

Staff Student Liaison Group (Years 1 and 2)

Terms of Reference and Membership

The Staff Student Liaison Groups report to the relevant Education Sub-Committee and are chaired by representatives from the ICSM Student Union. The role of these groups is to provide a forum for consideration of academic and non-academic issues raised by staff and/or students regarding the MBBS/BSc programme.

The Group's specific responsibilities include:

- 1 To consider academic and non-academic issues and problems raised by student and/or staff concerning the relevant years of the course, to identify possible solutions and oversee remedial action, referring matters to the relevant Education Sub-Committee where appropriate.
- 2 To receive and respond to teaching evaluations as part of the quality assurance procedures.

Distribution list

President ICSM SU (Chair)

Director of Education

Head of Year 1 and 2 and LCRS Theme Chair
Science and Patient Theme Chairs

FOCP and Dr and Patient Theme Chair

MCD Theme Chair

LSS Theme Chair

Relevant ICSM SU reps

- Welfare
- Academic Officer (Yrs 1 and 2)
- Year 1 Reps

- Year 2 Reps

Senior Tutor (Yrs 1 and 2)

Sub Board Chair (Year 1 Assessment)

Sub Board Chair (Year 2 Assessment)

Head of Learning Resources

Head of Quality Assurance & Enhancement

Library Representatives

Curriculum Administrator (Yrs 1 and 2)

Mr Anil Chopra

Professor Jenny Higham

Professor John Laycock

Professor Gary Frost

Professor Karim Meeran

Dr Elizabeth Muir

Dr Keith Gould

Dr Mary Morrell

Miss Kathryn Wright

Miss Gayathri Rajasooriar

Miss Renee Campbell

Miss Rubeena Ramjan

Mr Rahul Ravindran

Mr Steven Tran

Miss LiYan Chow

Mr Ali Hosin

Mr Viknesh Sounderajah

Mr Dev Thakker

Dr Mike Emerson

Dr Paul Kemp

Dr Martin Goodier

Dr Mike Barrett

Professor Karim Meeran

Ms Jacqueline Cousins and Ms Kate Perris

Ms Jo Williams

Ex Officio Members – to receive papers and attend as appropriate

Course coordinators for courses which have recently run or those with an interest in a specific agenda item are invited to relevant meetings.

Senior Assistant Faculty Operating Officer (UMO)	Ms Susan English
Student Services Manager	Ms Janette Shiel
Senior Learning Technologist	Ms Maria Toro-Troconis
Quality Management and Educational Business Manager	Mr Paul Ratcliffe
Examinations Manager	Ms Erika McGovern
Examinations Officer (Years 1 and 2)	Ms Margaret Rodger
Learning Resources Administrator	Ms Michele Foot

Staff Student Liaison Group (years 1 and 2) meeting

27th May 2009

15.00

128, SAFB

South Kensington Campus

Minutes

Present:, Mr M Chamberlain (Chair), Dr M Barrett, Ms R Brownhill, Professor N Curtin, Miss R Elmahdi, Dr M Emerson, Professor J Higham, Mr A Hosin, Mr A Janmohamed, Dr P Kemp, Miss K Khan, Professor J Laycock, Dr M Morrell, Mr R Mudannayake, Dr K Murphy, Miss K Rajasooriar, Mr P Ratcliffe, Ms J Shiel, Miss R Singh

In attendance: Ms J Williams (secretary)

Apologies: Dr C Bicknell, Mr A Chopra, Ms S English, Ms M Foot, Dr G Frost, Dr C Gabriel, Dr M Goodier, Dr J Hoare, Dr W Kong, Dr P Luther, Dr A McGregor, Dr K Meeran, Ms E McGovern, Dr E Muir, Dr A Raby, Dr S Robinson, Ms M Rodger, Ms J Smith, Ms M Toro

Meeting commenced at 15.00

1. **Welcome & Apologies for Absence**
 AGREED: a) that the membership of the committee had been amended to include the new vertical theme leads and the senior tutor (years 1 and 2)
2. **Minutes of the Meeting Held on 4th March 2009**
 AGREED: a) that the Minutes of the meeting held on 4th March 2009 be received and approved [paper SSLG1,200809-11].
3. **Matters Arising**
 REPORTED: a) that the Head of Years 1 and 2 and ICSMSU had spoken to students since the previous meeting regarding their attendance and behaviour in lectures.
 b) that attendance in anatomy had been monitored and showed that some students were missing significant parts of this course.
 c) that next year the introduction of the Student Contract and tighter attendance monitoring would hopefully solve this problem.
4. **Summer Term teaching**
 RECEIVED: a) that the Year Reps for Years 1 and 2 had surveyed the years and obtained feedback on courses [SSLG1,20809-12]
 NOTED: b) that the details relating to individual courses would be fed back to course leaders not present who would respond where appropriate.
 c) that the Year 1 and 2 students should be given access to the Imaging resources used by the GEP students for 2009/10 but they should be aware that this information was not considered "core" learning.

