples correctly</td>
<td>Making sure that blood samples are placed in the correct containers, and that these are labelled correctly and sent to the laboratory promptly and in the correct way. Taking measures to prevent spilling and contamination.</td>
</tr>
<tr>
<td>6. Taking blood cultures</td>
<td>Taking samples of venous blood to test for the growth of infectious organisms in the blood. Requires special blood containers and laboratory procedures.</td>
</tr>
<tr>
<td>7. Measuring blood glucose</td>
<td>Measuring the concentration of glucose in the patient’s blood at the bedside, using appropriate equipment and interpreting the results.</td>
</tr>
<tr>
<td>8. Managing an electrocardiograph (ECG) monitor</td>
<td>Setting up a continuous recording of the electrical activity of the heart. Ensuring the recorder is functioning correctly, and interpreting the tracing.</td>
</tr>
<tr>
<td>9. Performing and interpreting a 12-lead electrocardiograph</td>
<td>Recording a full, detailed tracing of the electrical activity of the heart, using a (ECG) machine recorder (electrocardiograph). Interpreting the recording for signs of heart disease.</td>
</tr>
<tr>
<td>10. Basic respiratory function tests</td>
<td>Carrying out basic tests to see how well the patient’s lungs are working (for example, how much air they can breathe out in one second).</td>
</tr>
<tr>
<td>11. Urine multi dipstick test</td>
<td>Testing a sample of urine for abnormal contents, such as blood or protein. The urine is applied to a plastic strip with chemicals which change colour in response to specific abnormalities.</td>
</tr>
<tr>
<td>12. Advising patients on how to collect a mid-stream urine specimen</td>
<td>Obtaining a sample of urine from a patient, usually to check for the presence specimen of infection, using a method which reduces the risk of contamination by skin bacteria.</td>
</tr>
<tr>
<td>13. Taking nose, throat and skin swabs</td>
<td>Using the correct technique to apply sterile swabs to the nose, throat and skin.</td>
</tr>
<tr>
<td>14. Nutritional assessment</td>
<td>Making an assessment of the patient’s state of nutrition. This includes an evaluation of their diet; their general physical condition; and measurement of height, weight and body mass index.</td>
</tr>
<tr>
<td>15. Pregnancy testing</td>
<td>Performing a test of the urine to detect hormones which indicate that the patient is pregnant.</td>
</tr>
</tbody>
</table>

### Therapeutic procedures

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Description in lay terms</th>
</tr>
</thead>
<tbody>
<tr>
<td>16. Administering oxygen</td>
<td>Allowing the patient to breathe a higher concentration of oxygen than normal, via a face</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td><strong>17. Establishing peripheral intravenous access and setting up an infusion; use of infusion devices</strong></td>
<td><strong>mask or other equipment.</strong></td>
</tr>
<tr>
<td><strong>18. Making up drugs for parenteral administration</strong></td>
<td>Puncturing a patient’s vein in order to insert an indwelling plastic tube (known as a ‘cannula’), to allow fluids to be infused into the vein (a ‘drip’). Connecting the tube to a source of fluid. Appropriate choice of fluids and their doses. Correct use of electronic devices which drive and regulate the rate of fluid administration.</td>
</tr>
<tr>
<td><strong>19. Dosage and administration of insulin and use of sliding scales</strong></td>
<td>Preparing medicines in a form suitable for injection into the patient’s vein. May involve adding the drug to a volume of fluid to make up the correct concentration for injection.</td>
</tr>
<tr>
<td><strong>20. Subcutaneous and intramuscular injections</strong></td>
<td>Calculating how many units of insulin a patient requires, what strength of insulin solution to use, and how it should be given (for example, into the skin, or into a vein). Use of a ‘sliding scale’ which links the number of units to the patient’s blood glucose measurement at the time.</td>
</tr>
<tr>
<td><strong>22. Male and female urinary catheterisation</strong></td>
<td>Following the correct procedures to give a transfusion of blood into the vein of a patient (including correct identification of the patient and checking blood groups). Observation for possible reactions to the transfusion, and actions if they occur.</td>
</tr>
<tr>
<td><strong>23. Instructing patients in the use of devices for inhaled medication</strong></td>
<td>Passing a tube into the urinary bladder to permit drainage of urine, in male and female patients.</td>
</tr>
<tr>
<td><strong>24. Use of local anaesthetics</strong></td>
<td>Providing instructions for patients about how to use inhalers correctly, for example, to treat asthma.</td>
</tr>
<tr>
<td><strong>25. Skin suturing</strong></td>
<td>Using drugs which produce numbness and prevent pain, either applied directly to the skin or injected into skin or body tissues.</td>
</tr>
<tr>
<td><strong>26. Wound care and basic wound dressing</strong></td>
<td>Repairing defects in the skin by inserting stitches (normally includes use of local anaesthetic).</td>
</tr>
<tr>
<td><strong>27. Correct techniques for ‘moving and handling’, including patients</strong></td>
<td>Providing basic care of surgical or traumatic wounds and applying dressings appropriately.</td>
</tr>
</tbody>
</table>
### General aspects of practical procedures

