



University of
BRISTOL

Faculty of Medicine and Dentistry
Bristol Medical School

*MB ChB Programme
Rules, Policies, Procedures and
Standing Orders*

Academic Year 2013/2014

Version 2- September 27 2013

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Faculty and Medical Education Contact Information

Faculty of Medicine and Dentistry

Students should note that during the entire course, Years 1-5, (unless they intercalate for a year) students are enrolled with the **Faculty of Medicine and Dentistry**, based in: Senate House, Tyndall Avenue, Bristol, BS8 1TH; phone (0117) 33 18823; www.bristol.ac.uk/fmd/

All core university services are based here including:

- Programme Directors
- Student Advisors
- Programme Manager
- Administrative Coordinators for all years
- Assessments and Systems Administrator

For an up to date list of staff, their responsibilities and contact details, please view the "**Contact Information for Students**", available from:

www.bristol.ac.uk/medical-school/staffstudents/student/whotocontact

Note: that **Unit administration** is based out in the Schools and Academies see:

www.bristol.ac.uk/medical-school/contact/unitandelementleads12-13.docx

Student Responsibilities

Personal Information

It is the student's responsibility to ensure that the University has up to date home and term contact details to ensure that all important information posted at any time during the year is received.

Update contact details online at: www.bristol.ac.uk/studentinfo/

Security

Students are reminded that a U card is needed to gain entry to most University buildings and should be carried at all times as proof of identity. For clinical activities in the hospitals, students will also need a Trust ID/smart card which again must be worn at all times when on NHS property.

Medical Indemnity

Students must obtain medical indemnity cover. This is available free of charge to medical students from the Medical Defence Union and Medical Protection Society or other medical insurance bodies.

Health and Safety

Students should be familiar with all regulations concerning Health and Safety, and understand that these will vary in different areas within the Medical School and within the Hospitals. Students should consult the specific site displayed notices for more details.

CRB Checks

All students are required to complete a criminal records check in the *first term* of the *1st Year* of the programme and again at the start of the *4th Year of the programme*. Any concerns identified through the completion of this process will be dealt with under the Fitness to Practise Procedure [see page 31](#) below. Any student who fails to comply with the CRB process will be reviewed against the Fitness to Practise procedure and risks being removed from the programme [see page 31](#) below. It is the student's responsibility to inform the Faculty as soon as possible if they receive a caution or conviction or are involved in any police and/or criminal investigations or proceedings. Students who fail to comply with the criminal records check process or fail to inform the Faculty about any cautions, convictions or involvement in any police and/or legal proceedings will be reviewed against the Fitness to Practise procedure and risks being removed from the programme [see page 31](#) below.

Immunisation Programme

Because of the nature of the clinical work undertaken, all students must be protected against those infectious diseases from which they may be at risk and against which satisfactory protection is available. Students must adhere to the programme of immunisation arranged for them by the Students Health Service, and be aware that *participation in the clinical course depends on satisfactory completion*. Students who fail to comply with the immunisation programme process will be reviewed against the Fitness to Practise procedure and risk being removed from the programme, [see page 31](#).

Immunisation Proof

Students must take proof of immunity to Hepatitis B when attending any clinical attachments. Full access to clinical areas will be refused if immunity cannot be proved.

Students arriving at a peripheral attachment without proof of immunity will be required to return to Bristol to collect it. The Student Health Service or the Medical Education Office will not fax these documents.

Communicable Diseases and other Health Problems

Medical students have a particular responsibility to ensure that they receive proper care and advice if they have (or think they may have) a communicable disease, or any other condition that may affect the health and wellbeing of any patient. Students should inform the University if they are in this position via the Director of Student Affairs (contactable via the Medical Education Office). Doctors caring for students have a legal right to inform the Medical School if they discover that students have Hepatitis B.

Health Care

Students are strongly advised to register with the Student Health Service or a local GP upon arrival at the University. Failure to do so may lead to difficulties if students are ill during examination periods and require medical evidence.

Pregnancy

There is no legal requirement for students to inform the Faculty if they are pregnant or if they become pregnant whilst they are studying. However, students are strongly encouraged to disclose pregnancy at the earliest opportunity to ensure that any necessary health and safety and other support measures can be put into place.

Attendance

We expect 100% attendance. As a professional programme, students may *not* pick and choose among core material, but are expected to attend *all* teaching sessions provided. We reserve the right to take attendance registers and attendance will be regularly monitored. Failure to attend may raise professional behaviour concerns (see Fitness to Practice procedures on [page 31](#))

Other Codes of Practice

Students should also understand and abide by the following policies and procedures:

Appendix V - [Dress Code for Clinical Areas](#)

Appendix VI - [Intimate Examinations Policy and Guidelines](#)

Appendix VII - [Protocol for Developing Clinical Skills by Examining Each Other](#)

Academic Mentor and Undergraduate Medical ePortfolio (UMeP)

Progression through the course requires engagement with a nominated Academic Mentor and satisfactory completion of the Undergraduate Medical ePortfolio (UMeP). Engagement with the UMeP requires satisfactory completion of the following:

- evidence of enrolment
- uploading of an identity photograph
- signing the educational agreement (at 1st meeting in Year 1)
- completion of regular career reflections
- Years 1-5 Uploading, exam records, meeting records and core skills (CAPS)(Years 3-5)
- Years 1-5 Meeting Academic Mentor (minimum of 2 meetings a year (Years 2-5)) and recording these on UMeP
- Completion CAPS skills sign off.

Failure to comply with the above could result in submission of a Student Concern Form and review under the Fitness to Practice procedure.

See [Appendix VI](#) for more information on the format for mentor and student meetings.

CAPS log book

Students must engage with the relevant Clinical Skills training for their year and prove successful completion of these tasks by proactively completing their CAPS log book. By graduation a student should be able to show competence in all 32 GMC core skills. This is achieved by:

- recording skills learning proactively (including 3rd party signature or stamp) in the CAPS paper log book.
- uploading this information onto UMeP
- Once the minimum number achieved for each skill having competence confirmed and signed off on their UMeP by their Academic Mentor

GMC Code of Practice for Clinical Medical Students

As future doctors, students should behave in accordance with the guidance given by the GMC in their *Good Medical Practice* document (General Medical Council, www.gmc-uk.org/guidance) from the very first day of study. [The Code of Practice Appendix IV](#) below sets out exactly what this means for students. The GMC is clear that medical students have certain responsibilities and privileges different to other students, and so different standards of professional behaviour are expected of them

Students are expected to understand the code and to sign a declaration of acceptance at the Registration of each clinical year. Students should discuss any personal anxieties about any of these issues with the Director of Student Affairs, the Student Adviser, an Academy Medical Dean or another senior member of clinical staff.

The Code of Practice Appendix IV

Alcohol and Drugs

Students should pay particular attention to the regulations relating to illicit drugs and alcohol use. Alcohol and related concerns are amongst the most frequently seen by Student Fitness to Practise Panels and students should adhere strictly to GMC guidelines to safeguard their professional reputation. In particular students should be aware that:

- Behaviour outside the clinical environment, including in their personal lives, can have an impact on their fitness to practise.
- Behaviour at all times must justify the trust the public places in the medical profession.
- Consumption of alcohol that affects work or the work environment; and dealing, possessing or misusing drugs, even if there are no legal consequences is unacceptable.
- Fitness to Practise proceedings can result in expulsion from the MB ChB programme and failure to gain a provisional licence to practise medicine.
- Regular or excessive use of alcohol, to de-stress or relax and lone drinking are indicators of a possible problem. Students are expected to have insight and to seek help if they experience challenges in this area.

Sources of help include the Students' Health, the Medical School and the University support network go to: www.bristol.ac.uk/medical-school/staffstudents/support to learn more on how to access this support.

University of Bristol Rules and Regulations

Each student must ensure that they familiarise themselves with the relevant rules and regulations as outlined in the University's Regulations and code of Practise for Taught Programmes:

www.bristol.ac.uk/esu/assessment/codeonline.html

Each Year the University produces a Calendar which outlines the Regulations for awarding degrees (including the MB ChB). It is available from:

www.bristol.ac.uk/esu/assessment/annex/specificregs.html

Students are required to abide by the University's Rules and Regulations for Students. www.bristol.ac.uk/secretary/studentrulesregs/

These include:

Rights and Responsibilities

1. [Student Agreement](#)
2. [Dignity at Work and Study](#)
3. [Data Protection Act 1998: Information for students](#)
4. [Student Complaints Procedure](#)
5. [Student Disciplinary Regulations](#)
6. [Student Fees Regulations](#)

Academic Matters

7. [Examination Regulations](#)
8. [Turnitin UK - the JISC Plagiarism Detection Service](#)
9. [Regulations on Research Practice](#)
10. [Regulations on Research Misconduct](#)
11. [Intellectual Property Policy for Students](#)

Use of Facilities

12. [General Regulations for the Library Services and Facilities](#)
13. [Regulations for the Use of Computing Facilities](#)
14. [Policy for the Investigation of Computers](#)
15. [Car Parking Regulations](#)

General

16. [Policy on Public Interest Disclosure](#)
17. [Freedom of Speech](#)
18. [Education Act 1994: Code of Practice implementing Section 22](#)

Please be aware that new progression criteria which came into effect in 2012/13 can be found in the [University's Regulations and Code of Practice for Taught Programmes in section 25](#).

In addition each year the Faculty of Medicine and Dentistry produces [Standing Orders for the MB ChB](#) which set out the rules for progress from year to year and final graduation and these are available below in [Appendix A](#) page 52

Any queries regarding the University's or Faculty's rules and regulations or policies, students should be addressed to the Faculty Education Manager.

Policy on the Use of Wednesday Afternoons

The Policy on Wednesday afternoons has the following basic principles:

- The Medical School supports having Wednesday afternoons free to enable students to mix with other students and gain a wider experience in semesters of activities, contact with others, and working in a team.
- The MB ChB as a professional qualification leading to students being placed in positions of considerable trust and responsibility on graduating requires a commitment to professional practice from the first day of study, it is therefore necessary to expect a higher degree of commitment to study from MB ChB students than from other university students.

- In order to meet the requirements of the programme students may need to attend some teaching on a Wednesday afternoon to fit in with NHS scheduling.
- Wednesday afternoon officially begins at **13.00** hrs there is no authorisation at any stage of the course for students to leave teaching before this time.
- **Year 1 and 2 Students** (*excluding students on the A101 Graduate Entry Course*) will not have compulsory or assessable teaching scheduled on a Wednesday afternoon, if project work or similar activity is scheduled on Wednesday afternoon students must be given the option of undertaking the work at another time.
- **Year 3** Students are entitled to have Wednesday afternoons free to undertake extracurricular activities. However, students must make their Academy staff aware in advance that they wish to take up this entitlement allowing appropriately timetabling to be scheduled. If project work or similar activity is scheduled on Wednesday afternoon students will have the option of undertaking the work at another time.
- **Years 4 and 5** with the increasing demands of the course, students will not be entitled to have Wednesday afternoons free. Although, if requested, where possible, if there is a choice of scheduling, staff will attempt to keep Wednesday afternoons flexible.
- **For exceptional reasons** for requiring a Wednesday afternoon off students should contact the relevant Year Coordinator in the Medical Education Office and request a leave of absence see [page 9](#) for the [absence procedure](#).

Absence Policy

Taking time from the course without notifying the Medical School is a professional behaviour matter.

Absence unplanned

- For unplanned absence, please email medadmin-absence@bristol.ac.uk and copy in the unit or academy staff who are expecting you, to record your absence.
- Students should state their name, year, student number, and contact phone number, reason for absence and current Academy and unit. If possible, contact should be made before 9.30 am.
- In line with University wide regulations, an electronic self-certificate form should then be submitted to medadmin-absence@bristol.ac.uk by 5pm within 2 working days of your return from absence. If you are absent for more than 5 working days you must also submit a medical certificate by this deadline.

For more information and to access the required forms:

[Academic Registry | Policies, Guidance and Procedures](#)

For more information see the University's guidance on student absence due to illness.

[Annex 14: Guidance on Student Absence due to Illness](#)

[Students' Health Service | Sick notes](#)

Students with repeated absences and un-reported illness may prompt the Faculty to organise a meeting to discuss their health and well-being to ensure they are managing to cope and are getting the support they need.

Requests for planned leave

- Leave of absence requests relate to short periods of planned absence from the programme (normally no longer than three days up to an absolute maximum of two weeks) - students are advised to minimise time off particularly during clinical Units.
- Absences on health grounds over five days must be accompanied by a medical certificate. Evidence may be requested for other leave, particularly for longer leave requests or if students have already had long periods of absence.

Clinical student Years 3-5: absences during the clinical years are likely to have a serious impact on learning due to the intensity of the course and the high level of as experiential learning. There may also be particular days or weeks which are a students' only opportunity to receive teaching or gain experience in particular specialties. If a student's absence is not on health grounds or for a critical personal problem students should take this into consideration as leave is likely to be refused.

Please note that if students take a long leave of absence during a unit, and then also have to take time off for illness, they may fail the unit due to nonattendance.

To request leave email the following information:

- Name
- Student number
- Year of study
- Reason for leave
- Date of leave (from – to),
- Number of days required
- Detail of teaching students will miss
- How students intend to make up this lost teaching time
- How many days leave (including illness) already taken in this academic year
- Attach any evidence or note any evidence that can be supplied

To:

- **Years 1 and 2:** the Pre-clinical Programme Director via the Year Administrative coordinator
- **Years 3 – 5** if missing:
 - **Academy teaching** the Academy Medical Dean via the Academy Administrator
 - **Central Unit Teaching** the Unit Lead via the Unit Administrator
 - **External SSC periods:** to the SSC Coordinator via the Year 3 or Year 4 Coordinator
 - **Any other teaching:** Programme Director via relevant year administrative coordinator

Please note: all leave of 5 days and over will need to be countersigned by the Director of Student Affairs please allow plenty of time for this to happen as discussion will need to take place between the academy and the centre.

Suspension of Studies

- Students requiring a more substantial amount of time off, for example to deal with personal problems, recover from illness or to complete an external course, will need to request a Suspension of Studies. Being granted a suspension of studies means that students will temporarily withdraw from the programme and will not complete the assessments for that relevant year.
- Students should read the university page regarding the process for suspension: [Annex 8 - Guidance on establishing the grounds for granting a Suspension of Studies and subsequent return to study for Undergraduate Students](#)

Students wishing to suspend studies should make an appointment with either:

- Deputy Programme Director Pre-Clinical, Dr Eugene Lloyd for Years 1 and 2
- Director of Student Affairs, Mr Nigel Rawlinson for Years 3, 4 and 5

They will advise the student, consider the request and seek approval where appropriate; they will also be responsible for all follow-up on the welfare of the student and for organising and supporting their return to the programme. Please note: all suspensions have to be approved by the Faculty Undergraduate Education Director.