Action: Head of Years 1 and 2 and Head of Anatomy

d) that the Skin course would be reviewed for next year as it was considered too dense.

Action: LSS Theme Chair

e) that the suggestion to move the PCC summative assignment earlier in the year would be raised with the course leader.

Action: PCC course leader

f) that the IBFD course and particularly the tutorials were really enjoyed and it was hoped that additional small group teaching could be increased in the Science and the Patient course next year.

Action: IBFD Theme Chairs

g) that it was sometimes difficult to find the papers that students were required to read, although it was pointed out that using Pub Med was a key skill.

5.

Assessment

5.1

Year 2 Summative Assessment

NOTED:

a) that students felt the time allowed for the FOCP paper was too short and that this should be reviewed.

b) that queries relating to specific questions would be fed back to course leaders.

Action: Theme Chairs.

5.2

Year 1 Formative Assessment

RECEIVED:

a) that the Year 1 (Exam) Sub-Board Chair had summarised the new arrangements of PMSA and increased on line assessment [SSLG1,20809-13]

NOTED:

b) that the peer marked SAQs were particularly useful and students requested having 1 for each course next year, although it was pointed out that attendance had not always been good at these sessions.

Action: Theme Chairs and Course Leaders

5.3

Year 2 Formative Assessment

NOTED:

a) that Year 2 students felt they would benefit from some similar formative assessments and the Year 2 (Exam) Sub Board Chair would be asked to approach students to write some SBAs over the summer as had happened with Year 1.

Action: Year 2 (Exam) Sub-Board Chair

6.

Change to teaching 2009/10

RECEIVED:

a) a paper proposing to move the Law part of the MEL course to Year 3 was received [SSLG1,20809—14]

AGREED:

b) that this would help to reduce the content in the MEL course in Year 2 and integrate the legal aspects with the clinical teaching in Year 3.

c) that students welcomed this proposal but felt that some legal aspects would still need to be covered within MEL.

d) that students felt that some form of in-course assessment for MEL would be more appropriate than the current exam and this would be raised with the course leader.

Action: MEL course leader

7.

Quality

7.1

SOLE

NOTED:

a) that Summer SOLE was now open and students were encouraged to participate.

b) that students requested that the Spring SOLE be open for longer, although it was pointed out that this currently had to run in conjunction with the rest of the College

AGREED: c) that the QAE Manager would take this back to the College groups for consideration in future.
Action: QAE Manager

8.
RECEIVED: **Library**
a) paper [SSLG1,20809-15]
b) that the Library were currently working with the Faculty to consider costings for extending opening hours at the libraries.

9.
9.1 NOTED: **Non academic issues**
Welfare
a) that there was a new welfare system in place with a new Senior Tutor for Years 1 and 2.
b) that further substantial changes to the system were being planned and students would be kept fully informed.

10.
NOTED: **Any Other Business**
a) that the ICSM SU President and Year reps were thanked for their contribution over the year.

Meeting Closed at: 16.30

MC/JW
May 2009

To: SSLG 1,2

Date: 9th December 2009

Presented by: Year 1 and 2 reps

Written by: Year 1 and 2 reps

Term 1 Student Feedback

1. Introduction

There are 4 student reps from each of years 1 and 2 that have been given feedback from the years. The Committee is advised to consider the below and relay appropriately to the course leaders.