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Description in lay terms</th>
</tr>
</thead>
<tbody>
<tr>
<td>28. Giving information about the procedure, obtaining and recording consent, and ensuring appropriate aftercare</td>
<td>Making sure that the patient is fully informed, agrees to the procedure being performed, and is cared for and watched appropriately after the procedure.</td>
</tr>
<tr>
<td>29. Hand washing (including surgical ‘scrubbing up’)</td>
<td>Following approved processes for cleaning hands before procedures or surgical operations.</td>
</tr>
<tr>
<td>30. Use of personal protective equipment (gloves, gowns, masks)</td>
<td>Making correct use of equipment designed to prevent the spread of masks) body fluids or cross-infection between the operator and the patient.</td>
</tr>
<tr>
<td>31. Infection control in relation to procedures</td>
<td>Taking all steps necessary to prevent the spread of infection before, during or after a procedure.</td>
</tr>
<tr>
<td>32. Safe disposal of clinical waste, needles and other ‘sharps’</td>
<td>Ensuring that these materials are handled carefully and placed in a suitable container for disposal.</td>
</tr>
</tbody>
</table>
## SCHEDULE B – STUDENT PLACEMENTS – EXAMPLE [TRUST SPECIFIC]

Components of the Curriculum delivered in the Trust
Specifically, the Trust will provide placements for:

<table>
<thead>
<tr>
<th>Phase 1</th>
<th>Placement provided: Yes / No</th>
</tr>
</thead>
<tbody>
<tr>
<td>People &amp; Disease</td>
<td>Consultation Skills Foundation Course</td>
</tr>
<tr>
<td>(Year 1, 2 and 3 for 5-year cohort)</td>
<td></td>
</tr>
<tr>
<td>Health in the Community</td>
<td>Educational Development</td>
</tr>
<tr>
<td>(Year 1 and 2 for 4-year graduate cohort)</td>
<td>Assessment – Primary Professional Examination</td>
</tr>
<tr>
<td>Junior Rotation</td>
<td>Clinical Method</td>
</tr>
<tr>
<td>(Year 3 / 4 for 5-year cohort)</td>
<td>Peri-operative Care</td>
</tr>
<tr>
<td>(Year 2/3 for 4-year graduate cohort)</td>
<td>Musculo-skeletal Care</td>
</tr>
<tr>
<td></td>
<td>Cardio-respiratory Care</td>
</tr>
<tr>
<td></td>
<td>Gastrointestinal Care</td>
</tr>
<tr>
<td></td>
<td>Mental Health</td>
</tr>
<tr>
<td></td>
<td>Remedial teaching</td>
</tr>
<tr>
<td></td>
<td>Patient safety</td>
</tr>
<tr>
<td></td>
<td>Quality Improvement and Leadership</td>
</tr>
<tr>
<td></td>
<td>Examination – Intermediate Professional Examination</td>
</tr>
<tr>
<td>Senior Rotation</td>
<td>Acute care</td>
</tr>
<tr>
<td>(Year 4/5 for 5-year cohort)</td>
<td>Older Persons</td>
</tr>
<tr>
<td>(Year 3/4 for 4-year graduate cohort)</td>
<td>Cancer care</td>
</tr>
<tr>
<td></td>
<td>Special senses</td>
</tr>
<tr>
<td></td>
<td>Student Selected Component (SSC)</td>
</tr>
<tr>
<td></td>
<td>Reproductive Health</td>
</tr>
<tr>
<td></td>
<td>Child Health</td>
</tr>
<tr>
<td></td>
<td>Career development SSC</td>
</tr>
<tr>
<td></td>
<td>Remedial teaching</td>
</tr>
<tr>
<td></td>
<td>Examination – Final Professional Examination</td>
</tr>
<tr>
<td></td>
<td>Preparation for Professional Practice</td>
</tr>
</tbody>
</table>

Core Clinical Teaching (Core Clinical Blocks)
Core Clinical Teaching (Mental Health)
Core Clinical Teaching (Phase 1)

The number of student weeks is stated below for each placement:
<table>
<thead>
<tr>
<th>Phase 1:</th>
<th>Students / placement</th>
<th>Student weeks / Placement</th>
<th>Total student number</th>
<th>SIFT Student weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>People &amp; Disease</td>
<td>X</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultation skills</td>
<td>X</td>
<td>6</td>
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<tr>
<td>Examinations</td>
<td>X</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health in Community</td>
<td>X</td>
<td>3</td>
<td></td>
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</tr>
<tr>
<td>Educational Development</td>
<td>X</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phase 2:</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>Junior rotation</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Clinical Method</td>
<td>X</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peri-operative Care</td>
<td>X</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Musculo-skeletal</td>
<td>X</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardio-respiratory</td>
<td>X</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gastrointestinal care</td>
<td>X</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health Care</td>
<td>X</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Remedial teaching</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient safety</td>
<td>X</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality Improvement &amp; Leadership</td>
<td>X</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Examinations</td>
<td>X</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Senior rotation</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute care</td>
<td>X</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Older Persons</td>
<td>X</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer care</td>
<td>X</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Special senses</td>
<td>X</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student Selected Component</td>
<td>X</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reproductive Health</td>
<td>X</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Health</td>
<td>X</td>
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Document Control

Author: Dr David Heney

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First limited circulation to UoL Medical School Programme Executive Group February 2013
REGULATIONS FOR THE DEGREES OF BACHELOR OF MEDICINE AND BACHELOR OF SURGERY

1. General Principles and General Regulations
2. Progress Requirements (5-year programme)
   a. Year 1
   b. Year 2
   c. Year 3
   d. Year 4
   e. Year 5
3. Progress Requirements (4-year programme)
   a. Year 1
   b. Year 2
   c. Year 3
   d. Year 4
4. Responsible authorities / Committees
   a. Board of Examiners and Panel of Examiners
   b. Mitigating Circumstances Panel
   c. Professionalism Concerns Group
   d. Fitness to Practise Committee

PRINCIPLES

Students registered for the MBChB programme should be familiar with the University of Leicester Regulations and are at all times subject to those regulations (General Regulations for Taught Programmes). Medical students should note the following:

1. Attendance at all sessions is an essential requirement of the Medical course at Leicester. Failure of attendance is deemed a Neglect of Academic Obligations. Repeated failure of attendance is deemed a failure of Apprenticeship Obligations and the student will not be allowed to sit their next scheduled summative assessment.