For more information see Appendix VII - [Policy on Suspension of Studies](#)

Examinations: Rules and Policies

Full University Examination Regulations are available at:

www.bristol.ac.uk/secretary/studentrulesregs/examregs.html

Requesting Alternative Arrangements for Assessments

Students requiring alternative arrangements for assessments, for example extra time, particular seating arrangements due to a temporary illness, injury or disability, should contact the Faculty Student Advisor in the Faculty Office and complete an Alternative Arrangements Form at the earliest opportunity.

[Bristol University | Academic Registry / Examinations Office | Alternative arrangements](#)

Students should not approach Unit Leads or Unit Administrators to request alternative arrangements.

The Faculty will consider each student on an individual basis however the Medical School will act in accordance with the views of the Medical Schools Council in that:

“There is only limited scope for alternative arrangements for students in clinical examinations, since they are designed carefully to assess examinees against specific standards of fitness to practise.”

In some cases students may need to defer taking an assessment until fit.

The MB ChB is a professional programme and therefore 25% extra time may be granted for exams comprising of written papers or examinations under timed conditions where the assessment is not testing competency in a practical skill. For example, in an Objective Structured Clinical Examination (OSCE), written stations (such as the production of a discharge summary) would normally attract extra time. However, stations requiring the students to perform a clinical examination or procedural skill would not attract extra time. An objective long case would not attract extra time since this is predominantly a test of practical skills.

Students who have a long term illness or other disability should also consult the [Disability Procedures below see page 20](#)

Removal of Examination Papers from an Examination Hall

Students may not remove any examination paper, in part or full from an Examination Hall. If students are found to have removed an examination paper from an Examination Hall, or found to be in possession of such a paper, they will be dealt with under the University’s Disciplinary Regulations. See: www.bristol.ac.uk/secretary/studentrulesregs/disciplinary

Late Submission of Course Work

Late submitted course work will be subject to mark penalties as in accordance with the University’s Regulations and Code of Practice for Taught Programme

www.bristol.ac.uk/esu/assessment/codeonline.html#latesubcw

For work submitted up to 24 hours after the agreed submission deadline, a penalty of **ten marks out of 100** from the mark the student would have received applies (e.g. coursework that is marked at 60% would then become 50% once the penalty is applied).

Once seven days has elapsed after the submission deadline the student will receive a mark of *zero*. The work will be marked and this mark will be returned to students for feedback purposes only.

If students wish to have extenuating circumstances considered for any late submission they will need to follow the procedure below. [See page 13](#).

It is student's responsibility to ensure that they can submit course work on time and not leave work until the last minute. The following sorts of events will not normally be considered as Extenuating Circumstances – clinical placements outside of Bristol, failure to back up work, work commitments (University or external), a car breaking down, a computer or printer failing. Extenuating circumstances will normally involve illness or acute personal problems which are evidenced as having an impact on a student's ability to complete the work by the deadline date.

Late and Extenuating Circumstances submissions are considered by the Extenuating Circumstances Panel who will recommend to the Faculty Exam Board either that the penalties given remain, or that the original mark is upheld.

Extenuating Circumstances Procedure

The University Examination Regulations require students to disclose any relevant information they wish to be considered as having an impact on their ability to study. The relevant regulation is section 11 of the Examination Regulations, available online here:

www.bristol.ac.uk/esu/assessment/codeonline.html#extcircs

In line with this regulation, the following Extenuating Circumstances procedure will apply to all students in the Faculty of Medicine and Dentistry:

Students must report any personal, family, health or other problems that they consider to have had an adverse effect on their exam performance to the Faculty Examination Board, if they wish these to be taken into consideration in the result of a fail. This procedure applies to events that have affected their performance in a particular assessment or throughout the year; or caused students to miss an examination, or to fail to submit work.

If a student's extenuating circumstances are on-going and affect another examination, students must make a new submission (one for each subsequent sitting). This could simply confirm that earlier circumstances have continued, but it must be accompanied by corroborative evidence covering the new period. If there is no evidence provided, students will be considered not to have extenuating circumstances for that exam sitting.

Students must also use this procedure to inform the Faculty Examination Board of problems outside of their control that may have occurred *during* a particular examination which students feel affected their performance. This does *not* apply to events that affect the whole cohort (such as an unexpected interruption in an exam room) as these will be considered by the Faculty Examination Board in the normal course of its discussions.

Submitting Extenuating Circumstances

To submit an extenuating circumstances follow these steps:

1. Gather supporting evidence and scan it. Free scanning is available in a number of the University libraries and in academy offices.
2. Complete the [extenuating circumstances form](#) (word, 49 Kb) and save the file.
3. Send the form and scanned evidence to the relevant addresses below:
 - o Year 1 - med-excyear1exams@bristol.ac.uk
 - o Year 2 - med-excyear2exams@bristol.ac.uk
 - o Year 3 - med-excyear3exams@bristol.ac.uk
 - o Year 4 - med-excyear4exams@bristol.ac.uk
 - o Year 5 - med-excyear5exams@bristol.ac.uk
4. An acknowledgment e-mail from us will confirm our receipt of submission.

Please note: students should submit evidence at the same time as the form but if that is not possible, students **MUST** send evidence before the published deadline for the meeting or the panel will reject their submission and their circumstances will not be considered. For advice about the type of evidence to provide contact the Faculty Student Adviser.

An Extenuating Circumstances submission may be made in advance of an assessment but it must always be made as soon as possible and within 2 days following the final assessment or examination in the examination period to which it relates (excluding weekends and bank holidays).

Extenuating Circumstances submissions made after the meeting of the Faculty Examination Board will not be considered. Extenuating circumstances that could have been raised before the meeting of the board, but without a good reason were not raised, will not be considered in the event of an appeal.

Extenuating Circumstances forms are treated with the strictest confidence and are only opened in the event of failure in an assessment. Otherwise, submissions remain as unopened emails and deleted at the end of each academic year. No personal details are made known to the Faculty Exam Board or any other individuals within or outside of the University. If students have concerns about confidentiality in relation to their extenuating circumstances submission or the evidence they should discuss this with the Faculty Student Adviser or the Faculty Education Manager.

A small Extenuating Circumstances Panel reviews the submissions from students who have a fail and make recommendations to the Faculty Examination Board which can decide on the following:

- a) Reject the extenuating circumstances
- b) Reject the extenuating circumstances due to lack of evidence
- c) Acknowledge the extenuating circumstances but to take no further action
- d) Accept the extenuating circumstances and uncap the student's resit mark – i.e. allow the resit to be treated as a first attempt so the mark is not restricted to 50%
- e) Allow the student a further attempt at an assessment (normally only after the resit opportunity)

Please note that even if extenuating circumstances have been submitted and are considered as valid, the Faculty Exam Board does not have the discretion to alter marks agreed by the Internal Examination Board.

REMEMBER:

- An extenuating circumstances submission made **after** the Faculty Examination Board will not be considered, and any circumstances that could have been raised before the meeting of the Faculty Examination Board, but without a good reason were not raised, will not be considered in the event of an appeal. Therefore, if students fail and are asked to withdraw from the programme, students may decide to appeal against this decision. If during the appeal process, students are prepared to disclose information about their personal or family problems to explain that failure, the Faculty Examination Board will question why students could not have declared that information through the Extenuating Circumstances process.
- Students will find that apart from very exceptional cases, there are very few good reasons for not formally declaring extenuating circumstances. Being unaware of the extenuating circumstances procedure or student's deciding that they did not wish to, or need to, declare problems using this procedure, will not be considered a valid reason.
- There are some students who may feel that for cultural reasons, it is not appropriate for them to declare their extenuating circumstances. Students are reminded that all extenuating circumstances submissions are treated with respect and in the strictest confidence and that we expect all students to follow Faculty and University regulations. Please also be aware that if during the appeal process students are prepared to disclose personal or family problems, their reasons for not disclosing this same information using the extenuating circumstances procedure may be questioned.
- Even if students have informed a member of staff (such as a teacher, a clinician or any other University staff member) of extenuating circumstances they may be experiencing, students must still complete an Extenuating Circumstances form and submit it as described above if they wish the issues to be taken into account by the Faculty Examination Board.
- Any evidence submitted for extenuating circumstances which cites a new or previously undisclosed health issue or disability will remain confidential. Therefore, students must also inform the Faculty of the development separately via the Faculty Student Adviser, Pre-Clinical Programme Director or Director of Student Affairs

- Students should expect a rigorous approach by the Faculty in the application of the rules of the procedure.

Students should also read the Extenuating Circumstances Guidance Note which provides further information about this procedure.

If a student is uncertain about any aspect of this procedure and how it applies to them, contact the Faculty Student Advisor in the Faculty Office or if unresolved, the Faculty Education Manager in the Faculty Office.

Plagiarism and Cheating Procedures

For full details of the relevant University Examination Regulations please see: www.bristol.ac.uk/secretary/studentrulesregs/examregs.html#plagiarism . Because the MB ChB programme is not School based and therefore does not have School Examination Boards the procedure for medical students has been structured around the MB ChB Faculty Examination Board as follows:

All cases of suspected cheating or plagiarism will be reported in writing to the Chair of the Faculty Examination Board or to the Faculty Education Manager. The Chair of the Faculty Examination Board in conjunction with the Programme Director (or Deputy) will decide whether the case is minor or serious and whether to investigate examination scripts or pieces of work previously submitted by the student.

Written coursework is routinely subjected to automatic plagiarism detection using the TurnitinUK service: so under no circumstances should students let anyone submit their draft assignments to TurnitinUK so a reference "check" can be made. If drafts of work are submitted to TURNITIT the final work submitted to the Faculty will show high levels of plagiarised material and will be considered as a potential case of plagiarism.

The following will be taken into account when deciding if a case is minor or serious:

- (a) The student's year of study. First year cases will normally be considered minor. Final year student cases are more likely to be considered serious;
- (b) Whether this is a first or subsequent offence;
- (c) The extent and significance of the plagiarism in the piece of work. Plagiarism accounting for less than 30% of the piece of work and where there is evidence of independent argument and thought might reasonably be classed as minor;
- (e) Whether the assessment contributes significantly to the student's progress or degree classification.
- (f) Examination cheating will normally be considered as a serious case.

The student will be invited in writing to attend an initial interview panel with the Chair of the Faculty Examination Board and in more serious cases, the Director of Medical Education (or Deputy) as well as an appropriate member of staff from outside the MB ChB programme. The student will be informed in the letter of the pieces of work under consideration. The Secretary to the Panel will provide advice on procedural matters and take notes of the interview, which will subsequently be agreed with all parties. The student may be accompanied by an advisor, friend or other representative.

Examination offences which, in the opinion of the Interview Panel, disclose gross dishonesty, such as substantial and premeditated attempt to gain unfair advantage, or cases in which the candidate and the interview panel are not able to agree an account of the incident, will be passed to the Vice Chancellor to be dealt with under student disciplinary regulations.

In all other cases a recommendation will be made to the Faculty Examination Board, setting out the misconduct, any admissions by the student, a brief summary of the evidence received, the penalty recommended (see below 'Penalties for cheating and plagiarism') and the factors taken into account in recommending the penalty. A copy of the recommendation will be sent to the student.

The Faculty Examination Board may consider this recommendation by correspondence if it is some time until its next meeting. It will normally be assumed that mitigating circumstances will have been raised by the student in advance of the examination or submission; however, any exceptional mitigating circumstances will be taken into account when determining the penalty. If the decision of the Faculty Examination Board is not in line with that originally made by the Faculty Interview Panel, the Board must explain the reasons for the change.

Penalties for cheating and plagiarism

The penalty will depend on the seriousness of the offence, using the criteria listed below. Minor cases of cheating or plagiarism will only be subject to penalties **a - d** below. Serious cases will be subject to the full range of penalties detailed.

On receipt of the recommendation of the interview panel, the Faculty Examination Board may:

- (a) Impose no penalty but record the case on the student's official file for future reference.
- (b) Require the student to resubmit or retake the assessment allowing full marks to be given for the resubmitted assessment.
- (c) Require the student to resubmit or retake the assessment but cap the mark at the lowest possible level for that assessment.
- (d) Reduce the student's mark or award no marks, for the assessment without the opportunity to submit another piece of work.
- (e) Reduce the student's mark or award no marks, for the Unit the assessment was in.
- (f) Award the student a lower class of degree or other academic award than that which he or she would otherwise have been awarded.
- (g) Preclude the student from being awarded a merit or distinction in the relevant Unit.
- (h) Award a lower qualification than that for which the student was registered.
- (i) Exclude the student from the award of the MB ChB degree.

Every case of proven and or admitted plagiarism will raise a fitness to practice concern and be dealt with under the University's plagiarism procedure *and* the Faculty's Fitness to Practise procedure. The following information therefore should be read in conjunction with the [Fitness to Practise \(FtP\) procedure on page 30](#)

- a) For every case of proven and/or admitted plagiarism the Chair of the Plagiarism Panel would inform the student that as well as the appropriate penalty as set out in the plagiarism procedure, a recommendation will be made to offer the student a Warning as described under the Fitness to Practise procedures. The Fitness to Practise Case Investigator (CI) would be informed of this by copy of the letter sent to the student following the meeting with the plagiarism panel. In the absence of any other known FtP concerns, the CI would write to the student and formally offer a warning, without the option of a separate meeting with the CI. The student has the same right to refuse the warning and for their case to be heard by a full FtP committee.
- b) In cases where the Chair of the Plagiarism Panel is of the opinion that the plagiarism case does not warrant the recommendation of an offer of a formal warning, the Fitness to Practise Case Investigator (CI) will be informed of this by copy of the letter sent to the student following the meeting with the plagiarism panel. A full explanation as to why an offer of warning is not appropriate would be provided in the letter. It is likely that this would only relate to minor cases of poor referencing technique.
- c) In cases where the Chair of the Plagiarism Panel is of the opinion that the extent of the plagiarism warrants referral to a full hearing of the Fitness to Practice Committee, the CI will be informed of this by copy of the letter sent to the student following the meeting with the plagiarism panel. A full explanation as to why this course of action is considered most appropriate will be provided.

Recording the penalty

Brief details of the allegation and penalty will be recorded in the minutes of the Faculty Exam Board, with a copy kept on the student's official file. Copies of the resulting minutes of the Faculty Board of Examiners will be sent to the Academic Registrar.

Cases of cheating or serious plagiarism will normally be mentioned in student references. Students are asked about whether they have been found guilty of plagiarism when provisionally registering with the General Medical Council in their final year.