2. Feedback from Year 1

i. **MCD**

- a) **Cells:** well taught course. Prof Tang's lectures were particularly enjoyable.
- b) **Metabolism:** Would welcome more information rather than just pictures, particularly on the cholesterol lecture in Metabolism.
- c) **Metabolism:** Lecture on membrane trafficking was unclear and the slides did not have summaries of the information, only pictures.
- d) **Nucleic Acids:** Dr Birgit Leitinger's slides were excellent.
- e) **Immunology:** well structured and well-delivered. Immunology 5 was an excellent lecture, but the slides have not yet been uploaded.
- f) **Tissues:** Tissues 8+9 was switched with 6+7 and students weren't informed.
- g) **Tissues:** First few Tissues lectures- a lot of pictures that required annotation. Would it be possible to use diagrams for it to make sense and some accompanying text to explain.
- h) More guidance on which diagrams in lecture slides need to be learnt- some are extremely advanced and seem beyond our study level.
- i) Some lecturers mention symptoms and signs of various disease but don't explain the terminology used or why they happen. (Not included in the glossary either)
- j) Dr Laki Bulawela, Dr Ruwan Wimalasundera and Dr Ingrid Muller stood out as lecturers that were passionate in their area of discussion.
- k) More 'revision work' would be welcomed. For example, practice questions or worksheets after lectures.

Practicals

- Many students do not understand all the practicals and would like more guidance.

- Some would like more MCD practicals as they like them.
- Blood practical was enjoyable.
- Students didn't find the relevance of the microscope tissue drawing practical and didn't feel they learned anything.
- Instructions are not always clear.
- The PCR genetic practical was unclear to some students even though they had gone over the lecture notes.
- Could Prof Meeran's lectures timetabled as "Science and the Patient" be renamed "Background to the Practicals". It was a slightly misleading title for students.
- Better time management would be appreciated during practicals, so students aren't left with nothing to do, and so sessions don't overrun. The mathematical analysis of the blood/mitosis practicals in particular, as much of the session was spent performing easy calculations which could have been done beforehand. Many students did not complete the practical.
- Data Analysis practical (blood and cell mitosis data): students should be sent the data so that we can work out the percentage.

Tutorials

- Some would like to have more.
- Some students have commented that their tutors haven't been as helpful as their friends' and hence the teaching is not standardised.
- Metabolic Poisons tutorial was well-received.

ii. FOCF

i. PCC

- a) Some students feel that PCC has been the most exciting aspect of the course, and have definitely appreciated the early clinical contact, as it's a reminder of why they applied for medicine in the first place- the level of patient contact is also good.
- b) Some students have had problems getting in touch with patients. Is there a system in place for them to receive new patients?
- c) Some have commented that they haven't had enough time to contact their patient twice and write their essay.
- d) Deadlines are not clear.
- e) Some students feel that it has been unfair of them being asked to travel all the way to Zone 6 for a PCC tutorial.
- f) PCC: don't have enough guidance on. One tutor did not tell their students about DipEX or the symptom survey.

ii. Clinical Communication

- a) 3 hour sessions is a bit long, but we enjoy the level of interaction.
- b) Could the slideshows be put up on the intranet, please.
- c) Dr Dre's sessions were interesting and informative. He was very engaging and made the sessions enjoyable.

iii. **Sociology**

- a) Sociology course guide is a very good summary. It would be useful if the slides could be uploaded onto the intranet. Lectures by Dr Heidi Larsen were very good, but the majority of the teaching has not lived up to the standards we are used to.
- b) Some sessions are often too long and sometimes not very engaging. It often feels like the lecturers are trying to fill out the sessions with some students commenting that some of the speakers were “uninterested and unenthusiastic”.
- c) Would it be possible to bring patients with Sociology-related issues eg anorexia to talk about the issues.
- d) Sociology tutorials would also be welcomed. One student who took World Development AS level said some of the concepts were similar – it was really interesting as you could have discussions.
- e) Smaller group sizes would be welcomed.
- f) The videos are interesting and an excellent learning resource.

iv. **Epidemiology in Practice**

- a) Many students find the core concepts of the course interesting.
- b) Students are concerned that they are unsure of what will come up in the Epidemiology section of the FOCP exam, but are aware that a lecture covering the relevant information will come up. Perhaps more information could be given earlier on in the course.
- c) Epidemiology has too many graphs. Students are not sure if they have to learn the exact figures shown by graphs. Do we need to know the statistics that get mentioned in the lectures- older years have said that statistics questions do come up in the exams.
- d) It is good that the calculations lecture is now a tutorial- we understand what we are meant to be doing and it is good to be able to practice and ask questions if we do not understand. The notes for the Epidemiology calculation tutorials could perhaps be restructured a bit.
- e) Breaks between the lectures were too long.
- f) One day we had both Sociology and Epidemiology- perhaps too much for one day.