2. Departments are empowered to authorise short absences for personal reasons, but requests for absences of more than one week must be explicitly approved by the University, and will only be granted with the agreement of the Medical School and if the student concerned takes full responsibility for the completion of academic work. This procedure applies if the absence is for religious reasons. [http://www2.le.ac.uk/offices/sas2/regulations/documents/2012-13/senatereg4-studentobligations.pdf](http://www2.le.ac.uk/offices/sas2/regulations/documents/2012-13/senatereg4-studentobligations.pdf). Failure to observe this regulation will be considered a Neglect of Academic Obligations (see 3 below).
3. The Medical School will follow the University's policy on Neglect of Academic Obligations as prescribed in Senate Regulation 11: Regulations governing student discipline. [http://www2.le.ac.uk/offices/sas2/regulations/documents/2012-13/Senatereg11-discipline.pdf](http://www2.le.ac.uk/offices/sas2/regulations/documents/2012-13/Senatereg11-discipline.pdf). The Medical School's academic obligations are defined in the document entitled Leicester Medical School regulations regarding Academic Misconduct and Neglect of Academic Obligations.

4. If a student fails to attend a summative assessment then, regardless of the reason, the student will be managed in exactly the same way as a student who has took the assessment and failed. This means that such a student will be required to take the Resit Examination and will be assessed at the Resit Examination in exactly the same way as students who attended the examination and are resitting because of a previous failure. Students who fail to attend an assessment can submit a mitigating circumstances form.

5. Students must reside in Leicester or within easy commuting distance of the city for each semester. The Medical school considers a 20 mile radius from the centre of Leicester as the limit beyond which commuting is not possible ([http://www.distance-calculator.co.uk](http://www.distance-calculator.co.uk)). All students must register their term-time address with the University and must notify the Registry immediately of any change of address. [http://www2.le.ac.uk/offices/sas2/regulations/documents/2012-13/senatereg4-studentobligations.pdf](http://www2.le.ac.uk/offices/sas2/regulations/documents/2012-13/senatereg4-studentobligations.pdf). Failure to observe this regulation will result in referral to the University's Authorised Non-Academic Officer.

Candidates for the degrees of MBChB (5 year) shall be required to follow the approved programme of study for a period of 5 years. Candidates for the degrees of MBChB (4 year) shall be required to follow the approved programme of study for a period of 4 years. Registration on the MBChB course is for a maximum of 7 years (for the students on the 5-year programme) or for a maximum of 6 years (for students on the 4-year programme), and will not include more than one repeat year of study.

**With regard to the GMC domains (Tomorrow’s Doctors 2009) the Medical School will apply the following principles:**

- Safety: The aim of the School is to ensure that students put safety of patients at the heart of their clinical practise. The safety of patients will be central to all teaching and assessment.
- Equality: Students will be required to treat others with respect and apply the principles of equality and diversity to the safe care of all patients.
- Curriculum: The aim of the School is to provide contextual, constructed and collaborative learning opportunities, designed to foster the development of skills, understanding and attributes required of caring, competent, effective and safe future doctors.
- Assessment: Assessments are designed to ensure that students achieve all these skills and attributes in a progressive manner and that graduates have achieved all of the competences specified by the General Medical Council and are fit to practise as safe junior doctors.
• Support: The aim of the School is to ensure that all students feel supported in order that they can progress to become caring, competent, effective and safe future doctors. We aim to teach students that it is only by taking responsibility for their own welfare that they can take responsibility for the welfare of patients.

The MBChB programme is not a modular programme. The programme is taught in an integrated manner and all summative assessments are integrated.

In all objectives modes of assessment (i.e. written assessments, OSCE) progress is measured against threshold marks determined for each element. In written assignments progress is measured against explicit criteria specified for each grade.

Progress:
The student is required to make satisfactory progress in the programme of study and must complete satisfactorily each Year examination before proceeding to the next Year of the course. In order to complete satisfactorily the Year the student must achieve a Satisfactory Pass grade (i.e. grade ‘S’) overall in each domain of assessment specified for the Year. In addition to these requirements, students must demonstrate an acceptable level of professional competence (including the necessary attitudes and attributes) commensurate with their stage of training to progress. Specifically, in each Year of study students must satisfactorily demonstrate their ability to work and function in a professional manner and must satisfactorily demonstrate their ability to work as safe future doctors. Students must have attended all components of the Programme so that they have obtained necessary apprenticeship training. Students who are deemed in Neglect of their Apprenticeship Obligations will not be allowed to sit their next scheduled summative assessment.

In summary, a student is required to meet the following standards in order to progress:

- Required academic, including clinical, standards
- Required professionalism standards
- Required apprenticeship training
- Required patient safety standards

ACADEMIC/CLINICAL PROGRESS REQUIREMENTS: 5-YEAR MBChB.

Year 1.
Progress from Year 1 to Year 2 requires satisfactory completion of:
SEMESTER 1: Core Medical Sciences (basic and applied Medical Sciences including Social & Behavioural Medicine).
    Clinical Skills
SEMESTER 2: Core Medical Sciences
    Clinical Skills

Assessment: Assessment by written or oral examination of specified elements of coursework in the core Medical Sciences and Clinical Skills. This consists of a written assessment at the end of Semester 1, a written assessment at the end of Semester 2 and an OSCE assessment at the end of Semester 2.
In the event of a fail: Students who fail to maintain a satisfactory standard in the first-year assessments take the Year 1 Re-sit Examination during the following summer vacation. A student who fails the Year 1 Re-sit Examination may not proceed to the second year of the course.