Plagiarism - Definition

The University of Bristol regulations define plagiarism as follows (reproduced from the Examination Regulations). The definitive version is deemed to be that published on the University Secretary's Office website at the time of the offence. See www.bris.ac.uk/secretary/studentrulesregs/examregs.html#other

Plagiarism is the unacknowledged inclusion in a student's work of material derived from the published or unpublished work of another. This constitutes plagiarism whether it is intentional or unintentional. "Work" includes internet sources as well as printed material. Examples include:

- Quoting another's work "word for word" without placing the phrase(s), sentence(s) or paragraph(s) in quotation marks and providing a reference for the source.
- Using statistics, tables, figures, formulae, data, diagrams, questionnaires, images, musical notation, computer code, etc., created by others without acknowledging and referencing the original source. This list is not intended to be exhaustive.
- Summarising, or paraphrasing the work or ideas of another without acknowledging and referencing the original source. "Paraphrasing" means re-stating another author's ideas, meaning or information in a student's own words.
- Copying the work of another student, with or without that student's agreement.
- Collaborating with another student, even where the initial collaboration is legitimate, e.g., joint project work, and then presenting the resulting work as one's own. If students are unclear about the extent of collaboration which is permitted in joint work they should consult the relevant tutor.
- Submitting, in whole or in part, work which has previously been submitted at the University of Bristol or elsewhere, without fully referencing the earlier work. This includes unacknowledged re-use of the student's own submitted work.
- Buying or commissioning an essay or other piece of work and presenting it as a student's own.

Appeals Procedure

Any student considering an appeal must follow the University's procedure for an appeal against a Faculty Examination Board decision as specified in the University's Examination Regulations. These can be found on the following webpage:

www.bristol.ac.uk/secretary/studentrulesregs/examregs.html#appeal

Grounds for Appeal

Appeals may only be made on the basis of one or more of the following permissible grounds:

1) There has been a material irregularity in the decision making process sufficient to require that the decision can be reconsidered. For example:

- a. the assessment and subsequent decision making process were not conducted in accordance with the relevant regulations;
- b. an adverse decision has been taken because of an administrative error.
- c. the student has not been given the opportunity to draw relevant matters to the attention of the board of examiners.
- d. appropriate account was not taken of illness or other extenuating circumstances known to the board of examiners.

2) A student's performance in assessment has been affected by illness or other factors which the student was unable, for good reason, to divulge before the meeting of the board of examiners (see section 10 of these Regulations).

3) A penalty for cheating or plagiarism, imposed under the examination regulations by the School or Faculty is wrong or disproportionate. For the avoidance of doubt, there is no right of appeal under these Regulations in respect of a penalty or penalties imposed under the Student Disciplinary Regulations and implemented by the board of examiners on the direction of the Vice-Chancellor or a Disciplinary Committee.

Please Note:

- Submitting an appeal can be very demanding. It will require a substantial commitment of time and effort so students must ensure that they are certain that there is a basis for an appeal.
- An appeal that only expresses dissatisfaction with the examiners' decision or is based on factors already discussed by the Faculty Examination Board, is very unlikely to be successful.
- Any matters which could have been raised before the meeting of the Faculty Exam Board, but, without good reason, were not raised, will not be considered in the event of an appeal.

The appeals procedure

The University Examination Regulations (see link above) explain the process for appealing a decision. These should be read thoroughly as failure to adhere to them is sufficient grounds for an appeal to be rejected.

There are two stages to an appeal, the *local* stage and the *formal* stage. Students should familiarise themselves with these. Advice on the process is available from the Student Complaints Officer in the Secretary's Office. See www.bristol.ac.uk/secretary/grievances/ for contact details.

In order to start the appeal process, students must complete the appeal form, found at: www.bristol.ac.uk/secretary/studentrulesregs/examregs.html#appeal and submit it to the **Faculty Education Manager** within **15** working days of the notification of the appealable decision. An extension of this time limit will be allowed, by the University Secretary, only in exceptional circumstances.

Students are advised to use registered post if the documents are not delivered in person, as failure to submit within time without proof of posting will not be considered as a valid reason.

Support and Procedures for Disabled Students

Deciding to declare a disability

Medical education and training accommodates people with a range of mental and physical health conditions and disabilities. The Faculty needs to know if a student has a condition that may affect their performance so that it is able to offer support, aid study and make reasonable adjustments to the method of learning and the assessment by which the student demonstrates their skills. Students are always encouraged to seek support from their GP and the Faculty Student Advisor.

Medical schools have a duty to support their students, but students have to help the school to do this by being open and honest about their health. Being open and trustworthy is an important part of being a doctor; patients and the GMC expect this of practising doctors.

Medical students must be fit to practise medicine and are expected to demonstrate all outcomes specified in the GMC document **Tomorrow's Doctors**

www.gmc-uk.org/education/undergraduate/tomorrows_doctors_2009.asp Students should read this document carefully and declare at the earliest opportunity any disability or health condition which may impact on their ability to demonstrate these outcomes. Students must declare if they have contracted HIV, tuberculosis or Hepatitis B or C: please note this list is not exhaustive and students must contact Occupational Health or the Faculty Student Advisor if they have concerns about any condition. Deliberately withholding information or giving false information about a health or disability may lead to a referral under the Faculty's Fitness to Practise procedure. In almost every case, a health condition or disability does not prevent a student from completing his or her course and continuing a career in medicine.

In the event of a fail due to an undeclared disability it is very unlikely that the Faculty Examination Board would accept the lack of alternative arrangements as valid extenuating circumstances or as grounds for an appeal.

How to let the Medical School know about a disability

There are two ways to let the Medical School know about a disability:

1. Via Disability Services (recommended)

Disability Services www.bristol.ac.uk/disability-services can meet with students to discuss any support that they require and to explain what services are available from the University. They can also advise on how to apply for the Disabled Students Allowance (DSA). They also provide to the Faculty Disability Co-ordinator (with the student's consent) a summary of recommendations relating to the support that student may require.

2. Directly to the Faculty Disability Co-ordinator

If a student has a report from a doctor or other suitable professional (e.g. educational psychologist) which sets out recommendations regarding what teaching support or alternative assessment arrangements students may need from the Faculty, students may forward this directly to the Faculty Disability Co-ordinator Miss Emma Teakle based in the Faculty Office.

We would always encourage students to contact Disability Services to discuss their requirements as well as the Faculty Disability Co-ordinator.

2.1 Procedure for dealing with Current Students with a health condition and/or a disability

Current students who self-declare a health condition and/or a disability

1. At the start of each academic year, students will receive, from the Faculty Disability Co-ordinator, a standard email reminding them of the need to declare any health condition and/or disability and to ensure that they request alternative arrangements if required and if they have not already done so.
2. Any disabilities or health issues declared for the first time at this stage will be recorded and dealt with by the Faculty Disability Coordinator. If students request alternative arrangements, they will be required to complete an *Alternative Arrangements Request Form* and submit evidence. If the requested alternative arrangement is 25% extra time in written examinations to accommodate dyslexia, this will be authorised by the Faculty Disability Coordinator and the relevant Director of Student Affairs. If the request is for any other alternative arrangements, the Faculty Disability Coordinator will liaise with Disability Services and then authorise as appropriate or refer the case to the Disability and Health Panel. Requests for Alternative Arrangements may not be able to be processed if they are not received in good time and at least 14 working days from the assessment for which alternative arrangements are being sought.
3. In cases where the disability or health condition may impact on ability to meet professional competency standards or capacity to complete the programme, in the first instance, a meeting will be arranged with the student, the Faculty Disability Coordinator and the relevant Director of Student Affairs to discuss this. Outcomes of this discussion will be reported to the Disability and Health Panel and appropriate action taken.
4. In cases where a health condition and/or disability is declared for the first time by the student whilst already registered on the programme, the student may be referred under the Faculty's fitness to practise procedure. This referral will normally be made by the Chair of the Disability and Health Panel.

Where reports are considered by the Disability and Health Panel, one of the following decisions will be made:

- That reasonable adjustment can be made to teaching and/or assessments which would facilitate the student completing the programme successfully and that the student is fit to practice at this stage. The Panel will agree the details of any adjustments.
- That the student be required to suspend studies in order to seek appropriate medical treatment. The student's return will be dependent on a satisfactory medical report (see procedure below)
- That due to the nature or extent of the disability or health issue the student would not be able to successfully complete the MB ChB/BDS programme and or be fit to practice. The student will be referred to the Faculty's Fitness to Practice Committee.

Students can also request a particular clinical placement because of a health condition and/or disability

The Medical School has a specific policy on clinical placements which includes provision for students with health conditions and or disabilities which require regular treatment (as long as they have medical evidence) to request particular academies. Applications will be dealt with on a case-by-case basis.

Students should make the Faculty aware if support has been agreed but is not being implemented

Students should contact the Faculty Disability Co-ordinator immediately who will look into any problems. It is the student's responsibility to inform the Faculty if they do not think they are getting the support needed.

Students should inform the Faculty if circumstances change

Students will be responsible for informing the Faculty Disability Co-ordinator of any changes to personal circumstances that may warrant a review of any of the support mechanisms agreed.

Concerns about: Current Student's Health and/or Disability

1. Anyone who has concerns about a current student's health or professional behaviour should submit a Student Concern Form under the Faculty's Fitness to Practise Procedure.
2. Any such concerns will be dealt with by the Fitness to Practise Case Investigator (CI) as per the Faculty's Fitness to Practise Procedure. Any disability and or health conditions identified by the CI during the normal course of the investigation of the concerns raised will be referred to the Occupational Health Service.
3. A report will be produced by an Occupational Health Advisor or Physician which will be sent to the Faculty Education Manager. This report may include reports from other relevant health professionals.
4. This report will be considered by the Disability and Health Panel who will make one of the following decisions:
 - Reasonable adjustments can be made to teaching and/or assessments which would facilitate the student completing the programme successfully and that the student is fit to practise at this stage. The Panel will agree the details of any adjustments.
 - The student should be required to suspend studies in order to seek appropriate medical treatment. The student's return will be dependent on a satisfactory medical report (see procedure below)
 - Due to the nature or extent of the disability or health issue the student would not be able to successfully complete the MB ChB/BDS programme and or be fit to practise. The student will be referred to the Faculty's Fitness to Practise Committee.

In some cases, students may be considered for regular review by the Disability and Health panel as appropriate. The Occupational Health Service will also have advised regarding regular health reviews if it is deemed necessary to monitor the progress of the student.

Suspension of studies on health grounds

1. All students wishing to suspend studies on medicals grounds must complete a Suspension of Studies form which is authorised by the relevant Director of Students Affairs.
2. All students suspended on medical grounds will be written to (in May) asking whether they wish to return to the programme and if so they will be referred to the Occupational Health Service for an assessment. Students who do *not* wish to return to the programme will be asked to complete a Withdrawal form.
3. Students wishing to return to the programme will be referred to the Occupational Health Service and a report will be produced. This will be considered by Disability Health Panel who will make one of the following decisions that:
 - The student is able to return to the programme with or without appropriate conditions.
 - Reasonable adjustments can be made to teaching and/or assessments, which would facilitate the student completing the programme successfully. The Panel will agree the details of any adjustments.
 - The student will be required to undertake a further period of suspension in order to seek appropriate medical treatment.

- Due to the nature or extent of the disability or health issue the student would not be able to successfully complete the MB ChB programme and or be fit to practise as a doctor. The student will be referred to the Faculty's Fitness to Practice Committee.

The following will be taken into consideration when deciding if a recommendation will be put in place in accordance with the Equality Act 2010, the following may be taken into account:

- the need to maintain academic standards
- the need to maintain other prescribed standards (e.g. Fitness to Practise)
- practicality of the adjustment
- health and safety legislation
- relevant interests of other people (including other students)
- the costs of making the reasonable adjustment

As this is a professional programme, some adjustments may not be made if they cannot be replicated in a medical setting (for example an ECG printout could not be provided in an alternative format if this would not be available to a practicing doctor).

For more information on suspending studies see: [Appendix IV - Policy on Suspension of Studies](#)

Raising concerns

Concerns about: a member of staff

The *Staff Concern* procedure has been designed to ensure students have a formal route to raise serious and unresolved concerns to the Faculty's attention. The form can be used to raise concerns about University and NHS employees and any persons representing the Medical School.

We expect that most issues will be addressed informally by discussing the matter with the relevant member of teaching or administrative staff where appropriate, or when not, by discussing concerns with an appropriate senior member of staff for instance a Unit Tutor, Unit Coordinator, Unit Lead or Academy Dean. Also available to students are the Preclinical and Clinical Directors of Student Affairs, the Programme Administrator, the Programme Director and Deputy.

But, if a student feels that the route described above is not appropriate or doing so has not adequately satisfactorily resolved the matter, a student can submit a *Staff Concern Form* so the matter can be addressed more formally. Please do be aware that any concerns raised in a form are likely to be discussed with the student before any action is taken. If you wish to discuss your concern before you submit this form, please contact the Faculty Education Manager Mrs Sylvia Elliott on (0117 3318317).

The form can be found on the [Forms](#) page of the Medical School website.

By way of example, students may raise issues using the form in relation to the following areas:

Staff relationships with students— for example staff being unprofessional in written or verbal communication with students; adopting an inappropriate attitude in interactions with students, staff not respecting student confidentiality.

Teaching – for example: persistent and unexplained lateness or non-attendance at teaching sessions; unprofessional approach to the delivery of teaching; non response to feedback about the teaching sessions which has been given in an appropriate and timely manner.

The form should be completed in full and returned marked *Private & Confidential* to: Sylvia Elliott, Faculty Education Manager, Level 1 Senate House, Tyndall Avenue or emailed to sylvia.elliott@bristol.ac.uk.

Please Note:

- All forms MUST be submitted by a named individual. Please be aware that under the Data Protection Act it is very unlikely that if a written concern is received that the identity of the reporter can remain anonymous as staff members have the right to see information held about them by the University.
- Students who make malicious or deliberately misleading statements concerning a member of staff may be referred to the relevant University disciplinary procedures. No action will be taken against a student who raises a concern in good faith.

Forms will be considered by the Faculty Education Manager who may in the first instance wish to discuss the contents with you. She will then discuss the concern with the relevant Programme Director or Faculty Education Director and agree what if any additional information is required and what if any action is appropriate. Where necessary the concern will be reported to the relevant line manager who will initiate action.

On conclusion of the matter the student will be informed in writing that the concern has been dealt with.

Concerns about: a fellow student

To raise concerns about a fellow student's welfare, health or professional behaviour complete a Student Concern Form which will be considered under the Faculty's Fitness to Practise Procedure. Students may in the first instance want to discuss their concerns with the Student Advisor, a Director of Student Affairs, Academy Dean or with the Faculty Education Manager. Student concern forms can be found on the Medical School website here: [Forms](#)

Concerns about: patient safety

Patient safety is paramount and if a student is concerned about a staff member's or fellow student's behaviour and feel that patient safety is at risk: they should immediately inform a member of staff or their Academy Dean and discuss their concerns, so that an appropriate intervention can be initiated. In the unlikely event that matters are not resolved then do not hesitate to contact the Programme Director or in their absence the Deputy Programme Director.

