



HULL YORK MEDICAL SCHOOL

CONDITIONS OF TRAINING ANNUAL AGREEMENT

**For MSc IN PHYSICIAN ASSOCIATE STUDIES STUDENTS
Academic Year 2024-25**

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 MSc in Physician Associate Studies degree will enable you to undertake the national physician associate licencing exam. On successfully passing the licencing exam you will be able to join the Physician Associate Managed Voluntary Register (PA-MVR) and practise as a professional physician associate. The General Medical Council (GMC) are due to take over registration of Physician Associates in December 2024 as their formal regulatory body and will oversee you during training and post graduation.

Throughout your study, you will undertake training in different clinical environments and interact with patients in the hospital, general practice or community. As a physician associate student, 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 General Medical Council (GMC):

- [Achieving good medical practice \(2024\)](#)
- [Professional behaviour and fitness to practise \(2016\)](#)
- [Achieving good medical practice interim guidance for PA and AA students - GMC \(gmc-uk.org\) \(2022\)](#)

In addition, you must read and understand all Hull York Medical School Regulations, Codes of Practice, and Policies which govern the MSc in Physician Associate Studies programme <https://www.hyms.ac.uk/staff-and-students/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** Hull York Medical School Regulations.

The Hull York Medical School ('the 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 physician associate student and as a future Physician Associate (PA). The School also has a duty to ensure that no member of the public is harmed as a consequence of contact with physician associate 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 PA Programme Team immediately via governance@hyms.ac.uk

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Section A: Professional attitudes, behaviour and fitness to practise

All students are required to read the:-

- Hull York Medical School Code of Practice on Student Fitness to Practise
<https://www.hyms.ac.uk/assets/docs/codes-of-practice/code-of-practice-on-fitness-to-practise-medicine.pdf>
- GMC guidance for PA Students
[\(Achieving good medical practice interim guidance for PA and AA students - GMC \(gmc-uk.org\)\)](#)

As a physician associate student at the Hull York Medical School, I confirm that I will: -

1. comply at all times with the regulations, codes of practice, policies, procedures and formal processes of the School and its partner organisations including all placement providers that are relevant and applicable to students.
2. ensure that my behaviour is consistent with the expectations of someone training to be a health care professional.
3. complete all relevant annual requirements, as outlined by the school, within a timely manner (e.g. DBS and occupational health checks).
4. promote positive attitudes towards all patients, colleagues, tutors and fellow students without prejudice, including any protected characteristic as defined by the Equality Act 2010 (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation).
5. recognise and work within the limits of my professional competence. I will ask for help and advice when needed.
6. maintain professional and appropriate standards of dress, appearance and personal hygiene at all times.
7. 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.

8. ensure I am available for all assessment activity through the academic year, including throughout the entire Revision and Assessment period, including the resit period.
9. inform the School of any absence in accordance with the Hull York Medical School Policy on Student Welfare and Support <https://www.hyms.ac.uk/assets/docs/policies/policy-on-student-welfare-and-support.pdf>.
10. recognise that my absence records may be shared between the PA faculty and placement teams in order to support my attendance on the course.
11. undertake clinical placements in any sites assigned and used by the School. I understand that requests to change placements, even supported by good reasons, cannot always be met.
12. 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.
13. be honest in submitting formative and summative assessment, and will never engage in any academic misconduct and I have read the [Hull York Medical School Code of Practice on Academic Misconduct](#).
14. be responsible for my own learning and reflect on feedback about my performance and achievements and respond constructively.
15. be cooperative with any interventions and remedial actions provided by the School to support my successful completion of the MSc PA programme.
16. engage with different learning means or environments including the Virtual Learning Environment (VLE) and provide timely and constructive feedback on all aspects of the PA programme as requested by the School
17. use the online environment (Virtual Learning Environment (VLE), Zoom, Teams etc) appropriately and according to its conditions of use.
18. respect all facilities and property of the School 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.
19. ensure that I am contactable and will always respond to professional emails and messages in a timely manner. I will maintain my Hull York Medical School email account in order to ensure that I do not miss any communications from the School and the University
20. join a medical defence organisation so that I am properly indemnified against malpractice.