Progression: In order to progress to Year 2 a student must satisfactorily complete all Units in the Year; and be graded ‘satisfactory’ in the required assessments or pass the Year 1 Re-sit Examination. Students must satisfactorily demonstrate their ability to work and function in a professional manner and must satisfactorily demonstrate their ability to work as safe future doctors.

Year 2.
Progress from Year 2 to Year 3 requires satisfactory completion of:

SEMESTER 1: Core Medical Sciences
Clinical Skills

SEMESTER 2: Core Medical Sciences
Clinical Skills
One Student Selected Component (selected from various options)

Assessment: Assessment by written or oral examination of specified elements of coursework in the core Medical Sciences and Clinical Skills. This consists of a written assessment at the end of Semester 1 and a written assessment at the end of Semester 2. There will be assessment by written or oral examination of specified elements of coursework in the Student Selected Component.

In the event of a fail: Students who fail to maintain a satisfactory standard in the second-year assessments for Core Medical Sciences and Clinical Skills take the Year 2 Re-sit Examination during the following summer vacation. A student who fails the Year 2 Re-sit Examination may not proceed to the third year of the course. Students who fail to satisfy the examiners in the Student Selected Component may be allowed to re-sit that component on one occasion only.

Progression: In order to progress to Year 3 a student must satisfactorily complete all Units in the Year and be graded ‘satisfactory’ in the required assessments or pass the Year 2 Re-sit Examination and be graded satisfactory in the Student Selected Component. Students must satisfactorily demonstrate their ability to work and function in a professional manner and must satisfactorily demonstrate their ability to work as safe future doctors.

Year 3.
Progress from Year 3 to Year 4 requires satisfactory completion of:

SEMESTER 1: Core Medical Sciences
Clinical Skills
One Student Selected Component (selected from various options)

SEMESTER 2: Clinical attachments

Assessment: Assessment by written or oral examination of specified elements of coursework in the core Medical Sciences and Clinical Skills. The Primary Professional Examination (Year 3 Examination) takes place at the end of Semester 1 in Year 3. This consists of a written examination and an OSCE examination. There will be assessment by written or oral examination of specified elements of coursework in the Student Selected Component. There will be assessment of specified elements of
coursework, including the ‘People and Disease’ Student Selected Component. There will be an assessment of Professional Portfolio for Safe Practise or relevant Professional Portfolio.

**In the event of a fail:** Students who fail the Primary Professional Examination (PPE) examination will be required to take the re-sit PPE examination and achieve the required pass mark in order to progress to Year 4.

Students who fail to satisfy the examiners in the Student Selected Component may be allowed to re-sit that component on one occasion only.

**Progression:** In order to progress to the clinical placements and to Year 4 of the course a student must satisfactorily complete all Units in the Year and be graded ‘satisfactory’ in the required assessments.

Students must satisfactorily demonstrate their ability to work and function in a professional manner and must satisfactorily demonstrate their ability to work as safe future doctors.

**CLINICAL ATTACHMENTS**

The full-time clinical attachments begin in February in the third year of the five-year course. They consist of:

i) The Junior Clinical Rotation
   Six seven-week attachments plus one three week student project period

ii) The Senior Clinical Rotation
   This consists of six seven-week clinical attachments including two Student Selected Components, plus one further three-week Student Selected Component.

iii) The elective period of at least six weeks

iv) Preparation for Professional Practice. A period of preparation for practice including normally a four-week period of Foundation School preparation, undertaken after the elective period and the Final Professional Examination in the fifth year. This will consist of specified learning opportunities with defined clinical work linked to Professional Practice, including a student assistantship.

**Year 4.**

**Assessment:** The Intermediate Professional Examination (IPE) takes place at the end of the Junior Rotation (February / March). The examination consists of a written component and an OSCE component. The IPE examination is a single integrated examination and both written and OSCE components need to be graded as satisfactory in order to pass.

**In the event of a fail:** Students who fail the IPE examination will be required to take the Re-sit IPE examination and achieve the required pass mark in order to progress to Year 5.

A student who fails the re-sit examination may not proceed with the senior rotation or progress to Year 5 of the course.

**Progression:** In order to progress to Year 5 of the course a student must satisfactorily complete all Blocks (clinical attachments) in the Year and be graded ‘satisfactory’ in the required assessments.

Students must satisfactorily demonstrate their ability to work and function in a professional manner and must satisfactorily demonstrate their ability to work as safe future doctors.
Year 5.

Assessment: The Final Professional Examination (FPE) takes place at the end of the Senior Rotation (March / April). The examination consists of a written component and an OSCE component. The Final Professional Examination is a single integrated examination and both written and OSCE components need to be graded as satisfactory in order to pass.

The Preparation for Professional Practise will be assessed on the basis of a Professional Portfolio by oral and/or written work against published standards.

In the event of a fail: Students who fail the Final Professional Examination will be required to take the Re-sit FPE examination and achieve the required pass mark in order to progress to the award of the degrees of MBChB.

A student who fails the re-sit examination may not proceed to the award of the degrees.