Clinical Rotation Policy

This policy ensures that our placement procedures are fair and transparent to all students and that the Medical School complies with all relevant legislation including the Disability Discrimination and Equality Acts. Having a variety of placements and experiences is considered to be educationally desirable and students will be placed as widely as their circumstances permit. The process of deciding rotations is under review and the outcome will be communicated to students once complete. All the principles detailed here will still stand.

Principles:

- In order to obtain as wide a clinical experience as possible and to support their applications for F1 posts students will usually attend an average of four Academies over Years 3-4-5 of the curriculum. The order of these placements is known as a student's **rotation**.
- This means that in Year 3 students will usually attend two Units in Bristol/Bath and two outside Bristol/Bath (NB Medicine and Surgery is considered to be two Units).
- Usually students will attend at least four different Academies (including North and South Bristol and two Academies outside Bristol) in Years 3 and 4.
- Flexibility in the number of Academies attended and a student's rotation may be allowed in some circumstances as detailed below. Any flexibility will always be constrained by the number of placements available in each Academy.
- Year 5 students will be placed in an Academy they have not been to where possible.

Request for Consideration of Priority allocation

Students may request a particular placement pathway and or Academy, or to take a Unit(s) at a particular time under the following categories, given in order of priority:

1. **Chronic health problems or disabilities:** Students with serious health problems or disabilities will be given priority in placement decisions. Medical evidence should be supplied stating why a particular rotation pathway and or Academy are required.
2. **Dependants:** Wherever possible flexibility in placements will be offered to students with dependants. Dependants are defined as children under the age of 18 and adult relatives with a disability or chronic health condition which requires day to day care.
3. **Sport or other extracurricular activity at National or International level:** *only Year 3 Students in this category will be considered.* University representation will not be considered.

In all cases permission is not guaranteed and will depend on:

- Number of placements available in each Academy
- Adequate evidence of the student's situation
- The impact on a student's education
- The feasibility in terms of the Medical School's ability to run the programme
- Fairness to all students

The following will not be considered as reasons for obtaining a particular placement or pathway:

- Term time address
- Location of partner or spouse
- Financial difficulties
- Location of part time jobs
- Representation of the University at sports and non-educational extracurricular activities
- Rotations to match up with those of flatmates and friends

Advice to Students

To apply for a particular rotation or Academy students will need to complete and return the *Consideration of Individual Circumstances Application Form* by email to medics-icf@bris.ac.uk before advised date. Only an extreme change of circumstance will be considered after this date and in consultation with the Director of Student Affairs.

The following Academies are available to students:

- North Bristol (Frenchay and Southmead, Years 2, 3, 4, 5)
- South Bristol (Years 2, 3, 4, 5)
- Swindon (Years 4 and 5 only)
- Bath (Years 2, 3, 4, 5)
- Gloucestershire (Gloucester and Cheltenham, Years 3, 4, 5)
- North Somerset (Weston, Years 3 and 5 only)
- Somerset (Taunton and Yeovil, Years 3, 4, 5)

Applications will be considered by a Panel comprised of the Faculty Head of Academic Administration, MB ChB Programme Administrator and Director of Student Affairs - Clinical or deputies. Students will receive a response by the end of March, including provisional placements if priority allocation has been agreed.

Requests made after the sitting of the Panel

If an unexpected health problem or change in circumstances arises after October students should complete an Individual Circumstances Form and return this to the Systems Administrator, MB ChB Curriculum Office, Senate House as soon as possible. The request will then be considered by the Director of Student Affairs - Clinical and the MB ChB Programme Administrator (or deputies). In all cases both must agree the change, if there is a dispute the matter will be reviewed by two of the remaining Programme Directors.

Students are reminded that they may also apply to Suspend Studies at any time.

Travel Reimbursement Policy

Rules

- Students may only claim for travel for costs actually incurred.
- Students must make claims in a timely manner and claims older than 6 months will not be processed
- Attempting to claim money which they are not entitled to is a University disciplinary matter (Student Rules and Regulations – Student Disciplinary Regulations – Misconduct – 2.2 (f)). Students may also be referred to the Professional Behaviour Panel if money is claimed inappropriately.
- If a student is experiencing financial difficulties they should contact Student Finance Office for advice and assistance www.bristol.ac.uk/studentfunding and access this site for help with budgeting and other financial matters. www.bristol.ac.uk/studentfunding/moneydoc.html The Faculty Office can also provide information on a number of prizes and scholarships available to medical students.

Funding

There are two different sources of funding for student travel:

- The journeys to and from a rotation claimed from *Medical Education Office*: for public transport (only with receipts) or car travel at a rate of **25p** per mile.
- For journeys necessary while on rotation claimed from the *Clinical Academies*: The NHS pays for public transport (only with receipts) or car travel at a rate of **23p** per mile, plus **2p** per mile for each **named** student passenger for journeys necessary while on placement.

Car Users

- It is University policy that students should not be carrying fee paying passengers and therefore students who make a charge to carry passengers should not claim University funding for travel costs.
- It is not expected that those making claims under the NHS will charge other students as they are already compensated for taking passengers (see above).
- It is important that students note that charging a fee to a passenger may invalidate their car insurance.
- Passengers cannot claim expenses, as these are only paid for the costs of running a vehicle.

Insurance

- It is the student's responsibility to make sure they have adequate insurance for their own private vehicle if used to travel to study sites. Students are reminded that driving without motor insurance is a criminal offence and are forewarned that some insurance companies may consider that students will only use their vehicle for "social, domestic and pleasure purposes" and hence may deem travel to a rotation site as "business" use.
- Insurance certificates show whether cover for "business" use is included, if not shown as included students must check with their insurance company before using their motor vehicle to travel to rotations.

City Limits

Where the term 'city limits' is used in this document these are defined by the local public transport boundaries for the city or town where the student is based.

Commuting

Outside the standard Unit teaching, the Academies offer a wide range of educational activities such as emergency 'on-take duties' and some postgraduate educational meetings, as well as social events run within and alongside the hospital. Students are expected to take advantage of the learning opportunities provided by participating in these activities and to facilitate this, free accommodation is provided at each Academy. Students, who do not wish to take advantage of this learning opportunity and, choose to commute, must be aware that they will be unable to claim expenses for travel to Academies where accommodation is made available.

Commuting Costs where students can not be accommodated on or near their Hospital teaching site

If a non-Bristol Academy cannot accommodate students near (within 2.2 miles) to their hospital base they must provide a free travel service or reimburse student travel costs at NHS Bursary rate or the cost of public transport to the hospital base.

Items which will not be reimbursed:

- taxi fares (unless pre-approved)
- parking
- public transport if no receipts are attached to the application
- travel for non-curriculum activities

Travel in Year 1

The Curriculum Office reimburses the following:

- Return travel to GP practices by bus in zones 2 and 3.

Travel in Year 2

The Curriculum office will pay for the following:

- One return journey per Basic Clinical Skills Week to a GP practice if it is outside Bristol city limits (Please note that Keynsham, Bradley Stoke and Avonmouth are all included within Bristol city limits).
- We do not generally agree the use of taxis but in exceptional circumstances where the cost of a taxi is the same or less than the cost of public transport for a group of student travelling together to a GP placement then taxi cost will be refundable – with a receipt- *but only where agreed with the Year Coordinator in advance.*

Transport is provided to Bath and Weston for Basic Clinical Skills weeks so no reimbursement will be made for travel to this event.

Travel in Year 3

The Curriculum office will pay for the following:

Travel from Bristol to Academy and back.

- One return journey at the beginning and end of each Unit to the following Academy sites: Weston, Taunton, Yeovil, Cheltenham, Gloucester, Bath and Devizes and Swindon. Students cannot claim for Southmead, Frenchay, Barrow, Blackberry Hill or UBHT.
- In addition students may claim for return journeys to Bristol from these sites for Unit Plenary Teaching Days and travel back to Bristol at Easter and Christmas.

Please note students will not be paid for social travel e.g. return at weekends or Wednesday afternoons.

The NHS Bursary Scheme pays some travel costs please contact your Year Administrative Coordinator for more information about eligibility and the NHS Bursary website for details. [NHS Student Bursaries](#)

Travel outside 'city limits' for any other curriculum dictated travel

- Where non central curriculum dictated travel (e.g. for GP visits or community based teaching) is **outside city limits and a free alternative is not provided** the Academy is responsible for the cost of travel at the NHS Bursary Rate or the cost of public transport.

Note: In the case of students placed at Devizes claims for GP travel should be sent to AWP

Travel in Year 4

The Curriculum office will pay for the following:

Travel from Bristol to Academy and back.

- One return journey at the beginning and end of each Unit to the following Academy sites: Weston, Taunton, Yeovil, Cheltenham, Gloucester, Bath and Devizes and Swindon. Students cannot claim for Southmead, Frenchay, Barrow, Blackberry Hill or UBHT.
- Students may also claim for travel to their residential GP placement and back.
- In addition students may claim for return journeys to Bristol from these sites for any central teaching days and travel back to Bristol at Easter and Christmas.

Please note students will not be paid for social travel e.g.: return at weekends or Wednesday afternoons.

Travel outside city limits for any other curriculum dictated travel

- Where curriculum dictated travel (e.g. for community based teaching) is **outside city limits and a free alternative is not provided** the Academy is responsible for the cost of travel at the NHS Bursary Rate or the cost of public transport.

GP Travel in COMP2

- Students who are on residential placements are expected to travel to the surgery with the member of staff who they are staying with if this is not possible on some occasions (or students are not staying with a member of staff) claims should be made to the relevant Academy. Claims may only be made for travel outside city limits.

The NHS Bursary Scheme pays some travel costs please contact your Year Administrative Coordinator for more information on eligibility and the NHS Bursary website for details. [NHS Student Bursaries](#)

Travel in Year 5

The Curriculum office will pay for the following:

Travel from Bristol to Academy and back.

- One return journey at the beginning and end of each Unit to the following Academy sites: Weston, Taunton, Yeovil, Cheltenham, Gloucester, Bath and Devizes. Students cannot claim for Southmead, Frenchay, Barrow, Blackberry Hill or UBHT.
- In addition students may claim for return journeys to Bristol from agreed sites for any central teaching days e.g. neurology teaching, surgical skills days and travel back to Bristol at Easter and Christmas.

Please note students will not be paid for social travel e.g. return at weekends or Wednesday afternoons.

The NHS Bursary Scheme pays some travel costs please contact your Year Administrative Coordinator for more information on eligibility and the NHS Bursary website for details. [NHS Student Bursaries](#)

Professional Behaviour

Fitness to Practise Procedure

1. Introduction

1.1 Medical students have certain privileges and responsibilities different from those of other students. Because of this, different standards of professional behaviour are expected of them. The Faculty is responsible for ensuring that students have opportunities to learn and practice the standards expected of them.

1.2 All Medical students must refer to the following documentation in order to make themselves aware of the principles of professional behaviour and the professional behaviour expected of them:

[Good Medical Practice](#) is the GMC's core guidance for doctors and sets out the principles and values on which good practice is founded.

- GMC guidance on professional behaviour and Fitness to Practise
- Tomorrow's Doctors
- Faculty of Medicine and Dentistry Code of Conduct

1.3 Each student should also be aware that his or her behaviour outside the clinical environment, including his or her personal life, may have an impact on his or her fitness to practise.

1.4 A student's fitness to practise is called into question when their behaviour raises a serious or persistent cause for concern about their ability to continue on the MB ChB programme, or to practise as a doctor after graduation. The purpose of this procedure is to provide a constructive framework for dealing with fitness to practise issues and to ensure that, where necessary, sanctions are applied fairly and consistently. It is hoped that by addressing any professional behaviour problems early the student will be able to address any concerns raised. The procedure also aims to ensure that the Faculty is able to put support mechanisms in place to help the student improve his or her professional behaviour skills.

1.5 It is hoped that many professional behaviour issues can be dealt with informally by a member of staff (or a fellow student) discussing any concerns they have with the student. In many instances staff (or fellow students) will raise an issue before it reaches the point of involving the Faculty in this process. Students should take any concerns raised about professional behaviour skills as an early opportunity to improve before an issue is taken any further.

1.6 Students can contact the Pre-Clinical Programme Director or Director of Student Affairs, the Professional Behaviour Case Investigator ("CI"), the MB ChB Programme Director/s or Academy Deans if they have any concerns about how to improve their professional behaviour skills.

1.7 This procedure for raising or receiving concerns considers a student's fitness to practise in relation to behaviour alone and not in relation to health. However, it is recognised that poor behaviour may result from underlying health problems and for this reason the Fitness to Practice Committee ("FTP Committee") may refer students to, and receive referrals from, the Disability and Health Panel (see section 9 of this procedure).

2. Raising Professional Behaviour Concerns

2.1 There are 3 methods of raising concerns about professional behaviour:

1. Student Concern Forms completed by staff, students or members of the public
2. Through Internal or Faculty Exam Boards via a Student Concern Form
3. External Referral

(a) Student Concern Forms

2.2 If any individual has a concern about a student's professional behaviour they can inform the CI by completing a Student Concern Form (See [Appendix III](#)).

(b) External Referral

2.3 Concerns occasionally come to the attention of the Faculty via other routes e.g. Criminal Record Bureau checks, the University Disciplinary Committee or the Disability and Health Panel. External Referrals will be dealt with as if a Student Concern Form had been completed.

2.4 The Faculty may also choose to refer a student under the University's student disciplinary procedures.

3. Procedure upon Receipt of Student Concern Form

3.1 Upon receipt of the Student Concern Form, the CI will investigate the issues raised. The CI will consider the initial evidence and decide if the case is serious enough to be referred to the FTP committee. In doing so, the CI will consider whether the behaviour is serious or persistent enough to call into question the student's ability to continue on the programme, or their fitness to practise after graduation. The CI will take one of the following actions:

(a) **Decide not to proceed further with the concern.** By way of example this could be because the issue could be handled differently; because it has already been dealt with elsewhere; or because the concern is not considered serious enough to warrant further action at this stage. In such cases the student will be notified of the concern and the CI's decision not to proceed further with the concern. The reporter of the concern will also be informed that the issue has been dealt with.

(b) **Decide to proceed further with the concern.** In such cases, the student will be informed of the concern raised in writing and offered an opportunity to meet with the CI. The purpose of this meeting is to give the student an opportunity to discuss the concern before the CI makes a decision on how the case will proceed. The student will also be given the opportunity to:

- a) Accept that the concern is valid
- b) Inform the CI that in the student's opinion the concern is not valid or is untrue

3.2 In all cases the CI will complete a report which will be forwarded to the student and to the FTP Committee.

3.3 The CI's Report will state whether it was decided:

- (i) Not to proceed further with the concern; or
- (ii) That the concern is valid but in isolation, not serious enough to be referred to the FTP Committee for formal action. In such cases, the CI will ask the student to accept a Warning. Warnings are formal statements that indicate that the student's behaviour is unacceptable. Appendix 1 contains information about Warnings.

