



**HULL YORK MEDICAL SCHOOL**  
**CONDITIONS OF TRAINING ANNUAL AGREEMENT**  
**FOR MB BS STUDENTS**

**ACADEMIC YEAR 2017-18**

**This document is an important agreement between you and the Hull York Medical School (HYMS). You are required to read through this Agreement carefully at the beginning of each academic year. You must sign and return the Declaration on page 6 before you are allowed to undertake any clinical placement. HYMS retains your signed Conditions of Training Annual Agreement as part of your formal student record.**

Successful completion of your MB BS degree will give you the right to apply to the General Medical Council (GMC) for provisional registration to work as a Foundation Year doctor. Throughout your study, you will undertake training in different clinical environments and interact with patients in the hospital, general practice or community. As a medical student and future doctor, the care and safety of your patients is your first concern. You must ensure that your conduct justifies your patients' trust in you and in the profession. It is therefore essential that you fulfil the requirements set out in the following GMC documents:-

- *Achieving good medical practice* (2016)  
<http://www.gmc-uk.org/education/undergraduate/studentftp.asp>
- *Professional behaviour and fitness to practise* (2016)  
<http://www.gmc-uk.org/education/undergraduate/studentftp.asp>

In addition, you must read and understand all HYMS Regulations, Codes of Practice, and Policies which govern the MB BS programme (<http://www.hyms.ac.uk/about-us/regulations-policies-and-codes-of-practice>).

This Conditions of Training Agreement further highlights some important areas of your practice but please note, this is not intended to be exhaustive and **all students** are expected to be fully compliant with **all** GMC guidance and **all** HYMS Regulations.

The Hull York Medical School and the Universities of Hull and York have a duty to ensure that your conduct and practice meet the high standards expected of you as a medical student and as a future doctor. HYMS also has a duty to ensure that no member of the public is harmed as a consequence of contact with medical students undertaking their training. At the start of each academic year, you are therefore required to confirm that you are fully informed of all the current regulations, policies and codes of practice and the GMC guidance as referenced above. You **must** inform the School immediately if there are any changes in your circumstances impacting upon your ability to practise within this governance within the academic year.

If you have difficulty in agreeing with any condition in this document, you must inform the MB BS Programme Team immediately via [governance@hyms.ac.uk](mailto:governance@hyms.ac.uk)

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### Section A: Professional behaviour and fitness to practise

All students are required to read the:-

- HYMS Code of Practice on Student Fitness to Practise ([HYMS Code of Practice on Student Fitness to Practise](#))
- GMC guidance for Medical Students (<http://www.gmc-uk.org/education/undergraduate/studentftp.asp>)

As a HYMS student, I confirm that I will:-

1. comply at all times with the regulations, codes of practice, policies, procedures and formal processes of HYMS and its partner organisations including all placement providers that are relevant and applicable to students.
2. promote positive attitudes towards all patients, colleagues, tutors and fellow students without prejudice
3. recognise and work within the limits of my professional competence. I will ask for help and advice when needed.
4. maintain professional and appropriate standards of dress, appearance and personal hygiene at all times.
5. attend all learning activities punctually as required. I understand my full attendance is required between 8am and 6pm Monday to Friday. On placement, I will be required to work outside these hours including evenings and weekends on occasion to facilitate experiential learning.
6. inform HYMS of any absence in accordance with HYMS Policy on Student Welfare and Support ([HYMS policy on Student Welfare and Support](#))
7. undertake clinical placements in any sites assigned and used by HYMS. I understand that requests to change placements, even supported by good reasons, cannot always be met.
8. be diligent, genuine, and honest in academic work and bring attention to any concerns about, or errors in, my clinical work. I will be trustworthy in writing reports and logbooks, and when completing and signing forms.
9. be honest in submitting formative and summative assessment, and will never engage in any academic misconduct and I have read:-
  - the HYMS Code of Practice on Academic Integrity and Conduct ([HYMS Code of Practice on Academic Integrity and Conduct](#))
10. be responsible for my own learning and reflect on feedback about my performance and achievements and respond constructively.

11. be cooperative with any interventions and remedial actions provided by HYMS to support my successful completion of the MB BS programme.
12. engage with different learning means or environments including the Virtual Learning Environment (VLE) and provide timely and constructive feedback on all aspects of the MB BS programme as requested by the School
13. respect all facilities and property of HYMS and its partner organisations, including living accommodation provided by the Universities and during placements. I will report any problems including abuse of these facilities by fellow students and colleagues.
14. ensure that I am contactable and will always respond to professional emails and messages in a timely manner. I will maintain my HYMS email account in order to ensure that I do not miss any communications from HYMS and the University
15. join a medical defence organisation so that I am properly indemnified against malpractice.

I understand that:

1. unsatisfactory attendance in teaching sessions, for whatever reason, may impact on my eligibility to take the end-of-year summative assessment.
2. due to the intensive nature of the MB BS programme, during Year 1 and 2 of my study I am expected to live at a term time address within 30 miles of my base University. In Year 3, 4 and 5 of my study, I am expected to retain base-site accommodation during placements.