Progression: In order to progress to the award of the MBChB degree a student must satisfactorily complete:

i) all Blocks (clinical attachments) in the senior rotation of the course and be graded ‘satisfactory’ in the required assessments

ii) Satisfactorily complete the elective period

iii) Satisfactorily complete the Preparation for Professional Practise period and related assessment; including assessment of Professional Portfolio for Safe Practise or relevant Professional Portfolio

iv) Students must satisfactorily demonstrate their ability to work and function in a professional manner.

v) Students must satisfactorily demonstrate their ability to work as safe future doctors

vi) Students who have successfully completed the requirements of the course for the degree of MBChB will be awarded those degrees if they are deemed to be fit to practise medicine. Students may be required to withdraw from the University or to transfer to another course if at any time during the MBChB course it is concluded that there is sufficient reason to judge that they will be unfit to practise; the procedures to be adopted in such cases are set out in the regulations on Fitness to Practise.

To receive the degrees of MBChB students who have successfully completed the requirements of the course will be required to affirm the Declaration of Geneva at the degree ceremony or at some other occasion the Dean of the College of Medicine, Biological Sciences and Psychology decides.
ACADEMIC/CLINICAL PROGRESS REQUIREMENTS: 4-YEAR MBChB

Year 1
Progress from Year 1 to Year 2 requires satisfactory completion of:

SEMESTER 1: Core Medical Sciences (basic and applied Medical Sciences including Social & Behavioural Medicine).
- Clinical Skills
- Patient Centred Clinical Practice

SEMESTER 2: Core Medical Sciences
- Clinical Skills
- Patient Centred Clinical Practice

Assessment: Assessment by written or oral examination of specified elements of coursework in the core Medical Sciences and Clinical Skills. This consists of a written assessment at the end of Semester 1, a written assessment at the end of Semester 2 and an OSCE assessment at the end of Semester 2.

In the event of a fail: Students who fail to maintain a satisfactory standard in the first-year assessments take the Year 1 Re-sit Examination during the following summer vacation. A student who fails the Year 1 Re-sit Examination may not proceed to the second year of the course.

Progression: In order to progress to Year 2 a student must satisfactorily complete all Units in the Year; and be graded ‘satisfactory’ in the required assessments or pass the Year 1 Re-sit Examination. Students must satisfactorily demonstrate their ability to work and function in a professional manner and must satisfactorily demonstrate their ability to work as safe future doctors.

Year 2.
Progress from Year 2 to Year 3 requires satisfactory completion of:

SEMESTER 1: Core Medical Sciences
- Clinical Skills
- Patient Centred Clinical Practice

SEMESTER 2: Clinical attachments

Assessment: Assessment by written or oral examination of specified elements of coursework in the core Medical Sciences and Clinical Skills. The Primary Professional Examination (Year 2 Examination) takes place at the end of Semester 1 in Year 2. This consists of a written examination and an OSCE examination. There will be assessment by written examination of specified elements of coursework in the Patient Centred Clinical Practise. There will be assessment of Professional Portfolio for Safe Practise or relevant Professional Portfolio.

In the event of a fail: Students who fail the Primary Professional Examination (PPE) examination will be required to take the re-sit PPE examination and achieve the required pass mark in order to progress to Year 3.
Students who fail to satisfy the examiners in the Patient Centred Clinical Practise may be allowed to re-sit that component on one occasion only.
**Progression:** In order to progress to the clinical placements and to Year 3 of the course a student must satisfactorily complete all Units in the Year and be graded ‘satisfactory’ in the required assessments. Students must satisfactorily demonstrate their ability to work and function in a professional manner and must satisfactorily demonstrate their ability to work as safe future doctors.

**CLINICAL ATTACHMENTS**
The full-time clinical attachments begin in February in the second year of the four-year course. They consist of:

i) **The Junior Clinical Rotation**
Six seven-week attachments plus one three week student project period

ii) **The Senior Clinical Rotation**
This consists of six seven-week clinical attachments including two Student Selected Components, plus one further three-week Student Selected Component.

iii) **The elective period of at least six weeks**

iv) **Preparation for Professional Practise.** A period of preparation for practice including normally a four-week period of Foundation School preparation, undertaken after the elective period and the Final Professional Examination in the fifth year. This will consist of specified learning opportunities with defined clinical work linked to Professional Practise, including a student assistantship.

**Year 3.**

**Assessment:** The Intermediate Professional Examination (IPE) takes place at the end of the Junior Rotation (February / March). The examination consists of a written component and an OSCE component. The IPE examination is a single integrated examination and both written and OSCE components need to be graded as satisfactory in order to pass.

**In the event of a fail:** Students who fail the IPE examination will be required to take the Re-sit IPE examination and achieve the required pass mark in order to progress to Year 4.

A student who fails the re-sit examination may not proceed with the senior rotation or progress to Year 4 of the course.

**Progression:** In order to progress to Year 4 of the course a student must satisfactorily complete all Units (clinical attachments) in the Year and be graded ‘satisfactory’ in the required assessments. Students must satisfactorily demonstrate their ability to work and function in a professional manner and must satisfactorily demonstrate their ability to work as safe future doctors.

**Year 4.**

**Assessment:** The Final Professional Examination (FPE) takes place at the end of the Senior Rotation (March / April). The examination consists of a written component and an OSCE component. The Final Professional Examination is a single integrated examination and both written and OSCE components need to be graded as satisfactory in order to pass.

The Preparation for Professional Practise will be assessed on the basis of a Professional Portfolio by oral and/or written work against published standards.
In the event of a fail: Students who fail the Final Professional Examination will be required to take the Re-sit FPE examination and achieve the required pass mark in order to progress to the award of the degrees of MBChB.

A student who fails the re-sit examination may not proceed to the award of the degrees.