iii. **Dr & Patient**

i. **PBL**

- a) Some like PBL as a different way of learning.
- b) Need more time between PBL sessions (One group had a case on Friday then had to present on Monday whereas others have a week).
- c) PBL sessions uneven especially with double sessions (i.e. long breaks)
- d) Could the objectives (which should have been reached after presentations) be given to students? So that students roughly know if they have been researching in enough/ too much detail.
- e) One student said: PBL Case 2 was not as good as last year, although I understand they are trying to make it relevant to swine flu etc but it deviated too far from a normal PBL case which made it hard especially as it was only the second case. Would be better later on in the year.

v. **Other**

Course Guides & Lecture Slides

- Could all the content be in the lecture slides, even if it is in the course guide? The lack of consistency can be confusing, especially when lecturers put 'extra information that will not be tested' in the course guides.
- Could course guides have the slides, covering all the information in them, rather than just a few notes. This consistency would make the course guides more useful and be an effective use of them.
- The staples on the course guides are very sharp and many students have complained of being cut by them.
- There needs to be more correlation between the lecture slides and the learning objectives. Sometimes, the lecture slides include topics in detail that are not mentioned in the learning objectives. This makes it difficult to ascertain what we are meant to learn and what has been put in for 'interest'.
- Could lecture slides be put up in advance of the lectures?

Lectures, Tutorials & Practicals

- Could we please have e-mails or a prominent notice somewhere to indicate changes in lecture orders or any other updates. Rather than just one line of text at the top of the page, which went unnoticed by most.
- 'How to take notes' lecture would be better if the lecture's notes with examples were given at the end of the lecture not the week afterwards.
- Students talking in lectures has been brought up as an issue, particularly in Sociology. The Academic Officer has had a word with students. The problem seems to have improved.
- Tutorials are very useful. Can course leaders please be encouraged to organise more of them when possible?
- Can lecturers be encouraged to kindly put the date on the front of the lecture and slide numbers in their presentations.
- Many lecturers are simply reading off the slides and adding no extra information. Students gain very little from this form of teaching, especially as all lectures are compulsory to attend.
- Could the demonstrators in lectures and tutorials make themselves more obvious and move around instead of staying with the same group of people? Could they also wear a name badge or something for us to identify them more easily.
- Some lectures are softly spoken and it is difficult to always hear what they are saying. Is there a way for them to increase the speakers or microphone volume in these cases?

Worksheets and Exam Practice

- Can we have more worksheets and self tests, please?
- More exam practice would be very useful, as we are unsure of how the papers are formatted.
- Could we have assignments or practice questions throughout the term. It would be really useful for MCD.
- Can we have some past papers in order to know what to expect?

Books

- Older students' comments given in a formal setting to the whole year on the usefulness of books recommended in the course guide would be helpful, as well as more specific information on books which are absolutely essential.

Blackboard, Intranet, e-portfolio and IT course

- The layout of Blackboard is not user-friendly and it is confusing to have to look through both the Intranet and Blackboard for different resources eg timetables.
- IT, library and e-portfolio session should be given a little later, as students struggle to take in all the information during the first fortnight of term.
- E-portfolio: none of the students who were spoken to had used it. Nobody is sure what it is for and, as a result, do not use it. Students don't put up confidential documents here as there are other places eg on Blackboard or via e-mails that we use instead. A person who did use it said it seemed pointless and they did not understand why it was important at this stage.
- Could the referencing lecture be earlier so there is no overlap as some had it after their first PBL so didn't find it relevant
- Students found the first IT session confusing as they were given handout with instructions to do but not HOW to do those things
- Students found the referencing and Plagiarism workshops brilliant.

Timetable

- Timetables at the beginning stated: "rotations will be at various venues please see intranet for details". Some students have commented that there have been a lack of further information (for example: which modules were involved), which has led to confusion for students who are not sure if they have study time or a rotation session. **Personalised timetables OR put all timetables in one guide.**
- Course guides didn't cover all of the timetable. Students are unsure where to find information. Could timetable information be placed in one place?

Personal Tutors

- Useful to have personal tutors.
- Some people have to travel quite far. For example, travelling from South Kensington to Hammersmith Hospital just to tell your tutor that everything is going well after having met them twice already in the term.
- 4 arranged sessions is too much.
- Some say the subject content is useful, but more could be covered in one session as opposed to having several.
- Could personal tutors and PBL tutors be the same people?