- (iii) That the student must undertake the Remedial Teaching programme (MB ChB students only). This requirement may be issued in isolation or as well as the offer of a formal warning (see ii above)
- (iv) That the student is referred to Occupational Health. Please see the Disability and Health Panel procedures on page 23. This requirement may be issued in isolation or as well as the offer of a formal warning and/or referral to the Remedial Teaching Programme.
- (iv) That the case will be referred to the FTP Committee for their consideration.

4. Consideration by the FTP Committee

Composition of FTP Committee (the “Committee”)

- 4.1 The Committee comprises at least three members of the Fitness to Practice Panel (the “Panel”). The Panel is made up of a group of NHS, University and non-University staff appointed by the Dean to consider the professional behaviour of MB ChB, BDS, and DCP students. In the event of the Committee being divided in its view, the Chair will have a casting vote. The names of current members of the Panel are available from the Head of Academic Administration.

Assistance to the Committee

- 4.2 The Faculty Education Manager will act as clerk to the Committee (the “Clerk”), and will arrange for a note of the proceedings to be taken. The Committee may seek advice from the Secretary’s Office.

Representation for the Student

- 4.3 The Student may choose to be present at the Committee hearing and may be accompanied by an advisor, friend or other representative. If the student wishes to be legally represented he or she must inform the Clerk as soon as possible and in any event not later than two weeks prior to the hearing.

Standard of Proof

- 4.4 The Committee will only impose a penalty upon a student if on the evidence before it, if it is satisfied on the balance of probabilities that the concerns raised are proved.

Procedure

- 4.5 Subject to the provisions of this procedure, the conduct and order of the proceedings shall be at the discretion of the Committee. The Committee may ask for additional enquiries to be undertaken and may call for additional witnesses to attend. It may adjourn proceedings if it considers it in the interests of justice to do so.

Joint Hearings

- 4.6 If two or more students are involved in related cases the Committee may at its discretion deal with their cases together.

New Hearing

- 4.7 The Committee will rely only on evidence presented at the hearing. The deliberations and decisions of anyone previously considering the matter shall be irrelevant for the Committee's purposes.

Written Allegations

- 4.8 The Clerk, on behalf of the Committee will ask the CI to set out the allegation(s) against the student in writing in advance of the hearing. A copy will be sent to the student at least three weeks before the hearing.

Witness Evidence

- 4.9 The student will be informed at least two weeks in advance of the hearing of any witnesses who have been nominated or called by the CI or the Chair of the Committee. The student and or his or her representative must inform the Clerk; at least two weeks in advance of the Hearing, of any witnesses that they wish to nominate or call.
- 4.10 The Clerk, on behalf of the Committee, may call for written witness statements in support of the allegation in advance of the hearing. If such statements are obtained, members of the Committee will be entitled to see them in advance of the hearing and copies will be made available to the student and to the case presenter at least one week before the hearing.
- 4.11 Witness evidence presented at the hearing will normally be oral given by witnesses appearing in person even if witness statements have been provided prior to the hearing. The Committee may accept a witness's written statement in evidence where both parties agree that the witness need not attend, or where it is impracticable for the witness to attend, or where in the opinion of the Committee it is for some other reason in the interests of justice to do so.

Written submission to the Committee

- 4.12 Either the CI or the student may make a written submission to the Committee. Any such submission must be made available to the Committee at least seven days before the hearing and a copy will be made available to the CI or the student.

Documentary Evidence

- 4.13 Any documentary evidence must be submitted in advance of the hearing and copies will be made available to members of the Committee and to all parties at least one week before the hearing. Documentary evidence submitted late will only be admitted with the permission of the Committee.
- 4.14 Evidence may also be in the form of medical or other reports. By consenting to the preparation of medical or other reports, the student is consenting to the FTP Committee having access to such reports.

Opening and Closing addresses

- 4.15 The CI shall be entitled to address the Committee before calling witnesses and at the conclusion of the evidence called on behalf of the student. The student, or his or her representative, may briefly address the Committee before calling witnesses and after the CI's final address.

Time Limits

- 4.16 The Committee may impose time limits on oral addresses and submissions.

Witnesses in support of the allegation

- 4.17 The allegations against the student will be put first. The CI will ask questions of each witness giving evidence in support of the allegation. The witness may be cross-examined by the student or his or her representative. Witnesses may be re-examined, but concerning only those matters raised in cross-examination, for the purpose of clarification.

Submission that there is no case to answer

- 4.18 At the conclusion of the evidence in support of the allegation against the student, the student, or his or her representative, may submit that there is no case for the student to answer. The CI has the right to reply. If the Committee finds on the evidence that there is no case to answer it must dismiss the allegation(s).

Witnesses against the allegation

- 4.19 If the case proceeds, the student may then give evidence. At the conclusion of the student's evidence he or she may be cross-examined by the case presenter. The student may give evidence to clarify matters raised in cross-examination. The student, or his or her representative, may call further witnesses, who may be similarly cross-examined and re-examined. The representative may not give evidence on behalf of the student.

Recall of witnesses

- 4.20 A witness may be recalled to give further evidence only with leave of the Committee.

Relevance

- 4.21 The Committee will refuse to admit evidence that is in its opinion irrelevant to the issues raised.

Mitigation

- 4.22 At the conclusion of both parties evidence the Committee will make its decision as to whether the allegation(s) have been proved. If the Committee decides that the allegation(s) are proved the student or his or her representative, will be entitled to address the Committee concerning penalties. The CI has the right to reply.

Adjournments

4.23 The Committee shall have power to adjourn a hearing to another date, as it thinks fit.

Report

4.26

The Chair of the Committee will write a short report, setting out the allegation(s), the grounds for concern, a brief summary of the evidence, the decision of the Committee and the reasons for the decision. A copy of the report will be sent to the student, the CI, the Dean and the Faculty of Medicine and the Clinical or Pre Clinical Dean as appropriate and any other appropriate member of the University.

5 Penalties

5.1 The FTP Committee may make any one or more of the following decisions, to:

- a) Issue no warning or sanction
- b) Issue a warning
- c) Issue a sanction which requires an undertaking on the student's part
- d) Issue a sanction with conditions
- d) Suspend the student from the programme
- e) Expel the student from the programme
- f) Refer the student to a Disability and Health Panel

Details of these decisions appear in Appendix 1

- 5.2 The student will normally be informed orally of the outcome immediately after the hearing. The student will receive a copy of the report referred to in paragraph 4.26 shortly after. (Normally within 14 days)
- 5.3 If there are any further actions to be taken these will be the responsibility of the student, the Pre-Clinical or Clinical Dean and other relevant members of staff as directed by the FTP Committee.
- 5.4 The reporter of the concern will be informed that the issue has been dealt with.

6. Nominees

References in this procedure to a particular job title or role e.g. the CI or Faculty Education Manager shall be construed to include a reference to that job title or role, or to any person or persons nominated by the current role holder to act on his or her behalf.

7. Suspension from the Programme pending hearing by FTP Committee

- 7.1 If the concern is particularly serious, a decision may be made by the Faculty Dean at any stage of this procedure to suspend the student while the matter is further investigated by the CI or pending the hearing by the FTP Committee.

8. Record Keeping, Data Protection and Confidentiality

- 8.1 Where it has been decided by either the CI or the FTP Committee not to proceed further with a concern:

- (a) should no further concerns be raised during the students programme of study, a record of the concern/report shall be kept on the student's official record and destroyed upon completion of their programme of study; or
 - (b) should further concerns be raised during the students programme of study, a record of the concerns/report may be kept on the student's official record up to a period of five years following completion of their programme of study.
- 8.2 Where it has been decided by the CI or FTP Committee to proceed further with a concern, a record of the concern and any decisions made by the FTP Committee shall remain on the student's official student record up to a period of five years following completion of their programme of study.
- 8.3 All matters relating to a student's career at the University are strictly confidential and may not be relayed to other parties, including parents, without the express permission of the individual student. The University handles personal data (including official student records of concerns, reports and warnings relating to fitness to practise) in accordance with the Data Protection Act 1998. Notwithstanding the foregoing, the University may:
- (a) take into account any concerns, reports and or warnings in assessing student's professional behaviour in accordance with the Standing Orders Governing Examinations; and
 - (b) disclose details of any concerns, reports and or warnings relating to the student fitness to practise which have arisen during a student's programme of study (where required to do so by law or in the public interest) such as to the GMC; another Further or Higher Education institution; or any other equivalent national body responsible for regulating the medical and dental professions to protect, promote and maintain the health and safety of the public by ensuring proper standards in the practice of medicine.

9. Co-ordination between the Fitness to Practice Committee and Disability and Health Panel

In the event that a student has a disability or health problem along with professional behaviour or fitness to practise concerns, the Chairs of each committee may liaise to consider the best course of action. If the Disability and Health Panel decide that because of health issues a suspension or expulsion from the programme is indicated, the Disability and Health Panel Chair will report and attend the subsequent FtP hearing to present the case. See this handbook for more information about the Disability and Health Panel.

10. Appeals

- 10.1 An appeal under this procedure must be made to the University Secretary within twenty-eight days of the conclusion of the proceedings. The student must set out in writing the ground(s) on which the appeal is based. The appeal will be heard by a Committee of Council (the "Appeal Committee") constituted under the provisions set out in the Student Complaints Procedure.
- 10.2 A student may appeal against the decision of the FTP Committee on one or more of the following grounds:
- (a) that there is new evidence which could not reasonably have been presented at the hearing of the FTP Committee.
 - (b) that the penalty imposed is not reasonable in all the circumstances.
 - (c) that there was a material irregularity in the decision making process sufficient to require that the decision be re-examined.

- 10.3 If the student appeals on ground 10.2 (a) the Appeal Committee may, without the necessity for a hearing, remit the matter back to the FTP Committee for reconsideration. If the student appeals on ground 10.2 (b) or (c) the Appeal Committee may overturn the decision of the FTP Committee if it considers it just to do.
- 10.4 There will be no entitlement to a rehearing of the case, which will be allowed only in exceptional circumstances. The student may present the appeal in person or in writing as he or she chooses, and may be represented by an advisor, friend or other representative.
- 10.5 Those hearing an appeal against penalty may impose a lesser or greater penalty, having considered whether the original penalty imposed was fair and reasonable in the light of all the circumstances of the case, and the student's means and general personal circumstances.

Appendix I - Possible Outcomes of the FTP procedure

1. Warning

- 1.1 A warning is the lowest level of penalty which is formally issued under this procedure
- 1.2 A warning may be issued either:
 - a) by agreement of the student with the CI following the initial consideration of the case (see section 3 of this procedure) or
 - b) by the FTP Committee (see section 4 of this procedure).
- 1.3 If the student is asked to accept a warning by the CI as described under section 1 of this procedure, he or she may take one of the following actions.
 - a) Accept the Warning issued by the CI
 - b) Reject the Warning issued by the CI and request that the case be considered by the FTP Committee as described under section 4 of this procedure. The FTP Committee may impose a harsher penalty.
- 1.4 A warning is a formal statement that indicates that the student's behaviour is unacceptable and is given when a student's behaviour raises concerns but is not so serious that their FTP is impaired. Normally, a warning will be appropriate when the behaviour in question does not involve dishonesty, offences of a sexual nature; a lack of insight or responsibility; and where there have been no previous concerns about the student's FTP.
- 1.5 By way of example, the sort of problems which may be considered as issues which require a warning may include: breaches of the dress code, low level disruption of teaching, intermittent lateness or an isolated incidence of inappropriate communication with a member of staff. They may also include *low level* examples of behaviour which is normally regarded as more serious .e.g. dishonesty.
- 1.6 The warning is not intended to punish the student, but to let him or her know that their current professional behaviour is not at the level required by the Faculty and to offer support in addressing any issues raised. Any subsequent incidents may be considered in light of earlier warnings.
- 1.7 On receipt of a warning the student may be invited to meet with the Pre-Clinical or Clinical Dean to discuss the matter further and decide on any support that may be needed to improve professional behaviour.
- 1.8 Students are required to disclose the fact that they were issued a warning when they first register with the GMC/GDC. The GMC/GDC may contact the Faculty for further information about the case as part of the registration process, but it is unlikely they will take further action. However, they do have the power to investigate matters further if they consider that the University has been inappropriately lenient. If it becomes apparent at a later date that a student failed to disclose a Warning to the GMC at registration, he or she may be considered under the GMC/GDC's Fitness to Practise procedure for that failure.

2. Sanctions

- 2.1 There are four types of sanctions:

- a) undertaking
- b) condition
- c) suspension
- d) expulsion

2.2 The purpose of these sanctions is to ensure that students whose FTP is impaired are dealt with effectively, and in the case of the lesser sanctions, to give the student the opportunity to learn from his or her mistakes. In all cases, the FTP Committee will consider whether a sanction will be sufficient to protect patients, the public and to maintain professional standards.

(a) **Sanctions with Undertakings**

2.3 An undertaking is a promise given by the student, in writing, to the FTP Committee that they will not behave in a certain way in the future and normally applies when there is a finding that the student's fitness to practise is impaired.

2.4 This type of sanction will be issued for what are considered as more serious and/or repeated problems. The student may be given a more structured support plan for a set period of time and have his or her progress monitored. The purpose of this sanction is not to punish the student but to let him or her know that his or her current professional behaviour is not at the level required by the Faculty and to offer appropriate support in addressing the issues raised.

2.5 On receipt of sanctions the student may be required to meet with a nominated member of the University or NHS staff to work with the student to put a 'personal development plan' in place and to ensure that he or she is in a position to honour the undertaking/s made. Monitoring of professional behaviour may be carried out by the relevant clinical staff.

2.6 Towards the end of the set monitoring period, or at some other time specified by the FTP Committee, the case will be reviewed by the FTP Committee who may decide:

- i) the undertakings have been honoured or conditions met and to close the matter provided there are no further concerns raised during the monitoring period; or
- ii) impose a further monitoring period or alternative sanction if the undertakings given have not been honoured or the conditions have not been met or professional behaviour remains a concern.

2.7 When the Committee is reviewing the case it will adopt the same procedure as set out in Section 4.

b) **Sanctions with Conditions**

2.8 Conditions are appropriate when there is significant concern about the behaviour of the student and will normally be issued if the panel is satisfied that the student might respond positively to remedial tuition and/or increased supervision.

2.9 This type of sanction will be issued for what are considered as serious and/or repeated problems. The student will be given a structured support plan for a set period of time and have their progress monitored. The purpose of this sanction is not to punish the student, but to let him or her know that his or her current professional behaviour is not at the level required by the Faculty and to offer appropriate support in addressing the issues raised.