Progression: In order to progress to the award of the MBChB degrees a student must satisfactorily complete:

i) all Units (clinical attachments) in the senior rotation of the course and be graded ‘satisfactory’ in the required assessments

ii) Satisfactorily complete the elective period

iii) Satisfactorily complete the Preparation for Professional Practise period and related assessment; including assessment of Professional Portfolio for Safe Practise or relevant Professional Portfolio

iv) Students must satisfactorily demonstrate their ability to work and function in a professional manner

v) Students must satisfactorily demonstrate their ability to work as safe future doctors

vi) Students who have successfully completed the requirements of the course for the degree of MBChB will be awarded those degrees if they are deemed to be fit to practise medicine. Students may be required to withdraw from the University or to transfer to another course if at any time during the MBChB course it is concluded that there is sufficient reason to judge that they will be unfit to practise; the procedures to be adopted in such cases are set out in the regulations on Fitness to Practise.

To receive the degrees of MBChB, students who have successfully completed the requirements of the course will be required to affirm the Declaration of Geneva at the degree ceremony or at some other occasion the Dean of the College of Medicine, Biological Sciences and Psychology decides.

PROFESSIONALISM PROGRESS REQUIREMENTS: 4-YEAR AND 5-YEAR MBChB

Students whose lack of Professionalism is a cause for concern will appear before the Professionalism Concerns Group. A student who has neglected his/her Professionalism Obligations will be reported to the next Board of Examiners who will receive a report from the Chair of the PCG. The Board of Examiners may recommend a repeat of the year as a consequence of academic failure. As is the case with other forms of academic failure, students may repeat a year as a consequence of Neglect of Professionalism Obligations on a single occasion only during the 4 or 5-year MBChB Programme.

RESPONSIBLE AUTHORITIES / COMMITTEES

Board of Examiners and Panel of Examiners
A Board of Examiners shall be convened for the MBChB programme, to consider the performance of students which contributes to an award of the University.

October 1st 2012
A Board of Examiners shall also consider the progression of students from one Year of a programme to the next.

The Board of Examiners and Panel of Examiners will follow the University Regulations and can be found in the General Regulations for Taught Programmes. Arrangements specific to the Medical School will be published in the relevant Assessment documents approved by the Board of Studies.

**Mitigating Circumstances Panel**

The regulations on mitigating circumstances procedures are part of the Regulations governing the Assessment of Students on Taught Programmes of Study and can be found in the General Regulations for Taught Programmes.

Mitigating circumstances will apply for all summative assessments in relation to the MBChB programme.

The Boards of Examiners will establish a Mitigating Circumstances Panel to consider submissions. Membership of Panels will be determined by the Head of Department.

The recommendations made by the Panel will take into account the nature of the medical course and the expectation that students are required to work as safe future doctors.

Mitigation will not affect marks, grades or whether or not a student passes an assessment or examination. It cannot permit a student to progress into a subsequent year (or to graduate) if the examination performance would otherwise prevent this. Mitigation only affects how the School deals with a student who has failed an assessment. If the Panel agrees that mitigating circumstances should be accepted as affecting an assessment/examination it will ask the Board of Examiners to take this into account when it makes a decision.

**Professionalism Concerns Group**

A Professionalism Concerns Group will be convened for the MBChB programme, to monitor the performance of students giving cause for concern, as required by the regulatory body and underpinned by the guidance Medical students: professional values and fitness to practise developed by the GMC and the Medical Schools Council and the University of Leicester Code of Student Discipline found in the General Regulations for Taught Programmes (http://www.le.ac.uk/sas/regulations/general-regulations-for-taught-programmes). The PCG will also have responsibility for MBChB students doing an intercalated BSc and MBPhD.

The Medical School has a responsibility to the public, to employers and to the profession to ensure that only those students who are fit to practise as doctors are allowed to complete the programme and gain provisional registration with a license to practise. This responsibility covers both the thorough assessment of students’ knowledge, skills and behaviour, and appropriate consideration of any concerns about a student's performance, health or conduct (Tomorrow’s Doctors 2009).

The Medical School is required to recognise and document concerns regarding student performance. The Professionalism Concerns process at Leicester Medical School provides a means for categorising and monitoring medical students who are giving cause for concern who have not
reached the threshold for formal fitness to practice procedures. The aim is to provide a supportive approach by referral of students to the Professionalism Support Team. However, if students have reached the threshold for referral to Fitness to Practise proceedings, then the PCG will refer students to the Fitness to Practise Committee.

The procedures followed by the Professionalism Concerns Group (PCG) are outlined in the Terms of Reference for the PCG and approved by the Board of Studies.

**Fitness-to-Practise Committee**

These regulations apply to students registered for the degree of MBChB (including the BSc degree), the DipHE in Operating Department Practice and the MA in Social Work. In these regulations, ‘fitness to practise’ means fitness to practise these professions.

Issues of a student’s fitness to practise shall be considered by a Fitness to Practise Committee of the School of Medicine. The membership of the Committee and its Operating Procedures shall be determined by the Academic Committee of the College of Medicine, Biological Sciences and Psychology.

The fitness to practise procedures are published separately.

**The above regulations for the MBChB programme will be subject to annual review and will apply to all students on the course, including those doing an intercalated BSc or MBPhD degree.**
REGULATIONS FOR THE DEGREE OF BACHELOR OF MEDICAL SCIENCE - BMedSci – (4 AND 5 YEAR STREAMS)

1) With the approval of the Board of Examiners, students registered for the degrees of MBChB may on completion of at least three years in the case of the five year stream, and two years in the case of the four year stream of the course, and provided they have satisfied the examiners in Phase I of the course, transfer to candidature of the degree of BMedSci.