I understand that:

1. unsatisfactory attendance in any of my teaching sessions, for whatever reason, may impact on my eligibility to take the end-of-module summative assessment.
2. due to the intensive nature of the MSc in Physician Associate Studies programme, I am expected to live at a term time address within a reasonable distance of my base University and clinical placements.
3. continued receipt of any awarded scholarship is conditional that I am still registered on Hull York Medical School' MSc in Physician Associate Studies programme.

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. When attending an online consultation I will not record the session for any reason. 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: Using social media as a medical professional](#))
3. In every Hull York Medical School 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 the School 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 Hull York Medical School.
3. I understand that discriminatory attitudes and behaviour, including racism, sexism and homophobia have no place in healthcare or education settings and will report any concerns to an appropriate senior colleague at Hull York Medical School.

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 the School of any criminal charge, caution, warning or reprimand that I have ever had. I will inform the Secretary of the Hull York Medical School Student Fitness to Practise Committee immediately if I become the subject of any proceedings that may call my fitness to practise into question, including if I am charged with or convicted of a criminal offence, or receive a caution, warning, reprimand or arrest during my time as a physician associate student. Failure to inform the School will lead to investigation under the Hull York Medical School Code of Practice on Student Fitness to Practise and could lead to dismissal from the PA programme.
3. I agree to grant permission to the University of Hull and the University of York to share any information regarding any University disciplinary procedure to the Hull York Medical School.
4. I will complete a Disclosure and Barring Service (DBS) check on entry into the School, and will undertake and provide evidence for further DBS checks required during my programme of study.
5. My behaviour at all times both in and out of the clinical environment must justify the public trust in the physician associate profession. Failure to meet the expected standard of a future PA will cause my fitness to practise to be considered by the Hull York Medical School Student Fitness to Practise Committee.
6. 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.
7. 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 Hull York Medical School Student Support Office and University Disability Service as soon as possible so that the School can explore making reasonable practicable adjustments to facilitate your learning.

1. I will be proactive and take action at an early stage when any problem impacting upon my health or well-being arises. I will inform the Hull York Medical School Student Wellbeing 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 physician associate student, to practice as a physician associate, or pose risk to patients or colleagues.
3. I confirm that I have informed the School 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 the School 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 physician associate student.
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 Hull York Medical School will process any information obtained during my study for the purposes of:
 - a. assessing my suitability to undergo or continue physician associate training and clinical placements;
 - b. modifying my physician associate training and clinical placement where relevant;
 - c. assessing risks to my health and safety and the health and safety of other students, staff and patients;
 - d. 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 the School 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.
3. I consent to my photograph and name being displayed in Hull York Medical School hospital sites and am happy for this to be shared with the relevant placement areas, for identification purposes only. Valid reasons for not sharing this information should be discussed with the Programme Delivery Team.



HULL YORK MEDICAL SCHOOL

**CONDITIONS OF TRAINING ANNUAL AGREEMENT
FOR PHYSICIAN ASSOCIATE STUDIES MSc STUDENTS**

Academic Year 2024/25

DECLARATION

I [Print name] _____

A student registered at the University of Hull studying for the degree of MSc in Physician Associate Studies at the Hull York Medical School agree and undertake to observe the Conditions of Training set out above.

I confirm that I have been truthful to the School, that I did not omit important information about myself and that I have kept the School 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 physician associate include acting quickly to protect patients from risk and I agree to notify the MSc in Physician Associate Studies Programme Director 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 Hull York Medical School and/or the University, which could lead to a delay in attending clinical placement and/or my withdrawal from the MSc in Physician Associate Studies programme.

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

I consent to the use of my photograph and name for identification purposes.

Signature:

Date:

This signed annual agreement is retained by Hull York Medical School as your formal student record, for the period that you remain a student of the School.