2.10 On receipt of this type of sanction the student will be required to meet with the Pre-Clinical or Clinical Dean who will work with the student to put a 'personal development plan' in place and ensure that he or she is in a position to meet the conditions of the sanction. Monitoring of

professional behaviour will be carried out by the relevant clinical staff under the auspices of their Academy Medical Dean and Unit Lead.

2.11 Towards the end of the set monitoring period, or at some other time specified by the FTP Committee, the case will be reviewed by the FTP Committee who may decide:

- i) that the undertakings have been honoured or conditions met and to close the matter provided there are no further concerns raised during the monitoring period; or
- ii) to impose a further monitoring period or alternative sanction if the undertakings given have not been honoured or the conditions have not been met or professional behaviour remains a concern.

c) [Suspension from the programme](#)

2.13 Suspension from the programme prevents a student from continuing with the programme for a specified period of time and graduating at the expected time. Suspension is appropriate for misconduct that is serious but not so serious as to justify expulsion.

2.14 Students who are suspended will be required to comply with any further conditions set by the FTP committee. The case will be reviewed by the FTP Committee at a time specified by the Committee using the procedure set out in Section 4.

d) [Expulsion from the programme](#)

2.15 This is the most severe sanction and will be applied only if the student's behaviour is considered to be incompatible with continuing on the programme or of practising as a doctor or dentist. The FTP Committee will expel the student if they consider this is the only way to protect patients, carers, relatives, colleagues or the public.

2.16 If a student is expelled by the FTP Committee the Faculty will, as appropriate, offer help in transferring to another course. However, the nature of the student's behaviour in any particular case may be such that it is considered inappropriate to assist with such transfer or for another Faculty or Department to accept the student onto certain, or even any, other courses.

Appendix III - Raising a Concern about another student

a) Concerns relating to Professional Behaviour

Professional behaviour concerns about a fellow student may be raised by using a Student Concern Form. It is hoped that most professional behaviour issues can be dealt with informally by discussing the concern with the student, so that the student is given the opportunity to address the issues raised. This course of action should be considered before completing the form.

The concern could relate to a number of areas:

- *Relationships with patients* – e.g. not respecting confidentiality, being impolite to patients
- *Working with others* – e.g. being disrespectful towards other healthcare students, continually disrupting teaching
- *Probity* – e.g. fraudulent behaviour
- *Health* – e.g. a drinking or drugs problem
- *Learning* – persistent lateness, not responding constructively to feedback

Concerns raised may be discussed prior to the student being contacted.

If the concern about a student is serious and may put patient safety at risk immediate contact should be made with either the Student Advisers, Pre-Clinical Programme Director or Director of Student Affairs, the Programme Director, Faculty Education Manager or if they are not available the Faculty Dean who will take action as appropriate.

All concerns must be made by a named individual. Under the Data Protection Act it is very unlikely that if a written concern is received that the identity of the reporter can remain anonymous as students have a right to see information held about them by the University. University staff or students who make malicious or deliberately misleading statements concerning a student may be referred to the relevant University disciplinary procedures or the Faculty's Fitness to Practise procedure. No action will be taken against a member of staff or student who raises a concern in good faith.

Further information is available on the Student Concern Form and this must be read thoroughly before submitting any concern. [Forms](#)

b) Concerns which do not relate to professional behaviour

If the concern does not relate to professional behaviour (e.g. the student may be struggling academically or have a health problem) the student should be encouraged to contact one of the services listed on the Faculty and/or University websites.

It is not usually considered appropriate for staff to contact a student where they are not seeking help themselves, this may in fact be counterproductive if the student is not at a point where they feel they want to deal with or talk about a problem. However, if it is felt that a student (or another individual) is at risk of harm, contact should be made with the Student Advisers, Pre-Clinical Programme Director or Director of Student Affairs, the Programme Director or the Faculty Education Manager who will consider what action may be appropriately taken. Students or staff distressed by a colleague's situation may seek support from one of the Support services listed on the posters.

For further information about any aspect of this procedure contact the Faculty Education Manager.

Appendix IV - GMC Code of Practice for Clinical Students

Code of Practice for Clinical Medical Students

As future doctors, students should follow the guidance in Good Medical Practice (General Medical Council, www.gmc-uk.org/guidance) from their first day of study. The Code of Practice below sets out what this means for students.

Students will be expected to understand these and sign a declaration of acceptance at the Registration of each clinical year. If students have personal anxieties about any of these issues students should share these with the Director of Student Affairs, an Academy Medical Dean or another member of senior clinical member of staff.

During training, students will be expected to develop professional attitudes, communication skills, ethical stances and general behaviour of the highest standards.

LEARNING

The General Medical Council expects students to accept responsibility for their own learning.

Students must:

- Attend all prescribed teaching on time unless there is good reason.
- Complete the entire curriculum as specified by the Bristol Medical School.
- Respond constructively to feedback, appraisal and assessment on their performance.
- Inform the Medical School if they are absent for reasons outside their control (e.g. illness or acute personal problems) or apply for a Leave of Absence if they know in advance of a need to be absent from teaching.
- Contact staff to discuss what remedial work should be completed to cover teaching missed.

Students should not expect to be 'spoon fed' with information; it is their job to link practical experience of patients to the medical knowledge from books and teachers.

RELATIONSHIPS WITH PATIENTS

Students must:

- Make it clear to patients that students are a medical student not a qualified doctor. (Under Section 49 of the Medical Act 1983 it is an offence for anyone who is not a registered doctor to pretend to be a qualified doctor.)
- Respect the right of patients to decline to take part in teaching or research.
- Gain consent before students examine a patient.
- Be polite, considerate and truthful.

- Respect a patient's privacy and dignity.
- Treat information about patients as strictly confidential. When consulting patients' records students must not remove them from the ward/clinic.
- Dress appropriately according to the MB ChB Dress Code for Clinical Areas (see the Rules, Policies and Procedures Handbook, failure to comply with the Dress Code may result in students being sent home from a clinical area.)
- Be prepared to physically examine all patients regardless of their lifestyle, culture, beliefs, race, colour, gender, sexuality, disability, age, or social or economic status.
- If invited to perform an intimate examination (vaginal or rectal) establish that the patient has given consent in the full knowledge that this examination is being performed for teaching purposes in accordance with the MB ChB Intimate Examinations Policy. (see the Rules, Policies and Procedures Handbook)
- Seek assistance from a qualified person whenever doubt exists as to a patient's management or have been asked questions they are not qualified to answer, recognising their own limitations as a student.
- Recognise their duty to protect patients and others by taking action if a colleague's health, performance or conduct is putting patients at risk. (See the Rules, Policies and Procedures Handbook for appropriate ways of raising concerns.)

Students must not

- Allow their views about patients' lifestyle, culture, beliefs, race, colour, gender, sexuality, disability, age, or social or economic status, to prejudice their behaviour towards them.
- Sign statutory certificates (e.g. Death, Sickness Benefit), witness documents (e.g. Permission for Operation), prescribe, initiate pathology or other investigations, or request blood cross matching.
- Attempt to perform clinical procedures without first having proper tuition and supervision.

Notes in patient files

Where students place notes in a patients file these must be:

- Accurate and legible accounts of the patient's history and examination (with the minimum of abbreviations).
- Dated and signed, with the words 'medical student' appearing clearly beside the signature.

Students must not put personal comments in patient notes. Remember that the Data Protection Act 1998 allows patients access to their records.

WORKING WITH OTHERS

Students must:

- Follow instructions given to them by University and NHS staff, particularly when in clinical areas. In the rare event students are concerned that such instructions are contrary to a patient's interests or breach clinical rules such as Health and Safety, students should voice their concerns and or seek immediate advice from a senior member of clinical staff (NHS or University).
- Show respect and consideration for all staff (NHS and University) associated with the University Of Bristol Medical School and its partner organisations.
- Ensure that their conduct does not impinge upon other students' learning.
- Treat MB ChB and other healthcare students with respect.

PROBITY

- Students must be honest and trustworthy when writing reports, assessments, completing or signing forms (including travel claim forms).
 - Students must not encourage patients or their families to give students or other people/organisations money or gifts.
-

REQUIRED PAPERWORK and PROCEDURES

- Students must complete and return any paperwork required by the Medicine and Dentistry Faculty Office and complete any procedures required by the Faculty Office or General Medical Council by the given deadlines.
- Students must retain professional liability cover across the five years of the MB ChB. The Medical Defence Union (MDU) and Medical Protection Society (MPS) will provide this to students free of charge.

HEALTH

- If a student knows that they have a condition which could be passed on to patients, or that their judgment or performance could be significantly affected by a condition or illness, or its treatment, students must take and follow advice from a consultant in occupational health or another suitably qualified colleague (Do not rely on own assessment of the risk to patients) and inform the Medical School via the Medicine and Dentistry Faculty Office if so advised.

This includes possible or known infection with the Hepatitis B and/or the Human Immunodeficiency Virus.

- Students must complete the programme of immunisation arranged by the Student Health Service and take proof of their immunity to Hepatitis B with them to clinical attachments.
 - Students should be aware that Doctors providing medical care for students in certain circumstances may pass on personal information without permission where failure to do so may result in death or serious harm. Doctors should not pass on information without permission unless the risk to patients is so serious that it outweighs the student's right to privacy.
 - Students must follow all Health and Safety guidelines given for clinical and laboratory areas and any health and safety guidelines given with regard to their Elective placement.
-

PROFESSIONAL BEHAVIOUR and HEALTH and DISABILITY PROCEDURES

In signing this Code of Practice students are agreeing to be bound by the decisions of the Disability and Health Panel, Professional Behaviour Panel and Fitness to Practice Committee. (See the Rules, Policies and Procedures Handbook for more information on these Panels/Committees)

This does not affect a student's right to an official appeal against any decision made by a Panel/Committee.

Dress Code for Clinical Areas

The Dress Code has three basic principles:

- Patients should feel confident that they are being treated by a team of professionals. Students appearance is one part of ensuring patients have confidence in their carers.
- All patients should feel their beliefs are respected. Ethnic origin, religious conviction and age group can influence patients' views on appropriate dress. Patients should be made to feel as comfortable as possible in a clinical setting and inappropriate dress can cause unnecessary offence and upset and create a barrier between student and patient.
- Dress must conform to health and safety requirements for student's protection and the protection of patients.

As a general rule, in a clinical setting, men should wear a shirt and tie with smart-casual trousers. Women should wear a blouse or smart top with smart-casual trousers or skirt, or a smart dress. Dress for areas such as Psychiatry and Child Health may be more casual but the following rules must always be followed:

For infection control:

- Sleeves must be short or be able to be rolled up above the elbow when examining patients (do this before washing hands).
- Ties should be tucked in before examining patients (do this before washing hands).
- No watches or jewellery may be worn below the elbow, apart from one plain ring (students must move the ring to clean underneath when washing hands).
- Clothing should be clean and washed in the hottest temperature suitable for the fabric (and ironed where possible).
- Fingernails should be kept short and clean; false nails should not be worn.
- Clothing should cover the body from the shoulder to the knee as a minimum. Bare midriffs are not acceptable.
- Students should be aware that wearing sexually provocative clothing can be seen by some individuals as an invitation to make inappropriate and offensive comments or actions. This is particularly the case in areas such as A and E where patients and visitors may have been drinking and or taking drugs. Students' dress should therefore be of a conservative nature.
- Shoes should be neat and clean. In their own interest, footwear should be comfortable to wear, but trainers are not acceptable. Wearing shoes with closed toes minimises the risk of injury to the feet. Ideally shoes should be soft soled to reduce noise for patients.
- Jewellery should be minimal. Dangling earrings and facial and tongue piercing are not appropriate.
- Clothing should not restrict easy movement.
- Clothing should not display prominent logos or pictures.
- Combat-style trousers, jeans, and shorts are inappropriate.
- Hair should be clean and tied back if long.
- Faces should be fully exposed when working in all clinical areas. Head attire worn routinely for religious observances should not cover the face.
- Hospital attire (e.g. scrubs) should be worn where this is required by the Trust or Ward.

Students should always have their identity badge prominently displayed.

Note these rules apply to the clinical working environment. However, if students are entering a clinical area for any activity they should ensure that their dress will not cause offence to staff, patients or visitors.

In addition, unless told otherwise, students should comply with the Dress Code when undertaking clinical assessments. A student may be marked down in a clinical assessment for failing to comply with the Dress Code.

Intimate Examinations Policy and Guidelines

Policy and guidelines for gaining consent from patients for intimate examinations for undergraduate teaching purposes.

- Intimate examination is defined for the purpose of these guidelines as examination of the male and female genitalia and anus and rectum.
- All students proposing to perform an intimate examination must know the medico-legal implications of performing any physical examination on a patient.
- Where possible, students should have practised the procedure on a mannequin previously.
- The performance of vaginal examinations during the second and third year attachments prior to formal gynaecological teaching is inappropriate and should be restricted to mannequins
- Vaginal examinations by medical students on patients from the fourth year onwards should be supervised and carried out after appropriate teaching
- One student only should perform an intimate examination on any individual patient on any one occasion.
- It is mandatory that properly informed consent should be obtained prior to a medical student carrying out an intimate examination. This applies whether or not the patient is to be fully conscious, sedated or anaesthetized at the time of the examination. This could be undertaken by the supervising doctor or medical student. In the majority of cases this should be undertaken by the student. Both student and supervising doctor have a clinical and legal responsibility to the patient to ensure that the procedure is appropriate and that consent has been obtained. It is good practice to record in the patient's medical notes that consent for the performance of an intimate examination by a medical student has been obtained.
- A student's right to refuse to conduct an examination under inappropriate circumstances or when valid consent had not been obtained should be fully respected.
- Students who believe that their own position has been compromised by particular teaching situations should report the matter to the Academy Medical Dean or the Director of Student Affairs in total confidence.

Student Declaration

I have read and understood the Code of Practice for Clinical Medical Students, the Dress Code for Clinical Areas and the Intimate Examinations Policy and Guidelines and I agree to abide by these policies at all times.

NAME (block capitals) _____

Student number _____

Signature _____

Appendix V: Protocol for Developing Clinical Skills by Examining Each Other

When practising on a fellow student, students are essentially screening healthy individuals for the presence or absence of an abnormality. There is a small but real chance that students could pick up something pathological e.g. a previously unrecognised heart murmur or a lump. It may be in their colleague's interest to know this - for example, they may have unknown mild congenital valve disease which is worth diagnosing as they will need prophylactic antibiotics for operative cover. However, students could create a false sense of anxiety by thinking there is something wrong when there isn't (a false positive test result). Students may also find themselves examining friends and relatives – we think the same approach should apply.

To alleviate any possible problems, students should use the following protocol:

Do not practice any examination before it has been properly demonstrated and students have practiced it under supervision. Students should not carry out any invasive examinations.

Before examining someone, students should *ask if they would like to be told if the student finds anything wrong.*

If they say NO, then students should not examine them (or at least not that system) and then there will be no problem. Otherwise students may have the emotional burden of thinking there is something wrong with their friend (even if there isn't) but not being able to tell them.

If they say YES, then this is fine as they have consented to be screened and students should let them know if they do think there is something wrong. Given student's lack of clinical experience, it is quite possible that any abnormality found is not serious or simply not abnormal e.g. temporary flow murmur. If students do find something wrong, we recommend, if possible, they get another student to confirm the findings. If this is confirmed - then the friend should go to their own GP to have it checked out in case this is something substantial that needs further investigation.

As with all student practice, activity would be covered under the medical insurance students should carry. This is free to students from the medical indemnity bodies.

Appendix VI: 1st Meeting with Mentor – suggested framework

This is intended to be as much face to face as possible and Students should have their ePortfolio up to date to show to their Mentor.

Before

Student and Mentor should have access to e-portfolio

Student completes

- personal details including an up to date photograph
- exam achievements
- a career reflection

Mentor can see names of students allocated

Meeting outline

- 1 Greeting
- 2 Complete and sign educational agreement (1st occasion)
- 3 Discussion of how student's progress is going
- 4 Acknowledgement of milestones achieved.
- 5 Reflect on career ideas. (This may be too early for many students and that's fine. It is however good to start. Students will need to have developed ideas by F1)
- 6 Discussion of concerns and any pastoral issues. If there is a need to seek pastoral support discuss a referral to med-dsa@bristol.ac.uk.
- 7 Decide together:
 - How to record the meetings on their e-portfolio. There are some options:
 - If the student is progressing satisfactorily, then they fill in and save the meeting record. The Mentor then has a chance to add a link comment and then signature
 - If the student anticipates issues, then the student can suggest that they fill it in together at the meeting.
 - Availability between the bi-annual meetings.
 - How contact will be made. We expect that this will be e-mail.

Future meetings

- 8 future meetings in September-November and March - May each year
- 9 Before each meeting the student:
 - Checks exam results is up to date
 - Checks record of core skills is up to date
 - Completes a career reflection
 - Decides if they can fill in a meeting record.
- 10 First meeting in Final Year – Mentor reviews CAPS log book on line to see what skills still need to be done.
- 12 At the final meeting during PPP the student will seek CASP skills sign off

Appendix VII: Policy on Suspension of Studies

It is considered educationally desirable for students to complete the MB ChB programme in the standard 5 years (or 6 years where a student intercalates) and the maximum period of study to be 7 years. This is for the same reasons we require students to prove that they can successfully complete a full and entire year of study before they can progress.

Suspending studies, particularly between the clinical years, interrupts the scheduled development of a student's skills, their preparations for finals and their Foundation years. Therefore we do advise students that suspensions, and particularly suspensions of over a year can be detrimental to their studies and career plans.

However it is recognised that in some circumstances it is necessary for individual students to take time away from the programme for health, family or career reasons.

Students may request a *Voluntary Suspensions of Studies* this is usually for an entire academic year but may, rarely, in some circumstances involve a student ceasing studies part way through a year. Students who suspend partway through a year will be required to return to repeat that entire year from the beginning sitting all assessments and completing all assignments.

Suspensions of one academic year may be allowed on the following grounds (documented evidence may be required):

- Health reasons
- Personal/family reasons
- Financial reasons
- To facilitate transfer to another programme
- 'Gap' Year (for students wishing to consider their future careers)
- Intercalating at another university (required for administrative purposes)

Requests to suspend for two academic years are rarely approved for the reasons detailed above but will be considered in exceptional circumstances on an individual basis taking into account such factors as the student's academic performance to date, any professional behaviour issues, their reasons for wishing to suspend from the programme and their insight into the challenges that returning to the programme may pose. All suspensions must be approved by the Faculty Undergraduate Education Director. On returning from a two year suspension students may be required to repeat a year of study as part of their induction back into the programme.

Unfortunately, some students need to request *Suspensions on health grounds*. We deal with all these cases individually through our Disability and Health Panel aiming to support the student back into study and on to their successful completion of the programme. Please see page 25 for more details regarding returning to the programme after a period of illness.

Key points to note

- Requests for Suspension of Studies may be refused if it seems that the student is using the suspension in an attempt to avoid academic failure.
- Students cannot suspend studies having completed teaching for the year or during an examination period*.

- Suspension cannot be backdated further than 1 month
- We are obliged to report Overseas Students who suspend to UKBA
- Suspending students forfeit their placement pathway.
- The University is not responsible for the student in any way during their period of suspension
- The student is responsible for ensuring they are aware of the fee implications of their choice to suspend
- Suspension requests must be in line with University policy and presented on the university *Request to Suspend Studies Form*. Students are given this form when they meet with the Director of Student Affairs.

*Students in this circumstance may request a deferral of their examinations which will be granted at the discretion of the Faculty Examination Board and will only occur in exceptional circumstances (e.g. serious illness, close family bereavement) taking into account the recommendations of the Extenuating Circumstances Committee

Suspended students

Students will be informed of the agreement to suspend in writing. The letter will detail the agreed dates for the period of suspension and what the student must do in preparation for their return to study. Any support arrangements and special requirements will be detailed and the student is responsible for adhering to these.

It is imperative that suspended students inform the Medical School of any changes in their circumstances or in their plans to return; also, that students remain contactable with their contact details kept up to date. Any questions that students have can be addressed to the Student Advisor, the Director of Student Affairs or to the Systems Administrator.

Please note: that a student who fails to supply confirmation of their intention to return to study by the requested deadline may lose their place on the programme.

Returning from Suspension

Suspended students will receive a letter asking them to confirm their intention to return to the programme. This is usually in early May in preparation for the next academic year.

On returning from suspension students will be given a new placements pathway.

Appendix A: MB ChB Standing Orders for Progression through the Programme 2013/2014

Standing orders governing examinations for the degree of MB ChB including extracts from regulations

The Pre-Medical Examination

The pre-medical programme shall be completed by passing as a whole an examination in each of the three units studied. A student whose performance in May/June is unsatisfactory in any units may be allowed, at the discretion of the Board of the Faculty of Medicine and Dentistry, to offer themselves at the next examination (but not then in subsequent examinations) for re-examination only in the unit(s) in which they have failed.

STANDING ORDERS

For the Pre-Medical Year (Year 0) the pass mark for all examinations shall be a minimum of 40%

Students not progressing beyond Year 1 or 2 of the MB ChB may be awarded 120 credit points for each Year in which they achieved a mark of at least 40% for each Unit of that year.

The pass mark for MB ChB Units shall be 50%. The performance which represents a pass standard for individual assessments will be agreed by the appropriate examiners and may include a process of standard setting.

From 2012/13, the progression criteria for non-modular programmes, including MB ChB, are set out in the University's Regulations and Code of Practice for Taught Programmes:

www.bristol.ac.uk/esu/assessment/codeonline.html

This applies to all new registrations from the 2012-13 academic year and supersedes previous regulations. *In line with these criteria, the opportunity to repeat a year of study for the purposes of progression (i.e. in years 1 - 4) is only available if a student has not previously repeated a year of study at an earlier stage of the programme.* Notwithstanding this, a Faculty Board of Examiners may permit a student in their fifth and final year to repeat the entire year, subject to the student's academic progress to date.

The Board of the Faculty of Medicine and Dentistry has confirmed the following conditions for progress and graduation for the MB ChB:

Year 1 Standard Entry

For Year 1 Standard Entry students:

Examinations will be held between January and June, with re-sit examinations in July.

Progress from Year 1 to Year 2 requires:

- Satisfactory completion of the attachment in Primary Care
- Satisfactory engagement with an Academic Mentor and enrolment on UMeP.

Passes in each of the following:

- Human Basis of Medicine Unit (Component A; Paper One)
- Human Basis of Medicine Unit (Component B; Paper Two)
- Molecular and Cellular Basis of Medicine Unit (Component 1A)
- Molecular and Cellular Basis of Medicine Unit (Component 1B)

- Molecular and Cellular Basis of Medicine Unit (Component 1C Histology and Anatomy assessment)
- Systems of the Body 1 Unit (Component A; Cardiovascular and musculoskeletal systems)

In order to pass Human Basis of Medicine students must achieve a mark of at least 50% in both Components (A and B) of the Unit Assessment and in addition gain a mark of at least 45% in each constituent part (Ethics, Society, Health and Medicine and Whole Person Care) of Paper One only.

In order to pass Molecular and Cellular Basis of Medicine students must achieve a mark of at least 50% in all three components (A, B and C).

In order to pass Systems of the Body 1 (Component A) students must achieve an aggregate mark of at least 50%.

If Professional Behaviour concerns are raised during the year or at the Faculty Examination Board, a Student Concern Form should be completed as per the Faculty Fitness to Practise procedures.

In the event of a fail: Students who fail an examination(s) will be required to re-sit the examination(s) and achieve the required pass mark(s) in order to progress to Year 2. Students who fail a re-sit examination as a second attempt will be required to withdraw from the programme.

Progression: In order to progress to Year 2 a student must pass all Units in the Year and have proof of engagement with their Academic Mentor and completion of their UMeP.

Year 2 Standard and Graduate Entry

For Year 2 Standard Entry students:

SSC assessments will be held throughout the year. Examinations will be held in January, April and June, with re-sit examinations in July.

Progress from Year 2 to Year 3 requires:

Satisfactory completion of the Basic Clinical Skills attachment (including the Disability, Diversity and Disadvantage Week and Communication Skills Days)

Passes in the following:

- Both of the Year 2 External Student-selected components (SSCs)
- Systems of the Body 2 Unit (Component B; Respiratory and gastrointestinal systems)
- Systems of the Body 2 Unit (Component C; Histology and Anatomy assessment)
- Systems of the Body 3 Unit (Component A; Renal and nervous systems)
- Systems of the Body 3 Unit (Component B; Endocrine, reproductive, and integrated physiological systems)
- Systems of the Body 3 Unit (Component C; Histology and Anatomy assessment)
- Learning in the Hospital Environment (LiTHE)

In order to pass the SSC students must achieve a mark of at least 50% in each SSC undertaken.

In order to pass Systems of the Body 2 (Components A and B) students must achieve an aggregate mark of at least 50% in each component.

In order to pass Systems of the Body 3 (Components A, B and C) students must achieve an aggregate mark of at least 50% in each component.

If Professional Behaviour concerns are raised during the year or at the Faculty Examination Board, a Student Concern Form should be completed as per the Faculty's Fitness to Practise procedures.

In the event of a fail: Students who fail an examination(s) and/or SSC will be required to re-sit the examination(s) and/or SSC and achieve the required pass mark(s) in order to progress to Year 3. Students who fail a re-sit examination as a second attempt will be required to withdraw from the programme.

Progression: In order to progress to Year 3 a student must pass all Units in the Year and the Year 2 SSCs, complete the **Basic Clinical Skills** attachment (including the **Disability, Diversity and Disadvantage Week** and **Communication Skills Days**) satisfactorily and have proof of engagement with their Academic Mentor and completion of their UMeP.

For Year 2 Graduate Entry students

Graduate Entry students commence the MB ChB programme in Year 2 of the Standard Programme and complete a curriculum and assessments made up of elements of Year 1 and 2 of the Standard Programme.

Examinations will be held between January and June, with re-sit examinations in July.

Progress from Year 2 of the Graduate Entry Programme to Year 3 requires:

Satisfactory completion of the **Basic Clinical Skills** attachment (including the **Disability, Diversity and Disadvantage Week** and **Communication Skills Days**) and satisfactory engagement with an Academic Mentor and completion of UMeP.

Passes in the following:

- Human Basis of Medicine Unit (Component A; Paper One)
- Human Basis of Medicine Unit (Component B; Paper Two)
- Systems of the Body 1 Unit (Component A; Cardiovascular and Musculoskeletal Systems)
- Systems of the Body 1 Unit (Component B; Respiratory and gastrointestinal systems)
- Systems of the Body 1 Unit (Component C; Histology and Anatomy assessment)
- Systems of the Body 2 Unit (Component A; Renal and nervous systems)
- Systems of the Body 2 Unit (Component B; Endocrine, reproductive, and integrated physiological systems)
- Systems of the Body 3 Unit (Component C; Histology and Anatomy assessment)
- Learning in the Hospital Environment (LiTHE)

In order to pass Human Basis of Medicine students must achieve a mark of at least 50% in both Components (A and B) of the Unit Assessment and in addition a mark of at least 45% in each constituent part (Ethics, Society, Health and Medicine and Whole Person Care) of Paper One only.

In order to pass Systems of the Body 1 (Component A, B and C) students must achieve an aggregate mark of at least 50% in each Component.

In order to pass Systems of the Body 2 (Components A, B and C) students must achieve an aggregate mark of at least 50% in each Component.

If Professional Behaviour concerns are raised during the year or at the Faculty Examination Board, a Student Concern Form as per the Faculty's Fitness to Practise procedure.

In the event of a fail: Students who fail an examination(s) will be required to re-sit the examination(s) and achieve the required pass mark(s) in order to progress to Year 3 of the Standard Programme. Students who fail a re-sit examination as a second attempt will be required to withdraw from the programme.

Progression: In order to progress to Year 3 a student must pass all Units in the Year, complete the **Basic Clinical Skills** attachment (including the **Disability, Diversity and Disadvantage Week** and the

Communication Skills Days) satisfactorily and have proof of engagement with their Academic Mentor and completion of their UMeP.

Year 3 Standard and Graduate Entry

For Standard and Graduate Entry students:

Clinical assessments will be held during the year. Written assessments will be held throughout the year with a final written examination in June. Re-sit examinations will be held in July.

Progress from Year 3 to Year 4 requires

Engagement with an Academic Mentor and completion of UMeP
Completion of the required skills and maintenance of the CAPS logbook

Passes in the following:

- Medicine and Surgery A Unit (Component A: Clinical, Component B: Written)
- Medicine and Surgery B Unit (Component A: Clinical, Component B: Written)
- Psychiatry and Ethics Unit (Component A: Clinical, Component B: Written)
- Musculoskeletal Diseases, Emergency Medicine and Ophthalmology Unit (Component A: Clinical, Component B: Written)

In order to pass a Unit, candidates must achieve an aggregate mark of at least 50% within each Component (A and B) of the Unit Assessment. Students must also achieve a mark of at least 45% in each of the constituent parts of the Unit Assessment and/or have passed the minimum number of required stations specified for an examination.

If Professional Behaviour concerns are raised during the year or at the Faculty Examination Board, a Student Concern Form should be completed as per the Faculty's Fitness to Practise procedure.

In the event of a Unit fail: Students referred in only ONE Unit will be required to study that Unit again in June/July, re-sit the required assessment(s) and achieve the required pass mark(s) in order to progress to Year 4. This will coincide with their Year 3 External Student-selected component (SSC) period; so they will therefore have a shortened SSC period and will need to agree the format of their SSC with a nominated member of the Faculty, marks for shortened eSSCs will be capped (as agreed by November 2012 by the Assessment Group).

In the event of 2 Units or more fails: Students referred in TWO or more of the Units will not be allowed to progress to Year 4 and will be required to withdraw from the programme. However, at the discretion of the Faculty Examination Board, taking into account the student's academic progress to date, their Professional Behaviour and any Extenuating Circumstances submitted by the student, such students may be given permission to retake Year 3 in its entirety, including all Unit Assessments.

Students who fail a re-sit examination as a second attempt will be required to withdraw from the programme.

Progression: In order to progress to Year 4 a student must pass all Units in the Year. Students must also submit an external SSC which will be marked in the autumn term. (They must pass this SSC before they can progress into Year 5), have completed the required skills and maintained their CAPS logbook to a satisfactory standard and have proof of engagement with their Academic Mentor and completion of their UMeP.

Year 4 Standard and Graduate Entry

For Standard and Graduate Entry Students:

Clinical assessments will be held twice a year once in mid January and again in mid June. Written examinations for all 4 units will be held once a year in late June. Re-sit examinations will be held in the following September in the first week of term.

Progress from Year 4 to Year 5 will normally require:

- Engagement with an Academic Mentor and completion of UMeP
- Completion of the required skills and maintenance of the CAPS logbook

Passes in the following:

- Year 3 External Student-selected component (SSC)
- Community Oriented Medical Practice 1 Unit
- Community Oriented Medical Practice 2 Unit
- Reproductive Health and Care of the Newborn Unit
- Applied Clinical Sciences Unit

In order to pass the Year 3 Post Examination SSC students must achieve a mark of at least 50%. Students referred in the Year 3 Post Examination SSC will be required to re-sit the SSC and achieve the required pass mark in order to progress into Year 5.

In order to pass a Unit, students must achieve an aggregate mark of at least 50% in each Unit Assessment and, not less than 45% or 50% (as specified in Unit Handbooks) in any of the constituent parts of the Unit Assessment and/or have passed the minimum number of required stations specified for an examination.

If Professional Behaviour concerns are raised during the year or at the Faculty Examination Board, a Student Concern Form should be completed as per the Faculty's Fitness to Practise Procedures.

In the event of a Unit fail: Students referred in only ONE Unit will be required to study that Unit during their Student-selected component and the summer vacation (as and where specified by the Faculty Examination Board), re-sit the required assessment(s) and achieve the required pass mark(s) in order to progress to Year 5. Their Year 4 Student-selected component may need to be changed or shortened. Changes must be agreed in discussion with a nominated member of the Faculty. Shortened eSSCs marks will be capped at 50%. Students will then have the opportunity to re-sit the Unit Assessment in the first week of the new academic year.

In the event of 2 Units or more fails: Students referred in TWO or more of the Units will not be allowed to progress to Year 5 and will be required to withdraw from the programme. However, at the discretion of the Faculty Examination Board, taking into account the student's academic progress to date, their Professional Behaviour and any Extenuating Circumstances submitted by the student, such students may be given permission to retake Year 4 in its entirety, including all Unit Assessments.

Students who fail a re-sit examination as a second attempt will be required to withdraw from the programme.

Progression: In order to progress to Year 5 a student must pass all Units in the Year. Students must also submit an eSSC which will be marked in the autumn term. (They must pass this SSC before they can graduate), have completed the required skills and maintained their CAPS logbook to a satisfactory standard and have proof of engagement with their Academic Mentor and completion of their UMeP.

Year 5 Standard and Graduate Entry Programme

For Standard and Graduate Entry Students

The written and the clinical OSCE and DOSCE examinations are held in December and supplementary examinations held in May (if required). Long Case assessments will be held across the year with the final Long Case assessment in March and a supplementary Long Case in May (if required). Elective assessments will be held in the final summer term.

Award of the Degrees of MB ChB will require:

- Pass in the Year 4 External Student-selected component (SSC)
 - Completion of clinical skills and CAPS logbook, and sign off on UMeP
 - Passes in the Units of Senior Surgery and Medicine and Preparing for Professional Practice
- These are assessed by:
- A written examination
 - An Objective Structured Clinical Examination (OSCE, incorporating the Data OSCE)
 - Long Case examinations
 - Pass in the Elective project work
- Satisfactory completion of:
- The **Immediate Life Support Course**
 - The **Clinical Skills Study Days**

In order to pass the written examination and Long Case, students must achieve a mark of at least 50% in each assessment at the first attempt.

In order to pass the OSCE students must pass the minimum number of stations specified.

In order to pass the Year 4 SSC and Elective project work students must achieve a mark of at least 50% in each assessment.

If Professional Behaviour concerns are raised during the year or at the Faculty Examination Board, a Student Concern Form should be completed as per the Faculty's Fitness to Practise procedures.

In the event of a fail: Students who fail in one or more of the Finals assessments will be permitted to retake the Year in its entirety including all assessments as a final attempt.

Students who fail Finals assessments at the second attempt will be required to withdraw from the programme.

At the discretion of the Faculty Examination Board students may be exempt from retaking the Electives project work. For the award of the MB ChB degree, with the exception of the Electives project work, all Year 5 assessments must be successfully completed and passed in a single academic year.

At the discretion of the Faculty Examination Board, Students who do not pass the Year 4 SSC and Elective project at the first attempt will normally be able to re-take this assessment before the start of the Foundation Year. Such students may have their graduation deferred until the relevant project has been completed to a satisfactory standard.

Students who do not satisfactorily complete the **Immediate Life Support Course** or **Clinical Skills Study Day** will be required to satisfactorily complete these before the start of the Foundation Years. Such students may have their graduation deferred until the relevant course has been satisfactorily completed. Students given permission to re-take Year 5 must also re-take the **Life Support Course** and **Clinical Skills Study Days** in the re-take year.

Graduation: In order to graduate from MB ChB a student must pass all Units in the Year, Pass in the Elective project work and achieve satisfactory completion of the Immediate Life Support Course and the

Clinical Skills Study Days and have completed the required skills and maintained their CAPS logbook and UMeP to a satisfactory standard.

The award of the Degree will also be subject to demonstration of satisfactory professional behaviour during the MB ChB programme.

See *Appendix B (below): Management of Marks in the Final MB ChB Examination* for relevant academic year for more detailed information.

Appendix B- Management of Marks in the Final MB ChB Examination in 2013-14

Information and Procedures

The primary purpose of Finals examination (Finals) is to determine which students have achieved competence as judged by the Examiners.

Students will normally have two sittings at written and clinical components of Finals during the course of the academic year. Finals will be comprised of:

- a) a written exam (two best-of-five papers),
- b) the Prescribing Skills Assessment (PSA) which may be sat three times,
- c) one Data Interpretation Structured Clinical Examination (DOSCE),
- d) one Direct Observation of Clinical and Communication Skills (DOCCS)
- e) a clerking portfolio (marked by the students' Senior Medicine / Surgery Academy),
- f) a series of Objective Long Case exams.

The written exam, DOSCE and DOCCS will be in December 2013. Students will be allowed a second sitting of these exams in May 2014.

The PSA may be undertaken up to a maximum of three times between February and May 2014.

The first series of 4 Objective Long Case examinations will end in March/April 2014; students who have not demonstrated competence by then will sit a fifth and final Objective Long Case in May 2014.

First Sitting of Written Papers

The pass mark for the written papers will be determined on the basis of the ranked results obtained from the cohort sitting the exam and will be informed by a formal standard setting exercise (such as the "Angoff" method using a modified Hofstee compromise method). Candidates who fail to demonstrate competence in the written component by achieving less than the pass mark will be reviewed by the Faculty Exam Board. The Faculty Exam Board may exercise its discretion to allow a student to pass the Finals if the candidate scores between 0-4.5% of the pass mark and the board judges a student's performance to have been good in **both** the DOSCE and DOCCS **and** over the whole five years of the MB ChB programme.

In the Final MB ChB examination, good performance would normally be defined as having not failed more than a total of four stations in the DOSCE and DOCCS an examination. In the MB ChB programme,

good performance would normally be defined as achieving an average mark of at least 60% throughout the first four years of the curriculum (or three years in the case of Graduate Entry students). The 60% average will be calculated using the student's Unit marks achieved at the first attempt.

Demonstrating competence in this part of Final MB ChB will exempt the student from the assessment in May.

First Sitting of the PSA

The PSA is a national computer-based assessment of prescribing skills, and as such delivers the GMC requirement of an assessment of these skills. The pass mark is set nationally and marked nationally as such. Students who have not reached this national pass mark will be deemed not to have achieved competence in the PSA component of finals and will have two further opportunities to pass before graduation, the first where possible before the beginning of the elective period.

First Sitting of DOSCE and DOCCS papers

The pass mark for each DOSCE and DOCCS station, including the Academy-marked Senior Medicine / Senior Surgery portfolio will be set using a formal standard setting exercise such as the 'regression' or 'borderline group method'. Candidates

- failing more than one third of total DOSCE stations (to the nearest 1) **or**;
- failing more than 2 of the 5 DOCCS and Portfolio stations **or**;
- whose aggregate score is less than the aggregate pass mark will

be deemed not to have achieved competence in this exam and will be required to sit the May assessment.

The Faculty Exam Board may exercise its discretion to allow a student to pass Finals if it judges a student's performance to have been good in **both** the written exam and objective long case series **and** over the whole five years of the MB ChB programme.

In the MB ChB programme, good performance would normally be defined as achieving an average mark of at least 60% throughout the first four years of the curriculum (or three years in the case of Graduate Entry students).

Demonstrating competence in this part of Finals will exempt the student from the assessment in May.

Clerking Portfolio

The clerking portfolio, composed of linked-anonymised final year patient clerkings, will be assessed by the Academy in which the student undertakes their final Senior Medicine and Surgery attachment. There shall be a system of initial marking with second marker oversight in the Academy. The pass mark for this component of the DOSCE/DOCCS examination will be established using the borderline regression method. Any students deemed to have failed, based on a structured mark sheet, will, together with a selection non-failing portfolios, have their portfolios quality assured centrally. The Clerking portfolio mark will contribute to the DOSCE/DOCCS exam as described above directly.

First Sitting of Objective Long Case Series

Candidates will have to undertake three objective long cases, including a full clerking and examination. The first two cases will be both a formative and summative assessment. The third case will be observed by a pair of assessors and will be a summative assessment with a structured mark sheet to ensure the candidate is competent in key clerking skills. For each Objective Long Case all examiners will complete a proforma which includes a global judgment (fail, borderline, pass, good pass and excellent). The pass mark for the objective long case series will be informed by a mechanism such as the Borderline Regression Method.

Objective Long case 1.

Between agreed dates*, assessed by GMC-registered doctors, who will provide detailed verbal feedback. The assessment will count for 25% of the long case series.

Objective Long case 2.

Between agreed dates*, assessed by GMC-registered doctors, who will provide detailed verbal feedback. The assessment will count for 25% of the long case series.

Objective Long case 3.

Between agreed dates*, assessed by GMC-registered doctors, who will provide verbal feedback. The assessment will count for 50% of the long case series. Students will not receive a copy of the proforma of this long case.

Candidates who are unable to sit one or both of the first two cases, through illness or other extenuating circumstances (with written verification), may demonstrate competence in the Long Case component if they pass the third Objective Long Case subject to the discretion of the long case examiners and Faculty Exam Board.

If a candidate has not demonstrated competence, candidates will be observed conducting a fourth long case by two or more assessors. A borderline global judgement will not be possible in either this or the subsequent long case examination. Demonstrating competence in this part of Finals will exempt the student from the assessment in May.

Second Sitting of Written Papers

The pass mark for the written papers will be determined on the basis of the ranked results obtained from the cohort sitting the exam and informed by one or more formal standard setting exercise (such as the Angoff method using a modified Hofstee compromise method). Candidates who score between 0-4.5% less than the pass mark will be reviewed by the Board of Examiners, which may exercise its discretion to allow a student to pass the Final examination if it judges a student's performance to have been good in **all** the other components of the Final examination **and** over the whole five years of the MB ChB programme.

In the Final MB ChB examination, good performance would normally be defined as having a pass mark in the Objective Long Case and having not failed more than four stations in the DOSCE examination. In the MB ChB programme, good performance would normally be defined as achieving an average mark of at least 60% throughout the first four years of the curriculum (or three years in the case of Graduate Entry students).

Second Sitting of DOSCE and DOCCS

The pass mark for each DOSCE stations will be set using a formal standard setting exercise such as the "Angoff" method, and be subject to the discretion of the board of examiners. The pass/fail decision for the

DOCCS will be the judgment of a pair of examiners at each individual station. ‘

Candidates

- failing more than one third of total DOSCE stations (to the nearest 1) **or**
- failing more than one third DOCCS stations **or**
- whose aggregate score is less than the aggregate pass mark will

be deemed not to have achieved competence in this exam.

The Faculty Exam Board may exercise its discretion to allow a student to pass Finals if it judges a student’s performance to have been good in **both** the written exam and objective long case series **and** over the whole five years of the MB ChB programme.

For candidates failing by one (either DOSCE *or* DOCCS) station, the examiners may use their academic judgement, taking into account the characteristics (normally content, reliability and validity) of the stations failed to award a pass in this component of Finals.

Second and third Sitzings of the PSA

Candidates who fail the first PSA sitting will be given a further two opportunities to undertake the PSA, on the nationally-allocated dates. Where possible, the second sitting will be timed so as to allow the candidate their elective (subject to demonstrating competence in the other components of Finals). Failing the PSA twice will necessitate remedial training instead of the elective period. A student who has not achieved a pass mark in the PSA by the third iteration scheduled in Bristol for that academic year will be judged to have failed Finals.

Current understanding is that, nationally, the PSA assessment is not a compensatable exam. If this situation were to alter within the academic year, discretion may be applied to a candidate if their performance elsewhere within Finals and the programme as a whole was judged to be good.

Second Sitting of Objective Long Case

Candidates who do not pass the fourth long case will undertake a fifth long case in May. This case will be observed by a pair of assessors and will be a summative assessment with a pass/fail verdict.

Failure in one or more components of the examination in May

Subject to the discretion of the Faculty Exam Board who will take into account the performance of candidates throughout the MB ChB programme, if a student fails to demonstrate competence in one or more components of Finals examination, they will be considered to have failed Year 5 of the programme and will be required to retake Year 5 of the programme in full, including all assessments, as a second and final attempt.

If the student is undertaking Finals as a second and final attempt and fails any component of Finals, the student will be required to withdraw from the programme.

*Agreed dates will be revised annually and agreed prior to the academic year.

Version management: v2- 27/9/13 = links to student concern forms added into ‘Raising Concerns’