2) The BMedSci is an ordinary degree. Candidates who are permitted to transfer to the degree as provided in paragraph (1) are eligible for award of the degree without further examination.

3) Students who are awarded the degree of BMedSci are excluded from re-admission to the course for the degrees of MBChB (4 year and 5 year).

REGULATIONS FOR THE DEGREE OF BACHELOR OF SCIENCE - BSc

1) With the approval of the Dean of the College of Medicine, Biological Sciences and Psychology, students registered for the degrees of MBChB may intercalate one year of additional study leading to the BSc degree. The additional year of study should normally be taken after completion of the second or third year of the course for the MBChB. Students who have not passed the examinations for the parts of the MBChB course that they have taken will not be given permission to take the BSc degree.

2) The course for the degree of BSc will extend over forty weeks.

3) To be admitted to the degree of BSc a student shall have either:

a) attended an approved course of instruction and have satisfied the examiners in the examination prescribed for the course;

OR

b) undertaken supervised study and research in an approved field, and have satisfied the examiners by means of a dissertation and an oral examination. The examiners shall take into account such factors as the candidate’s originality, clarity of expression, analysis of data, and understanding of the general implications of the study. (See below for detailed notes).

4) Examinations for the degree will be held at the end of the year of additional study. A student may normally sit the examinations once only. There is no appeals procedure internal to the programme.

5) The intercalated BSc degree may be awarded with honours or as a pass degree. The names of successful candidates will be arranged in five divisions: first class honours; second class honours in two divisions; third class honours; and pass.

6) Students registered for the BSc degree remain subject to the same requirements as students on the MBChB programme with regard to professional competence (including the necessary attitudes...
and attributes) and safe practice. The student must satisfactorily demonstrate their ability to work and function in a professional manner and must satisfactorily demonstrate their ability to work as a safe future doctor. Concerns regarding professional or safe practise will be dealt with through the same mechanisms as for students on the MBChB programme and will form part of the student record. Students on the BSc programme will be subject to the same Fitness to Practise procedures. If it is concluded that there is sufficient reason to judge that a student will be unfit to practise they may be required to withdraw from the course and be referred to the Fitness to Practise Committee.

REGULATIONS FOR THE MB PhD PROGRAMME

1) With the approval of the Head of Medical Education students registered for the degrees of MBChB may intercalate additional years of study leading to the award of PhD. Normally, students will intercalate two calendar years, but this may exceptionally be extended to three, subject to approval.

2) To be admitted to the Intercalated PhD the student must have:
   • Completed satisfactorily the core units in medical sciences and clinical skills in Phase 1
   • Completed Special Study modules and the People & Disease Module in Phase 1
   • Either, have completed and been awarded an Intercalated BSc with at least upper second class honours, or, have entered the MBChB course with at least an upper second class honours degree in an appropriate subject

3) After the period of study, the student must normally return to the MBChB course at the point when they left, so that all clinical attachments are completed

4) Students registered for the MBPhD programme remain subject to the same requirements as students on the MBChB programme with regard to professional competence (including the necessary attitudes and attributes) and safe practice. The student must satisfactorily demonstrate their ability to work and function in a professional manner and must satisfactorily demonstrate their ability to work as a safe future doctor. Concerns regarding professional or safe practise will be dealt with through the same mechanisms as for students on the MBChB programme and will form part of the student record. Students on the MBPhD programme will be subject to the same Fitness to Practise procedures. If it is concluded that there is sufficient reason to judge that a student will be unfit to practise they may be required to withdraw from the course and be referred to the Fitness to Practise Committee.
SUSPENSION OF STUDIES

Introduction
This document describes the process for the approval of suspension of studies from the MBChB course. Students should refer to Senate Regulation 2 which describes the University Regulations regarding Suspension of Studies. Requirements relevant to the MBChB programme are outlined below. It should be noted that suspension of studies in order to undertake an Intercalated BSc degree is governed by separate guidance.

Principles
The approval of suspension of studies is linked to the principles of providing student support and the need to provide assurance that students are fit to practise as safe future doctors.

With regard to student support:
- The aim of the School is to ensure that all students feel supported in order that they can progress to become caring, competent, effective and safe future doctors. In particular, any student who experiences difficulties with the course, whether of a personal, academic or professional nature should receive advice and guidance and have access to additional support services. The goal is for students to be equipped to take responsibility for their own welfare and personal and professional development by the time of graduation. We aim to teach students that it is only by taking responsibility for their own welfare that they can take responsibility for the welfare of patients.

With regard to future practice:
- The aim of the School is to ensure that graduates have achieved all of the competences specified by the General Medical Council and are fit to practise as effective and safe future doctors.

Period of suspension of studies:
The period of suspension of studies must fit in with the academic calendar or clinical year calendar. There are only two set points for rejoining the course:
- Start of academic year - Aug/Sept
- Start of clinical year - February

Time out from the course will depend on circumstances and options for rejoining the course. It is likely to be between 6 months and 12 months. The maximum time away from the course is 12 months. A period of suspension that does not permit the completion of the programme within the maximum period of registration will not normally be allowed. Only one period of suspension of studies, up to a maximum of 12 months, will normally be approved over the duration of the medical course.

Suspension of study indicates that a student is not actively studying but remains registered with the University. This means that students will continue to have access to many services of the University and that the suspension time remains part of the student’s overall period of registration.
Suspending your studies may affect your immigration status and we are legally bound to report suspending Tier 4 students to the UKBA. If this is likely to affect you, you should get advice from the Student Welfare Service before submitting your application.