ID card checks

- The college has a written policy, which can be found online, that individuals can attend a lecture up to 15 minutes late without being excluded and with a good reason. However, the people scanning the cards scan it before the lecture has started and do not always wait the full 15 minutes.
- There have been instances where the card reader had temporary glitches and certain students' cards were not swiped.
- We understand that this is a requirement of the Home Office and would, therefore, like to know what the college is using the information for and what the protocol in these situations are.

- Registering attendance is really good idea but the way it is done at the moment is a bit unfair to students. As we are only registered once or twice, students who attend every lecture but happen to miss the only one that is registered in a term will have a poor attendance record. If logistically possible, it would be better to register all, or the majority of lectures to get an overall impression of a student's attendance

Other

- Can we have a reading week to catch up with the huge volume of material there is?
- Can we get NHS Medical Student cards?
- Shorter breaks- 15 minutes instead of 30 minutes.
- All the exam stress clinics were booked- can we have more, please?

3. Feedback from Year 2

i. LCRS

ii) Neuroscience

- a) Well taught course.
- b) More tutorials wanted. Case tutorials were excellent.
- c) Lecture slides not put up several days after.
- d) Enjoyed that there were dedicated teachers eg Dr Lowrie and Dr Gentleman
- e) Neuro diagrams that need to be labelled weren't labelled in the lecture and haven't been put on the intranet.
- f) Cerebral cortical function lecture didn't have a handout in the course guide and the lecture slides have not been put up.
- g) Lectures on **Vestibular system**- excessive information in the course guide that needs to be restructured. Lecturer did not turn up.

ii) Anatomy of Head, Neck and Spine

- a) The lecture by Dr Fey Probst lecture was interesting.
- b) Students enjoy the marriage of the relevant bits of HNS with their counterparts in Neuro.
- c) Lack of consistency in the quality of demonstrators. Some demonstrators aren't familiar of what is expected of us in each session.
- d) Living anatomy sessions are better than last year's. Some students felt that the material is stuff that could have been covered at home.

iii) Endocrinology

- a) Reinforcement of last year's material was appreciated
- b) More space in the Endo course guide
- c) Answers for the tutorials please.

iv) Pharmacology & Therapeutics

- a) Lectures delivered really well
- b) Drugs in anaphylaxis tutorial had no learning objectives?
- c) Tutorials and practicals really enjoyable – practical answers online?
- d) Bioavailability should be given more as a tutorial as opposed to a lecture. Difficult to write down all the answers.
- e) Tutorial on Mechanisms of Drug Action. Quality of tutors differed.
- f) Dr Chris John's lectures thoroughly enjoyed.
- g) Recap lecture at the end to cover all the drugs covered might be useful.

v) Musculoskeletal

- a) 'Muscle disease' lecture really good – clinical emphasis was appreciated.
- b) 'Regulation of muscle mass' lecture content is very extensive, but accompanied with notes which was welcomed. However, the notes were given in a 3,500 word document that is really confusing, especially as we have not been taught about some of the proteins mentioned.

ii. **MCD**

Haematology

- a) Could be condensed into fewer lectures.
- b) Last Haematology tutorial was very good.
- c) We like that there are questions in the lectures.

Diagnostics

Nothing to report.

iii. **FOCP**

Clinical communication

- a) Tutorial on medical histories – enjoyable
- b) Simulated interview – students found really really useful – good opportunity to practice history-taking before firms.
- c) Possibly another volunteer patient session like year 1 - Just to get more practice before firms?

iv. **Doctor & Patient Course**

PBL

- a) People appreciated the fact that it covered topics that may arise during our clinical attachment.
- b) Some feel it is a 'waste of time'.
- c) Not needed in second year, as we've already done the exam.
- d) Biggest problem is that tutors don't turn up. One group's tutor has only turned up to one out of five arranged sessions.
- e) Cases are not as good as last year.
- f) A lot of overlap.

