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### LANCASTER MEDICAL SCHOOL

 **MBChB ANNUAL STUDENT AGREEMENT**

 **STUDENT UNDERTAKING TO OBSERVE THE CONDITIONS OF TRAINING OF LANCASTER MEDICAL SCHOOL**

**MBChB AT LANCASTER UNIVERSITY, 2014 – 2015**

As a medical student you will study for a university degree that (in the absence of Fitness to Practice concerns) automatically allows you to register as a doctor and work as a Foundation Year doctor. During your student years, your training will take place in a medical environment. It is therefore essential that you can fulfil the requirements based on the General Medical Council statements on the duties of a doctor (Good Medical Practice, 2013).

Lancaster University has a duty to ensure that no member of the public is harmed as a consequence of contact with Lancaster medical students undertaking their training. The vocational element of your training, which prepares you for clinical practice when you become a registered doctor, is such that you may not be directly observed or supervised during all encounters with patients, whether in the hospital, general practice or community settings. Lancaster Medical School must be able to identify medical students whose conduct or health may pose a risk to the public (for example, a student may have or develop a serious medical condition which could (i) be passed on to patients, and /or (ii) significantly affect judgement or performance). This is in order to enable Lancaster Medical School to provide the student with appropriate support and to ensure that a student who remains a risk to patients is not permitted to graduate with a medical degree. Medical Students Professional Values and Fitness to Practise, GMC, March 2009).

We therefore ask you, in the interests of the public, to agree at the start of each academic year to the following conditions of training that derive from the GMC requirements, to ensure that you can learn to become a competent practitioner. *[Fuller explanations of some conditions are provided in parenthesis and italics].*

Lancaster Medical School needs to be informed if you have difficulty in agreeing with any element of this document, in order to explore whether reasonable practicable adjustments can be made to your training and Foundation Year that will allow you to study Medicine at Lancaster Medical School. If you are unable to agree any of the statements in Section F, you must inform Lancaster Medical School and the Occupational Health Service at the University Hospitals Morecambe Bay Foundation Trust as soon as possible so that we can consider whether or not it is possible to make reasonable practicable adjustments to the course for you.

You need to be aware that the Medical School may be required to share some of the information you give us with the Postgraduate Dean prior to you commencing your Foundation Year. If this becomes necessary, there will be prior consultation with you.

**LANCASTER MEDICAL SCHOOL**

**CONDITIONS OF TRAINING 2014 - 2015**

**SECTION A: GOOD CLINICAL CARE**

1. I will not allow my views about a person’s lifestyle, culture, beliefs, race, colour, gender, sexuality, age, social status, or perceived economic worth to prejudice my interaction with patients, teachers, or colleagues.
2. I will always make clear to patients that I am a student and not a qualified doctor. Until I am a doctor, I will not recommend treatment or suggest patients take any action that might be interpreted as medical advice.
3. I will recognise the limits of my professional competence.

*[A medical student should not hesitate to ask for help and advice when needed. This may appear obvious to you but there is a temptation to undertake tasks or give advice beyond your level of competence. If in doubt ask for help.]*

1. I will physically examine patients of both sexes (which includes touching and intimate examinations) in order to establish a clinical diagnosis, irrespective of the gender, culture, beliefs, disability, or disease of the patient.

*[In order to qualify as a doctor in the UK, it is required that the practitioner is willing to examine any patient as fully and as intimately as is clinically necessary.]*

**SECTION B: MAINTAINING GOOD MEDICAL PRACTICE**

1. I understand, accept and agree to be bound by the *principle of confidentiality of patient records and patient data*. I will therefore take all reasonable precautions to ensure that any personal data relating to patients will be kept confidential. I will not discuss patients with other students or professionals outside the clinical setting, except anonymously. When reporting and recording data or discussing cases outside the clinical setting I will endeavour to ensure that patients cannot be identified by others. I will respect all hospital and practice patient records. (This includes core cases/presentations, Special Study Modules and other reports, including those in log books, portfolios etc.)

[*Medical Students should remember that patients can be identified by virtue of the context in which they are described, not only by name, age or date of birth.]*

1. I will attend classes as required by the regulations of the course, and I will work diligently to complete my degree. I agree to undertake clinical placements in any sites used by Lancaster Medical School. I undertake to make the Medical School aware of any absence in accordance with the absence policy.