Conditions for approving suspension of studies:

Maternity leave:
This will follow the maternity leave guidelines

Health-related:
A student request for suspension of studies may be considered for health-related reasons if it fulfils the following:

- Must be a defined and significant medical problem
- Must be a defined treatment plan
- Medical care must be appropriately supervised by named clinician
- Must be supported by a medical letter
- Must be reviewed and supported by Occupational Health
- The normal expectation is that the student will have sought help and guidance from the University and Medical School Student Support structures
- There must be an expectation that the student will improve and be able to return to the course. By the time of return to the course the student must be able to attend and engage with the course on a full-time basis such that they are able to progress in a satisfactory manner in order to work as an effective and safe future doctor.

Personal reasons:
A student request for suspension of studies may be considered for personal reasons if it fulfils the following:

- Must be carefully and clearly articulated with a written application
- Must be an identified reason
- Must be at a level of significance equivalent to that required for health reasons
- Student must demonstrate that he/she has taken all possible steps to address the problem within the course structure. In the majority of cases the normal expectation is that issues should be appropriately dealt with using the Medical School and University support structures.
- A request for suspension of studies for personal reasons must have been discussed with a member of staff from Student Pastoral Support and have their approval.
- Must be an identified plan of action to address the personal problem
- Must be a clear time-line to deal with the personal problems to ensure they are resolved
- Must be discussed with a senior member of staff or School tutor

NOTE:
Students cannot take suspension of studies because they are uncertain of their career intentions. Students cannot suspend their studies shortly before a summative examination. This would not be granted if the period was less than four weeks before a summative examination. If an acute problem occurs it will be considered via the Mitigating Circumstances route.

Only one period of suspension of studies, up to a maximum of 12 months, will normally be approved over the duration of the medical course.
PROCESS

Suspension of Studies Request:
All students must complete a ‘Suspension of Studies Request Form’. The student should discuss this with a Tutor or senior member of staff before submitting the form. The form must be submitted to the Professionalism Concerns Group (PCG). If an urgent decision or advice is required, it should be discussed with the Director of Undergraduate Medical Education (or a deputy Director of Undergraduate Medical Education if the Director is not available).

Suspension of Studies Approval:
The PCG will review the application. The committee will take into account the principles governing suspension of studies and the ability of the student to demonstrate that he/she has satisfactorily addressed all the required points. The PCG will outline requirements that need to be met for the student to rejoin the course. Each student will need to acknowledge and sign the approval letter with the required return conditions.

Return to Course Process:
Each student must complete a ‘Student Return to Course Review Form’. This will normally be required at least a month prior to the agreed return date. Each student will be seen and reviewed by a member of staff. The ‘Student Return to Course Review Form’ and the report from the member of staff will be reported to the PCG. The PCG will formally approve the return to the course providing the student has met all the requirements previously outlined and providing the PCG is reassured that the student will be able to progress in a satisfactory manner in order to work as an effective and safe future doctor.

Maternity / Paternity leave:
The Medical School understands that some students, or their partners, will have a pregnancy during the course, and will need a period of leave. The first principle is that all students must meet the standards set by the Medical School and General Medical Council in order to graduate. Within that requirement, we will facilitate, as a minimum the provision of maternity leave on broadly the same term as if the student were in employment. It must be accepted, however, that this will in most cases, delay the date of graduation.
All women who become pregnant during the course will be entitled to take a minimum period of leave preceding and following the expected date of delivery. The nature of the medical course means that depending on the timing of the due date a student may need to take a much longer period than this minimum leave in order to return to the course at an educationally appropriate point. Students are strongly advised to delay adoption of young children until after they graduate, but in the unlikely event of the adoption of a baby one partner will be entitled to the same period of post adoption leave as a student who has given birth to a baby.
A woman who becomes pregnant whilst a medical student will normally suspend completely her studies before the expected date of delivery. The usual time for suspension will be at 34-36 weeks gestation. This should be discussed with the Occupational Health Service who will provide appropriate advice.

The suspension will normally continue for a period of 6 to 8 weeks post-delivery, though the precise time of return will depend upon circumstances, so the period is likely to be considerably longer. The exact period of suspension will depend on where the student is within the course. The normal expectation is that a student will take a period of up to 12 months of temporary withdrawal. The reason for this length of suspension is because all elements of the course have to be satisfactorily completed and the fact that year examinations are at set times.

In Phase 1 of the course the nature of the Unit teaching and the Semester Assessments means that any period of absence of greater than 2 weeks makes it extremely difficult to catch up.

In Phase 2 of the course students are required to satisfactorily complete all clinical placements. It is likely that a student will miss at least two blocks as a minimum while on maternity leave. In all such cases the student will be required to take a year of suspension.

There may be a limited number of students where the timing of the delivery adjacent to a holiday period might result in missing only one clinical block. In such circumstances it may be possible to review the return date. This will depend on the absence being early in the rotation, the student’s prior academic record, the recommendation of Occupational Health and taking the re-sit examination rather than the main examination in order to catch up missed work.

In Phase 2 every effort will be made to organise reasonably family-friendly placements for the first block after return, but it must be recognised that any further concessions will, in an overstretched system, inevitably disadvantage other students and will not normally be allowed. Students may apply for ‘special circumstances’ and any request will be considered. Some students may request a longer period of maternity leave. This will be discussed at an individual level.

Taking a longer break, or more than one pregnancy will delay graduation, and put a student at risk of not completing the course within 7 years (or 6 years for students on the Graduate course), which is a regulatory requirement.

All students whose partner becomes pregnant will be entitled to a short period of leave (normally 5 working days) following the delivery of the child, provided that this does not coincide with major assessments (unless the student accepts that their graduation may be delayed as a result).