PPD

- a) People found it interesting, as it was presented by FY2 doctors.
- b) A 3 hour session is quite long.
- c) Not useful to some people, but we appreciate it is stuff we are expected to be exposed to.

v. **Science & Patient**

- a) Medical paper exercises were enjoyed as it was an active form of learning. However, students are not sure what it counts for. Interesting to read, but more clarification
- b) Library lectures necessary?
- c) More clarification at start of course re: purpose of S&P, how it will be assessed, how important it is
- d) No learning objectives or course guide available so we don't know what is going on.
- e) Could it be moved to Term 3, as we already have limited time to spend on Term 1 and 2 work.
- f) Lectures are not presented very well- the lectures aren't very engaging.
- g) We had talks on how to use the library and searching PubMed- was this necessary?

- h) Lecture on 'how to write an essay' was more of a lesson in grammar than how it was named in the timetable. It was very patronising.

vi. Other

- a) Leaving a page between lectures in the course guide so that lectures can be separated is very useful. Similar to MCD in Year 1.
- b) All the information should all be on the lecture slides or the course guides. We understand Dr Morrell is starting the process of standardisation with the Cardiovascular Course in LSS and welcome her efforts.
- c) More support and guidance for work and for making sure students are on track. For example, online tests after every module.
- d) More exam exposure and exam practice. We would really like a formal January Formative. Having more exposure to exam conditions and becoming familiarised with how the material we cover is addressed in the exam would be immensely useful.
- e) PMSAs, please! Especially one in Diagnostics.
- f) Numbers on the lecture slides.
- g) We want water fountains in SAF that are like the ones in the library. We can't fill up water bottles using the SAF water fountains.
- h) Kettle and microwave facilities available in SAF.
- i) Less time spent in South Kensington.

To: SSLG1,2 Committee

Date: Wednesday 9th December 2009

Presented by: ICSMSU President - Mr Anil Chopra

Written by: Professor Martyn Partridge

Introduction of a Student Agreement - Undergraduate Medicine

1. Introduction

The Faculty of Medicine at Imperial College London has produced a document which sets out the responsibilities of both the College and the medical student, whilst the student is an undergraduate. Although this "Student Agreement" is not a legal document, it complements the College's current policies and procedures and will we hope remove the possibility of any misunderstandings and promote a more coherent relationship between students and Faculty, and improve the student's learning experience.

This Agreement has been reviewed and approved by the Curriculum Review Committee, QAAC, Registry and ICSMSU.

2. Recommendations

The committee is invited to:

- i. Consider the Student Agreement attached and discuss the implementation of this agreement which will be introduced into Year 1 in the next Academic Year.

A Partnership for Learning The Imperial College Faculty of Medicine and Medical Undergraduate Agreement

Those undertaking a medical degree course in the Faculty of Medicine at Imperial College London do so in the expectation that the course will equip them to be knowledgeable, competent and professional doctors who experience considerable job satisfaction and contentment. The medical graduate achieves both a degree and a professional qualification and a medical student must behave in a professional manner from the beginning of the course. To maintain professional competence necessitates understanding that learning is a lifelong process and a key aim of the Imperial College London course is to equip medical students with the skills necessary to undertake lifelong learning and encourage reflection. This involves the medical students accessing all learning opportunities available to them and undertaking considerable self directed learning. Intrinsic to the practice of medicine is possession of a comprehensive basic knowledge which covers very diverse conditions. This means that no parts of the core medical course can be regarded as optional. The medical school and the medical students share an obligation to be able to demonstrate that every medical student has covered the full core curriculum of the undergraduate medical course.

All Imperial College London Medical Students are required to comply with (a) standard Imperial College London General Regulations and Code of Discipline, (b) the GMC's Guidance in 'Medical Students: professional values and fitness to practise' * and (c) this agreement. This agreement outlines the key obligations of both Imperial College London and medical students, and for medical students it assumes also full compliance with (a) and (b) above.

Imperial College London will:

- ensure that the learning objectives for each part of the course are clearly outlined
- recognise a diversity of learning styles and wherever possible use multiple educational modalities (problem based learning, e-learning, interactive seminars, case demonstrations, lectures etc.)
- ensure that teachers are competent to teach and appraised of the learning objectives and standards that need to be attained
- make every opportunity to ensure that where teaching of the same subject takes place on many sites there are equivalent opportunities for all medical students

* http://www.gmc-uk.org/education/undergraduate/undergraduate_policy/professional_behaviour.asp