*[Regular attendance is expected of all students. Students on teaching and clinical placement may be required to work outside normal working hours including occasional evenings or weekends. Students with unsatisfactory attendance at problem based learning sessions, clinical skills sessions, communication skills sessions or clinical placements, for whatever reason, will not normally be allowed to take the end of year summative assessment.]*

1. I will be honest in submitting course work for assessment, and will never plagiarise material from other sources or collude with others to produce material and submit it as my own work.
2. I will maintain a professional approach in any contribution I make to publicly accessible media, for example, broadcast, written and electronic media.
3. I will join a medical defence organisation so that I am properly indemnified against malpractice.

*[There are several medical defence organisations, all of which offer free membership to medical students. Lancaster Medical School will invite representatives of the medical defence organisations to Lancaster University at the start of the course to facilitate this. It is necessary because, although NHS and general practices carry insurance that protects the organisation against being sued for malpractice, their insurance does not protect you as an individual student.]*
4. I undertake to ensure that I can be contacted and always respond to messages in relation to the care of patients or my own education.
5. I will keep myself up to date with guidance from the GMC and other organisations such as the Medical School, hospitals etc.

**SECTION C: RELATIONSHIPS WITH PATIENTS**

1. I will listen to patients and respect their views, treat them politely and considerately, respect patients' privacy and dignity. I will ensure consent has been obtained prior to any interaction with patients, and will respect their right to refuse to take part in teaching.
2. I will be honest and not abuse the trust of a patient or other vulnerable person, and I will not enter into an improper relationship with another person, for example, with a patient, or a school pupil whom I may be mentoring.

[*Medical students cannot complete the undergraduate curriculum without coming into close, and sometimes intimate, contact with members of the public who may be vulnerable or distressed*.]

1. I will maintain appropriate standards of dress, appearance and personal hygiene so as not to cause offence to patients, teachers, or colleagues. I will adhere to Trust Policy with respect to attire whilst on clinical placements.

*[The appearance of a student or medical practitioner should not be such that it potentially affects a patient’s confidence in that person’s medical judgement or standing].*

1. I will expose my face fully to patients, teachers and colleagues in all clinical and teaching settings.

*[To ensure adequate communication, students are required not to cover their faces in clinical areas, in areas where they are working with teachers, and areas where they are expected to work together with other students. Students will have to uncover their faces for identification purposes, including for examinations and entry to the library. This requirement reflects the cultural norm of professional medical practice within the UK. Students as well as doctors must be prepared to respond to a patient’s individual needs and take steps to overcome any barriers to communication. In some situations this may require you to set aside your personal and cultural preferences in order to provide effective patient care]*

**SECTION D: WORKING WITH COLLEAGUES**

1. I will act quickly to protect patients from risk if I have good reason to believe that I or a colleague may not be fit to practise.

16.1. It is my responsibility to inform the LMS if I have or suspect I have an illness that could affect my fitness to practice.

16.2. I will immediately report any concerns relating to the health or conduct of a fellow student (including drug and/or alcohol misuse) to a senior member of staff using the concern form system.

*[Concerns about the health or conduct of another member of the health care team should be raised with the supervising clinician or with the Director of Medical Studies. It is uncomfortable to be a whistleblower but it is important, and your professional duty, not to ignore behaviour if you know it to be dangerous or reckless. Where necessary you should contact a professional organisation, or the GMC for advice.]*

1. I will respect the skills of colleagues and other professionals and not unfairly discriminate against them.

**SECTION E: PROBITY**

1. I have not been charged with or convicted of a criminal offence or received a caution, reprimand or Fixed Penalty Notice (other than a parking ticket) or a Penalty Notice for Disorder in the last twelve months. I will inform the Director of Medical Studies immediately if I am charged with or convicted of a criminal offence during my time as a student of the School.

*[Although students are required to have an enhanced Disclosure and Barring Service (DBS) check before entering the school we also need to know if a student has a subsequent conviction especially if there is a possibility that this will affect fitness to be a clinical student or a doctor. Failure to inform the LMS will lead to investigation under Lancaster University Fitness to Practice regulations and could lead to dismissal from the programme. Further DBS checks may be required during the course.]*

1. I will be honest and trustworthy in my academic work including reports, logbooks, and completing and signing forms.
2. I will co-operate with any formal enquiry and comply with the regulations of the University, hospitals etc.

**SECTION F: HEALTH**

*[If an applicant is unable to agree to any of the statements below, it is essential that Lancaster Medical School is informed as soon as possible. Lancaster Medical School will then explore making reasonable practicable adjustments to the course for the applicant. This may include obtaining prior approval from the GMC for variation in the duties of the applicant’s Foundation Year before the applicant can start or continue their medical training.]*

1. I confirm that I am physically able to write legibly and that I do not have a physical disability that is likely to prevent me from successfully completing training on how to attend to a patient who has collapsed to the floor, which requires me to turn the patient into a safe position.
2. I confirm that I have sufficient vision to pass the driving test visual requirement, that I can read both hand written and typed text placed at an appropriate distance, without visual aids other than spectacles or contact lenses and that I can understand the written word.
3. I confirm that I have notified Lancaster Medical School of any degree of learning difficulties that may impact on my learning and practice, e.g. dyslexia and dyspraxia.
4. I confirm that I can hear, using a fitted hearing aid if required, sufficiently to understand a softly spoken child or elderly patient, and that I can hear what is said when using a conventional telephone.
5. I will immediately notify the Occupational Health Service of University Hospitals of Morecambe Bay Foundation Trust if I come in to contact with or contract a statutorily notifiable or other infectious disease.
6. I will immediately notify the Director of Student Support or the Director of Medical Studies if there is any significant change to my health that might affect my fitness to be a clinical student or to practise as a doctor, and I will notify the Director of Student Support of any significant alteration, either improvement or deterioration, in any previously declared health condition affecting fitness to train as a clinical student or which necessitates reasonable adjustments to training or assessment.
7. I agree to submit to a medical examination at any time and to any tests and / or X-rays and to accept any immunisations against infection when deemed necessary for the protection of patients, staff or other students.
8. I confirm that I have not undertaken activity that may put me at risk from an illness that could affect my fitness to practise.

[For examples see Travel safe: reducing the risk of getting a blood-borne infection when you’re abroad, for example see: <http://www.fitfortravel.nhs.uk/home.aspx>

**SECTION G: DATA PROTECTION**

Lancaster Medical School will process any information obtained under this Agreement for the purposes of:

* assessing your suitability to undergo or continue medical training and clinical placements;
* modifying your medical training and clinical placement where relevant;
* assessing risks to your health and safety and the health and safety of other students, staff and patients.

The information collected may be disclosed to the Postgraduate Dean and/or the following Committees of Lancaster University whose role is to monitor the progress of students through the MBChB programme:

* the Fitness to Practise Committee, and any subcommittee set up by it.
* Senior Management Team, MBChB.
* Review Committee, Lancaster University.
* and to contribute to irreversibly anonymous aggregated data for research purposes.

Lancaster Medical School will share some personal data with the General Medical Council.

The information will otherwise remain confidential.

1. I understand and agree to information about me being used as set out above.

**LANCASTER MEDICAL SCHOOL, LANCASTER UNIVERSITY**

**CONDITIONS OF TRAINING 2014 - 2015**

**YEAR 1**

**DECLARATION**

**I [name]\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(PRINT NAME IN CAPITALS)**

a student registered at the Lancaster University studying for the degree of (A100) MBChB have read, agreed, and undertake to observe the conditions of training set out in the MBChB Annual Student Agreement 2014 - 2015.

**I confirm that I have been truthful in my application to Lancaster, that I did not omit important information relevant to my application and that I have kept Lancaster informed of changes to that information in accordance with my previous undertakings.**

**I confirm that I have read and understood the GMC Publication “Professional Values and Fitness to Practise”**

[***http://www.gmc-uk.org/education/undergraduate/professional\_behaviour.asp***](http://www.gmc-uk.org/education/undergraduate/professional_behaviour.asp)

**I understand and accept that the duties of a doctor include acting quickly to protect patients from risk and agree to notify Director of Medical Studies if I have good reason to believe or suspect that I or a colleague may not be fit to practise.**

**I understand that if I breach the terms of this undertaking I may be subject to disciplinary action by the Lancaster Medical School and/or the University which could lead to my withdrawal from the degree programme.**

**Date:**

**Signature:**

**Address:**