### **Section B: Patient Safety and Professional relationships with patients, their relatives and carers**

*The care and safety of patients is my first concern, and I will take prompt action if patient safety, dignity or comfort is being compromised. I will protect and promote the health of patients and the public. I will be, at all times, fully compliant with GMC guidance in all aspects of my work with patients and the public*

1. I will ensure that any personal data relating to patients will be kept confidential and will follow GMC guidelines on patient confidentiality, records and data. I will not discuss patients with other students or professionals outside the clinical environment, except anonymously. I will ensure that I am entirely compliant with local NHS organisations' policy for handling data relating to all patients whilst on clinical placements
2. I will adhere to GMC guidelines on the use of social media (GMC: Doctors' use of social media [http://www.gmc-uk.org/information\\_for\\_you/11851.asp](http://www.gmc-uk.org/information_for_you/11851.asp))
3. In every HYMS educational setting, I will comply with the relevant university's policies regarding exposing my face fully to patients, tutors and colleagues. When in a clinical setting, I will comply with the policy of that Trust or GP Practice regarding exposing my face fully to patients, tutors and colleagues.
4. I will adhere to all local policies which will be provided at induction both in HYMS and when on clinical placement.

### **Section C: Working with fellow students and colleagues**

1. I will work collaboratively with fellow students and colleagues, respecting their roles, skills and contributions treating them fairly and with respect.
2. I will disclose any concerns relating to patient safety to the appropriate senior colleague immediately in any healthcare setting. I will report any concerns relating to the health and conduct of a fellow student or colleague to appropriate senior colleagues at HYMS.

### **Section D: Criminal conviction and probity**

1. I will comply with the laws of the UK and where relevant, any laws that apply specifically in England, Wales, Scotland or Northern Ireland or, where relevant, any laws that apply in other jurisdictions, for example when undertaking overseas electives.

2. I have not been charged with or convicted of any criminal offence or received a caution, warning, or reprimand in the last twelve months. I have notified HYMS of any criminal charge, caution, warning or reprimand that I have ever had. I will inform the Secretary of the HYMS Student Fitness to Practise Committee immediately if I become the subject of any proceedings that may call my fitness to practise medicine into question, including if I am charged with or convicted of a criminal offence, or receive a caution, warning or reprimand during my time as a medical student. Failure to inform HYMS will lead to investigation under the HYMS Code of Practice on Student Fitness to Practise and could lead to dismissal from the MB BS programme.
3. I will complete a Disclosure and Barring Service (DBS) check on entry into the School and further DBS checks may be required during my programme of study.
4. My behaviour at all times both in and out of the clinical environment must justify the public trust in the medical profession. Failure to meet the expected standard of a future doctor will cause my fitness to practise to be considered by the HYMS Student Fitness to Practise Committee.
5. I will not use illegal drugs or inappropriate substances or misuse alcohol. I will not obtain or provide to others drugs that have not been properly prescribed, prescription or non-prescription, for myself or others by any means.
6. I will be honest and trustworthy in any financial dealings, especially if managing funds, ensuring that these are used only for the intended purpose.

### **Section E: Health and well-being**

*If you are unable to agree to any of the statements below, it is essential that you inform the HYMS Student Support Office and University Disability Service as soon as possible so that HYMS can explore making reasonable practicable adjustments to facilitate your learning. This may include obtaining prior approval from the GMC for variation in the duties of your Foundation Year before you can start or continue your medical training.*

1. I will be proactive and take action at early stage when any problem impacting upon my health or well-being arises. I will inform HYMS Student Support Office immediately when I become aware of any personal problems arising which may put the health and well-being of patients at risk.
2. I confirm that I do not have any disability or condition including mental health conditions, that might affect my study and my fitness to be a medical student, to practise as a doctor, or pose risk to patients or colleagues.
3. I confirm that I have informed HYMS of any learning difficulties that may impact on my learning and practice (e.g. dyslexia and dyspraxia).
4. I confirm that I will register with a general practitioner
5. I will immediately notify HYMS if I come into contact with or contract a statutorily notifiable or other infectious disease and if there is any significant change to my health that might affect my fitness to be a medical student or to practise as a doctor.
6. I confirm that I have not undertaken activity that may put me at risk from an illness that could affect my fitness to practise.
7. I agree to submit to a referral to an external agency for support or assessment (including occupational health service, counselling service, medical specialists of similar) when deemed necessary for the safety of patients, staff, other students or myself.

### **Section F: Data protection**

1. I understand that HYMS will process any information obtained during my study for the purposes of:
  - assessing my suitability to undergo or continue medical training and clinical placements;
  - modifying my medical training and clinical placement where relevant;

- assessing risks to my health and safety and the health and safety of other students, staff and patients;
  - quality monitoring, audit and reporting purposes.
2. I understand that any confidential or sensitive information collected will be treated with the highest level of confidentiality that can be maintained. I understand that HYMS and its partner organisations will only disclose confidential information relating to any student to members of staff or academic committees who are directly involved in the administration and consideration of the concern, and as necessary to allow an open and fair investigation and for the outcome of the investigation to be reported appropriately.



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**DECLARATION**

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

**a student registered at the University of \_\_\_\_\_ [Hull / York]  
studying for the degree of MBBS at the Hull York Medical School (HYMS)  
agree and undertake to observe the Conditions of Training set out above.**

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

**I understand and accept that the duties of a doctor include acting quickly to protect patients from risk and I agree to notify the relevant MBBS Phase Academic Lead if I have good reason to believe or suspect that I, a fellow student or colleague may not be fit to practise.**

**I understand that if I breach the Conditions of Training Annual Agreement I may be subject to disciplinary action by HYMS and/or the University, which could lead to my withdrawal from the MBBS programme.**

**I understand that in the interests of public safety, information pertinent to my fitness to practise may be shared by HYMS with training providers, employers or professional regulatory organisations. In all other circumstances this information will remain confidential.**

**Signature:**

**Date:**

***This signed Annual Agreement is retained by HYMS in your formal student record.***