- treat all medical students with respect, and not tolerate teaching which involves bullying or humiliation.
- encourage independent learning and where appropriate, provide background materials or references.
- make every effort to give advance notice of alterations to timetables or unavoidable non appearance of lecturers. In cases of omission of timetabled subjects every effort will be made to provide that learning opportunity in an alternative way
- continuously monitor and improve the quality of the course using a variety of quality assurance mechanisms, including student feedback and governance and education monitoring visits.
- be responsive to feedback obtained via SOLE and obtained during regular Staff Student Liaison Group meetings and to demonstrate where changes have been made as a result
- be explicit about the format of examinations and provide if possible, examples of past papers and question formats, and provide as much timely feedback as is feasible to medical students experiencing difficulty with their examinations.
- provide good support services including a personal tutor, pastoral and welfare support, and will ensure that all such matters are dealt with appropriate confidentiality
- make available appropriate careers advice including guidance for those who wish to leave the course

Medical Students in the Faculty of Medicine agree to :

- recognise that study for a medical degree involves rigorous standards of professionalism.
- familiarise themselves with, regularly review, and observe Imperial College London, National Health Service and General Medical Council guidelines regarding confidentiality and ethical and legal issues related to the practice of medicine
- observe high standards of probity and integrity at all times, particularly by respecting patients' dignity, privacy and protecting confidential information.
- attend all scheduled learning opportunities or obtain advance agreement, or provide an explanation to the module leader ** or Undergraduate Medicine Office for their absence.[As the college has a responsibility to ensure the curriculum has been covered, and has to confirm to Registry the attendance of Medical Students, registers of attendance will be used on a regular basis. Unexplained non attendance will necessitate an interview with the Head of Year. Persistent non attendance will not be tolerated and will be thoroughly investigated, potentially leading to the undergraduate repeating parts of the course or withdrawal from the course].
- understand that on clinical placements they may be required to work outside normal working hours, including evenings and weekends

** "module leader" may refer to a consultant in charge of a Firm, BSc supervisor or module leader

- take responsibility for each other's safety and notify the Undergraduate Medicine Office if they note the absence of a colleague for more than 3 days and the reason is not apparent.
- understand that inappropriate use of drugs or alcohol is totally unacceptable in the medical profession
- understand the importance of demonstrating at all times a duty of care and behaviour, which is characterised by honesty and reliability
- recognise the limits of their professional competence.
- immediately inform the Undergraduate Medicine Office if charged with or found guilty of a criminal offence (including accepting a police caution),
- inform the Undergraduate Medicine Office if they develop any disability or condition that might affect their studies, fitness to be a clinical medical student or to practise as a doctor, or that might pose a risk to patients or colleagues.
- maintain appropriate standards of dress, appearance and personal hygiene when on medical school, hospital or other clinical premises so as not to cause offence to patients, teachers, or colleagues, or to jeopardise safety. All will conform to the Dress Code of Conduct that operates in the Trust or Primary Care premises where the student is working.
- respect the right of patients to refuse to take part in teaching. Specifically, students will make sure that the patient has agreed to their presence and involvement, and will not continue if the patient indicates a wish to stop.
- make it clear to patients that they are a medical student and not a qualified doctor, and will take no action which could be interpreted as giving medical advice.
- understand that in order to qualify as a doctor in the UK, they must be willing to examine any patient as fully and as intimately as is clinically necessary.
- act quickly to protect patients from risk if they have good reason to believe that they or a colleague may not be fit to practise, by reporting any concerns to a senior member of staff, their personal tutor, or the Undergraduate Medicine Office.
- not partake in any form of academic misconduct, including plagiarism, collusion or cheating in an examination.
- maintain communication with staff by attending scheduled appointments with teachers, including their personal tutor (initiating additional contact where necessary), responding promptly to requests for information, and regularly checking their e-mails, the teaching intranet and Blackboard.
- provide timely and constructive feedback on teaching and the student experience via the Student Online Evaluation (SOLE) system and the Staff-Student Liaison Groups, reporting urgent concerns to the Undergraduate Medicine Office immediately.
- support other medical students in academic, practical and clinical work and will do nothing to disrupt the learning of others (including talking and using mobile phones during lectures)

Please note that the content of this agreement has benefited enormously from a similar agreement produced by the Medical School, the University of Nottingham

Imperial College London

I, _____ (CID number.....) agree to comply fully with the principles outlined within this agreement and understand that failure to do so may lead to sanctions against me which can include dismissal from the course.

I, _____, being this student's personal tutor agree to deliver the obligations of the Faculty of Medicine on behalf of Imperial College

Dated: