

# Concerns Procedures

Faculty of Medicine and Health Sciences

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## Purpose

The purpose of the concerns process is to identify students at risk of being unsuccessful in their progress through medical school and to support them to mitigate the identified risk. The condensed and intensive nature of the medical course means that it is important to identify problems and associated support needs for individual students as early as possible to minimise the impact of those problems and to maximise opportunities for development. This document sets out how the medical school will monitor markers of risk at an individual student level and escalate monitoring and support to facilitate improvement and for as many students as possible, successful progression to the next stage of study and completion of the course.

## Scope

This policy is relevant for students registered on the MB ChB course at all stages of study, and in particular, where specific indicators of risk to success are present. Potential risks to success include a variety of markers of academic progress and performance as well as inappropriate behaviour/conduct, poor engagement, ill health, and any other concern that requires monitoring and/or action by the medical school and/or where student remediation requirements exist.

The concerns process is separate to the fitness to practise process. However, students may be referred into the fitness to practise process from within this policy if the relevant thresholds have been met.

## Overview of process

Concerns can be raised by anyone who is concerned about a student's ability to function or progress as a medical student or future doctor for any reason. Individual concerns are triaged by the pending concerns triage (PCT) group to determine the appropriate category and level of concern. The student will then be contacted to discuss the concern, a proposed route forward in terms of remediation and the support available to them. Many students will have only one low level concern at any one time and this will be monitored and supported by a member of the support team until it is able to be resolved. Where a student has multiple concerns and/or more serious concerns, their broader concerns profile will be reviewed by a progress panel or full concerns committee until such time that all concerns have been remediated and the student is considered to be meeting expectations of the course overall. Should the concerns profile escalate to meet the relevant criteria, students may be referred onto a fitness to practise investigation and/or to the Dean for consideration of a repeat period of study, compulsory suspension of studies or compulsory withdrawal from the course

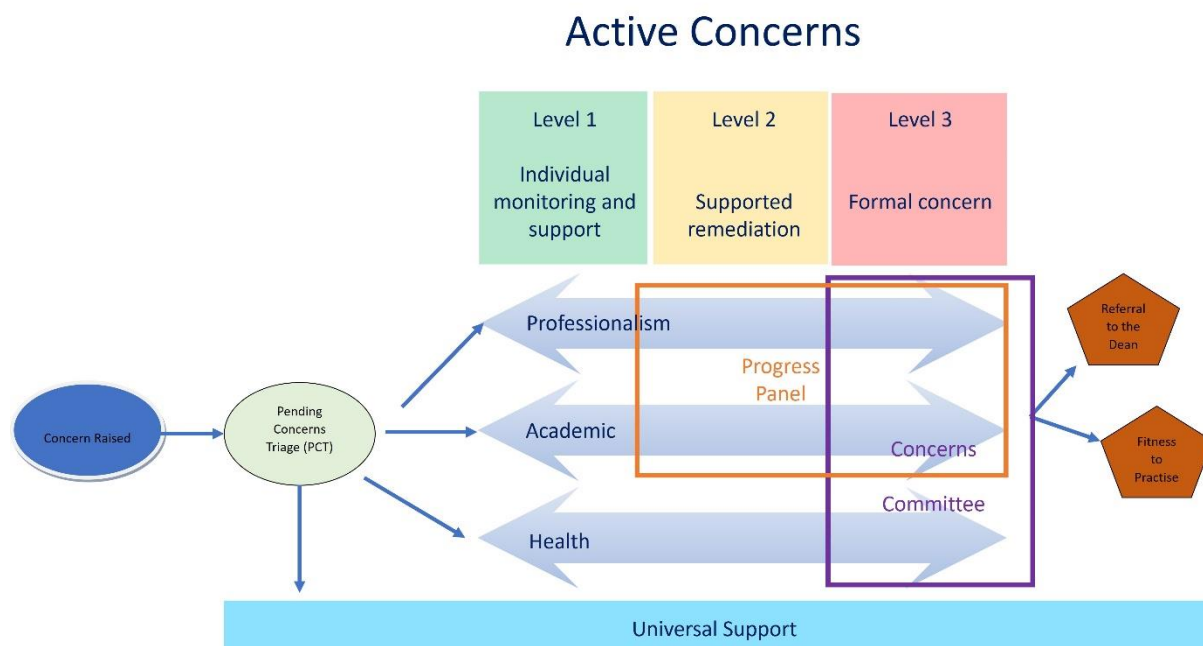


Figure 1: an overview of the concerns process.

## Definition of concern

‘Concern’ is deliberately a broad term, referring to any situation that represents a potential risk or barrier to a student’s success. This encompasses a range of issues from academic weakness, health impacting on practice and issues relating to behaviour, attitude and conduct. Raising a concern can be considered as a notification to the medical school of a potential risk or barrier to a student’s successful study and/ or practice, or a referral for individual monitoring and support. Raising a concern does not imply that any outcome or decision has been made and it is not a punishment or a fitness to practice referral. However, the most serious concerns can escalate in that direction where appropriate.

## Raising concerns

Concerns can be raised by anyone who is concerned about a student’s ability to function appropriately as a medical student and/ or future doctor for any reason. This could include university staff, students (including the student themselves), healthcare professionals, patients, carers and members of the public. Any member of staff can raise a concern on behalf of a member of the public or other person who may have communicated their concerns to the medical school via another route.

There is no requirement that the person completing the form will discuss the issue with the student before or after the concerns form is completed, however it would be helpful to note whether or not the student is aware of the concern being raised.

Concerns will normally be reported using the ‘Concerns Reporting Form’, which is widely available and published on the Medical School VLE. The form can be accessed here:

<https://emer.buckingham.ac.uk/concerns/new>. If there is supporting documentation that should accompany the concern, this can be sent to [FMHS-concerns@buckingham.ac.uk](mailto:FMHS-concerns@buckingham.ac.uk).

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## Concerns Triage

All new concerns will be triaged on a regular basis (usually weekly) by the student support lead and a group of staff representing the areas of academic, professionalism and pastoral/health support. The triage process aims to use the concern details alongside existing information about the student situation from all three areas of support to determine the most appropriate level (see below) of concern and the appropriate category (see below). This is to ensure consistency across students, that decisions are not biased and that any mitigating factors and/or previous concerns in a similar area are taken into consideration. The appendix contains example situations that would fit each category and level.

Concerns will be rejected if they do not relate to a student support need, are entirely vexatious or have been raised in error. Concerns that are valid but of a severity level below the concerns process and more appropriately managed via universal support processes will be logged as such and referred to the relevant team but will not be acted on further within the concerns process. All other concerns will be approved and allocated one or more categories and a risk level, and an individual will be identified to manage the concern and put the relevant support in place for the student according to the management principles outlined below. This person will normally be as follows:

- Level 1 or 2 health concerns: FMHS Student Support Manager (universal support)
- Level 3 health concerns: FMHS Student Support Domain Lead
- Conduct and engagement concerns: FMHS Professionalism Support Lead
- Level 1 academic concerns: FMHS Student Support Manager (concerns) for phase 1 students or Deputy phase 2 lead for phase 2 students
- Level 2 or 3 academic concerns: FMHS Academic Support Lead

In some cases, such as if a situation is subject to investigation by the university conduct team or an external organisation such as the police, concerns triage and/or remediation may be deferred until such time as the investigation outcome or other required information is made available. Where a new concern alone is deemed to meet the threshold for fitness to practise investigation or it represents a breach of a previous warning or conditions/requirements issued to the student, the student may be referred directly to the fitness to practise process and/or to the Dean at the triage stage.

## Categories of concern

There are many behaviours and potential markers associated with poor student outcomes and the root cause of these can be broadly grouped into the three categories of concern outlined below. It is intended that these different categories of concern will be supported separately wherever possible, but it is recognised that students in difficulty may often have an overlap across more than one category and it may be appropriate to co-ordinate and/or combine support.

### Academic

Concerns within the academic category would normally relate to a student's poor performance in assessment. This includes all forms of assessment (written, practical, portfolio etc.) and could include both formative and summative assessments. This category of concern would also include students who have failed to meet significant academic milestones or competencies such as those

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who have not obtained a satisfactory end of block report in phase 2 or are required to sit the qualifying examination or to repeat a year of study.

### Professionalism

Concerns within the professionalism category are for behaviours that deviate from university requirements and/ or from those expected of medical students as outlined in the GMC's guidance document called "Achieving Good Medical Practise" and "Outcomes for graduates." Typical examples of conduct and behaviour that may be concerning in this context include lack of engagement with the course, neglect of administrative and mandatory tasks, poor time management, failure to accept and/ or follow reasonable educational advice and failing to respond to communications. More serious examples include cases of cheating or plagiarism, dishonesty, aggression or violence and students with criminal convictions or cautions. It is important to note that the GMC expects doctors, and therefore medical students, to always adhere to its standards, and consequently professionalism concerns can in some cases result from inappropriate behaviour outside of the clinical or educational environment. For GMC declaration purposes, concerns at level 3 are considered to have entered a "low level concerns process".

### Health

It is important to note that a diagnosis of a health condition or the existence of a disability alone is not relevant to the concerns or fitness to practise processes. GMC guidance states that "in most cases, health conditions and disabilities do not affect a medical student's fitness to practise, as long as the student demonstrates appropriate insight, seeks appropriate medical advice and complies with treatment." All students are required to undergo a fitness clearance process with occupational health at the start of the course and once declared fit to study, students with health conditions and disabilities should be considered under the universal support processes that enable support and reasonable adjustments to be put in place as necessary.

Concerns in the health category should be raised if a student is not meeting the requirements stated above as outlined in the GMC guidance or if a student's health was considered to be a safety risk to themselves, their colleagues and/or their patients. Health concerns would also be raised if health is directly impacting on a student's ability to engage with the course appropriately or their ability to meet their obligations and expectations as a student on the course (even with reasonable adjustments in place). Examples of situations worthy of a health concern include a student not engaging with or passing the fitness clearance process, students with high levels of sickness absence, where there are concerns about the way in which a student is managing a health condition or their insight into its impact on their practise and where a student's health is deteriorating through their own actions (e.g., the abuse of drugs or alcohol, non-compliance with medication).

### Levels of concern

Concerns will exist at different levels depending on the severity of the situation and extent of risk to student success that it represents. It is important to note that high levels of risk are not necessarily associated with high levels of fault on the student's part. The broad principles associated with each level of concern are described below.

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### Level 1: Individual monitoring and support

This is the first level of concern that would be appropriate where behaviours or outcomes have been identified that are not at the expected standard. Individually, these may represent relatively low-level risks to the student's success but are deemed to warrant ongoing monitoring or supportive intervention by the medical school, perhaps because student directed actions following prior notification have not resulted in improvements and/or because there is a trajectory towards a more significant risk. Situations considered to represent low level risk are likely to be associated with only one category of concern (i.e., academic, professionalism or health), relatively low-level intervention and where resolution or improvement in behaviour or outcomes would be expected within the next few weeks.

### Level 2: Supported remediation

This level of concern is relevant where there is repeated and/ or more extensive or complex adverse behaviours or outcomes that represent a more substantial or longer-term individual risk to success. Students may require co-ordinated intervention from multiple teams, there may be impacts on multiple elements of their studies or practise and/ or the behaviour or outcomes may be more serious. Level 1 concerns can also be escalated to this level if they have not been resolved within the expected timeframe, particularly if the student's poor engagement has contributed to this. Concerns at this level will normally be associated with active and often self-directed remediation efforts for example, additional training, reflection, action planning etc. in addition to monitoring and/ or intervention by staff. Resolution would normally be expected within the next few months and within the current academic year if there is appropriate student engagement.

### Level 3: Formal concerns process

This is the third and uppermost level of concern within this policy and this is intended for the most complex risks to success that are likely to persist in the medium to long term even with support in place. This maybe because there has been insufficient insight and engagement from the student, or because the extent of the issue and/ or the route to resolution means that there is a significant risk to the students learning, successful progression or completion of the course and/or an inability to meet the demands of practise. For GMC declaration purposes, this level represents the medical school's "formal low level concerns process" that may precede a referral to the fitness to practise process.

Example situations at this level could include behavioural or health issues that might cross the thresholds for referral to fitness to practise; academic progress and/or engagement situations where there may not be enough time left within the current academic year to remediate sufficiently. Lower-level concerns can be escalated to this level if the student's situation deteriorates and does not meet the requirement for resolution, or if there are repeated concerns with a similar theme suggesting that remediation attempts have not been successful and/ or there is an absence of insight.

Successful remediation at this level will normally require extensive proactive efforts from students and extensive monitoring and support that may extend over a significant period of time. In some cases, it may be appropriate to issue warnings or conditions for continuation of study to students in relation to concerns at this level. In consultation with the Dean, students may be required to complete additional or repeated periods of study in order to demonstrate the required remediation.



## Notification to students

Following triage, students will be notified of concerns that have been approved in writing via email, copied to their personal tutor (and deputy phase 2 lead for phase 2 students). The notification should include the original concern wording, the category and level of concern decided at triage and details of recommended or required next steps. Where more than one concern has been raised or triaged at a similar time, multiple notifications may be combined.

Notification to students should include an opportunity for the student to respond to the concern (in writing or in person as appropriate) and any response should be added to the concern record. Students should be advised not to challenge the person believed to have raised the concern and that any attempt to do so or to otherwise behave inappropriately may be considered as a separate conduct concern. The concerns team will not adjudicate in the case of disagreement between the student and the person raising the concern but where appropriate, a case can be referred to other agencies (e.g. the university conduct team or a placement provider's patient complaints team) for investigation and/or further information can be sought by the concerns team to establish relevant facts.

## Management of Concerns

Initial management actions for each individual concern will be agreed at the triage point and communicated to students in the notification email. These actions will be considered on an individual basis depending on the category and level of concern and the individual student circumstances and existing concerns profile. A member of staff will be nominated to liaise with the student to manage the concern and update the relevant review committees according to the broad principles for different types of concern as indicated below.

Each category of concern will normally be managed independently wherever possible, and this will apply to most concerns at level 1. Where concerns cross multiple categories, multiple staff members may be allocated to manage different elements of the concern. At level 2, academic and professionalism concerns may be managed together where appropriate, but this should normally be separate to management of any concerns about health. For students with level 3 concerns, all categories of concern will normally be considered together.

### Academic concerns in Phase 1

Students who have received an unsatisfactory outcome in a single summative assessment or performed poorly in a formative assessment will normally be referred for academic support and invited to access relevant universal support services, usually alongside other students with a similar academic profile. If the situation does not improve in the short term and a student is required to sit the qualifying exam, they would enter the concerns process at level 1.

Example strategies for management of academic concerns in phase 1 may include but are not limited to:

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- Meeting with a personal tutor or member of the support team to discuss reasons for poor progress and routes to improvement.
  - Review of strengths and opportunities reports and/or action plans or personal development plans.
  - Academic support workshops and/or QE revision sessions.
  - Referral for individual study skills support.
  - Meeting with a unit lead to discuss specific areas of poor understanding.
  - Support with access to and engagement with curriculum materials, learning technology and equipment.
  - Screening for specific learning difficulties.
  - Referral to specialist learning difficulty tutor.
  - Referral to central services relevant to any specific stressors or barriers to study e.g., finance/health/personal circumstances.

As a general principle, if a student passes the qualifying exam and progresses to the next academic year, the academic concern can be resolved. If the academic success risk increases for example, a student needs to repeat a year or fails assessment during a repeat year, the level of academic concern will be escalated. Where students with higher level concerns improve their performance at subsequent assessment points, the level of concern can be de-escalated or resolved. Academic concerns at low levels would normally be co-ordinated by professional services staff in collaboration with personal tutors, with academic staff associated with the student support domain becoming increasingly involved as the level of concern increases.

### Academic concerns in Phase 2

Students who have performed poorly in a formative assessment or have been identified by their educational supervisor or other staff within the LEP as having lower than the expected skill level and/ or having lower than expected rate of progress will typically be referred for academic support and/ or supported locally within their placement site. If the situation does not improve in the short term and the student receives an unsatisfactory outcome in their end of block report, they would enter the concerns process at level 1 for further monitoring and support.

Example strategies for academic concerns in phase 2 may include but are not limited to:

- Meeting with a personal tutor, support staff or phase 2 deputy to discuss reasons for poor progress and routes to improvement.
- Meeting with a block lead to discuss specific areas of poor skills, knowledge or understanding.
- Review of feedback and/or action plans or personal development plans.
- Academic support workshops and/or QE revision sessions.
- Referral for individual study skills support.

- Support with access to allow engagement with medical programme materials, learning technology and equipment.
- Support with access to additional clinical learning opportunities such as simulation sessions, clinics, patients with specific conditions etc.
- Screening for specific learning difficulties.
- Referral to specialist learning difficulty tutor.
- Referral to pastoral services relevant to any specific stressors or barriers to study e.g., finance/health/personal circumstances
- Additional training and/ or repeat periods of study.

As a general principle, if a student recovers their performance and achieves a new satisfactory end of block report without poor performance at other assessment points, the concern can be resolved (or the level can decrease if more than one block is involved). If the academic success risk increases, such as if a student receives additional unsatisfactory block reports or fails to remediate the initial academic concern, the level of concern will be escalated. Academic concerns at level 1 would normally be managed within the LEP by the deputy phase 2 lead on site in collaboration with the relevant block lead and other staff. Management of level 2 academic concerns in phase 2 would be co-ordinated within the medical school by the academic support lead, with input from the Dean for students at level 3 where a repeat period of study may be considered.

### Professionalism concerns: Engagement

Students are expected to engage with 100% of scheduled course and academic activities unless their absence is approved by the medical school as outlined in the absence and leave policy. Concerns in relation to engagement fall into two broad categories, unauthorised non-engagement, and excessive absence from study.

#### Unauthorised non-engagement

In phase 1, a concern for unauthorised absence would normally be reached following a series of reminders about the requirements and process as outlined in the phase 1 engagement policy. In phase 2, any single unauthorised absence or non-engagement incident on site can be considered of concern as students should be familiar with reporting expectations by this stage of the course.

The first concern regarding unauthorised non-engagement would normally be at level 1 and result in a formal warning on behalf of the concerns committee and a requirement for students to formally acknowledge engagement expectations and commit to them by formulating a self-directed remediation strategy. A further concern would be escalated to level 2 and would normally require a written reflection evidencing the student's insight and a remediation plan. Any additional concerns would result in an official warning from the concerns committee that further unauthorised non-engagement will result in a referral for fitness to practise processes and/or consideration of compulsory suspension or withdrawal of studies. If at any stage, students do not engage with the expected requirements of the concerns process or complete tasks to a satisfactory standard, the concern level will escalate. Where there is continued unauthorised non-engagement from students

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with level 3 engagement concerns, students may be referred to fitness to practise and/ or the Dean for consideration of compulsory suspension or withdrawal of studies (see below).

#### Excessive absence from study

This category of engagement concern relates to excessive total absence or non-engagement with the course during the academic year for any reason, including authorised absence and situations beyond a student's control such as illness. Concerns in this category apply to students who meet the criteria for the "persistently unsatisfactory" engagement status as outlined in the absence and leave policy and will be raised at level 2. Students may be advised at this point to consider suspending their studies and restarting the year to optimise their chance of academic success. Students who choose to continue with the course may need to prepare a written remediation plan for approval by the student support lead. Where the remediation plan is followed and the engagement improves within a month, the concern can be downgraded to level 1 and then resolved if engagement continues to be satisfactory over the remainder of the academic year. Where the situation does not improve by the next review point, but the student's absence is primarily due to health and there are no other concerns in relation to professionalism, the concern will be considered under the health category at level 3. Where the situation does not improve by the next review point and the reasons for non-engagement are more varied and/or include unauthorised absences, the concern will be treated as a level 3 professionalism issue and considered in the context of the student's broader concerns profile. Students may be issued with an official warning that, if engagement does not improve substantially within a specified period of time, the student will be referred to fitness to practise processes and/ or to the Dean for consideration of compulsory suspension or withdrawal of studies (see below).

#### Professionalism concerns: conduct

An overview of example situations that would be considered at different levels of conduct concern is provided in the appendix and this can be used as a guide for raising and triaging new concerns in this category. A single minor lapse in professional behaviour in year 1 students does not need to be taken forward within the concerns process if the student has been notified of the problem and has acknowledged and/or rectified the issue at the time. These types of situations should however be documented as professionalism support in case of repeated professional conduct issues. More significant or repeated lapses in professional conduct in phase 1 students should be logged as professionalism concerns and the first of these concerns would normally be at the level 1. Conduct concerns for phase 2 students would generally be expected to be raised at level 2, as would conduct concerns for phase 1 students in the clinical environment or for any student with repeated conduct concerns. If the professionalism issue is especially serious, has a direct impact on a patient, includes an element of dishonesty or fraud, relates to a written or final warning from the university conduct team or may cross the thresholds for referral to fitness to practise, the concern would normally be raised at level 3.

The purpose of the professionalism concerns process is to develop a level of professional behaviour expected by the GMC. Therefore, the management focus for professionalism conduct concerns will be to improve knowledge and understanding of expectations and to support reflection, insight, and

remediation of poor professional behaviour in the context of GMC requirements of medical students and of future practise as a doctor. We would also look to identify the underlying reason(s) behind any inappropriate behaviour and signpost towards relevant support and this is particularly important when a student receives a concern in relation to conduct for the first time. Example strategies for managing conduct concerns may include but are not limited to:

- Alerting students to the relevant policies and procedures that their conduct is not in line with and requiring students to formally acknowledge expectations and commit to them.
- Discussion with personal tutor and/ or student support to establish any contributing factors to their poor behaviour e.g., health and personal circumstances.
- Reflection insight, and development of a remediation strategy.
- Meeting with the professionalism lead to discuss specific areas of learning needs in the context of professional conduct.
- Referral to support services relevant to any specific barriers to professional behaviour.
- Recap of previous training or additional training in the specific area of need, via external providers if necessary.
- Analysis of case studies or data in relation to the conduct concern in the context of future practise.
- Support with understanding the patient and public perspective, and the views of others.
- Group mediation, particularly if other students are involved.

## Health concerns

An overview of situations that would be considered at different levels of health concern is provided in the appendix. Where health concerns are level 1 or 2, management of these will normally be co-ordinated primarily by staff involved in universal support. This is to facilitate continuity of health support and co-ordination with related faculty processes such as reasonable adjustments and mitigating circumstances and to aid the separation of health/pastoral support from the more academic aspects of support. In this situation, summary progress updates will be added to the concerns record for consideration in the context of the student's broader concerns profile, but these will not be considered further by the concerns team if there are no concerns in other categories.

Where a student has concerns within other categories that may be being impacted by health, the health aspects can still be supported separately but students will need to demonstrate appropriate insight into the impact of their health as part of their remediation requirements for the concerns in other categories.

More serious level 3 health concerns will normally have significant impact on conduct, engagement and/or academic progress and management of these will therefore be co-ordinated via the concerns team, with input from and direct support continuing through other teams as necessary.

Example management strategies for health concerns may include but are not limited to:

- Meeting with a personal tutor or member of the FMHS support team to discuss routes to self-management of health.

- Review of reasonable adjustments for a disability.
- Referral to central university services for ongoing support e.g., mentor, counsellor.
- Referral to GP for advice and/ or consideration of onward specialist referral.
- Signposting to and/ or liaison with relevant external organisations relevant to the health condition (e.g., disease-specific charities) for resources, guidance, and networking.
- Referral to Occupational Health.
- Referral for a mental health assessment.

It is expected that with additional advice and support for managing health, appropriate reasonable adjustments, and student engagement with the process, that the impact of health conditions on engagement and/or conduct would improve such that the health concern could be resolved or de-escalated to a lower risk level. Where the level of risk remains high or if the student does not engage with the relevant support systems, it may be appropriate to request medical reports, remove the ability to self-certify sickness or apply conditions of continued study within an individual learning agreement to ensure appropriate learning opportunities and safety of the student and/ or patients, other students and staff.

Where health concerns are significant and are not expected to be resolved in a timely manner, students may be advised to suspend their studies at an appropriate time point and return to studies when the health situation has sufficiently improved. Where there is a safeguarding risk to the student or others, the Dean may impose compulsory suspension of studies until it is considered safe for the student to return to study. If the health situation is such that neither reasonable adjustments, support nor suspension of studies is likely to improve the impact on progress, performance, behaviour and/ or patient safety, it may be necessary to refer the student to fitness to practise processes.

## Concerns review and committee structures

### Pending concerns triage (PCT)

The initial review stage is the triage process at the point the concern is received. Members of the triage team form the pending concerns triage (PCT) group, which normally meets on a weekly basis. This group includes the student support lead and at least two other members of staff who together represent the areas of academic, professionalism and pastoral/health support. After the initial triage and actions, concerns will initially be managed and reviewed by the person nominated during triage, which will normally be as follows:

- Level 1 or 2 health concerns: FMHS Student Support Manager (universal support)
- Level 3 health concerns: FMHS Student Support Domain Lead
- Conduct and engagement concerns: FMHS Professionalism Support Lead
- Level 1 academic concerns: FMHS Student Support Manager (concerns) for phase 1 students or Deputy phase 2 lead for phase 2 students
- Level 2 or 3 academic concerns: FMHS Academic Support Lead

The PCT as a group will not normally make further decisions in relation to individual concerns as each category of concern would be managed separately wherever possible and then reviewed by individuals and/ or other committees. However, should circumstances relating to individual concerns change significantly, it may be appropriate for a concern to be re-evaluated at the next PCT meeting and this is also an appropriate forum to consider co-ordination of concerns management where appropriate.

### Concerns review

Following initial actions, concerns will need to be reviewed on a regular basis by the person or committee indicated below. At each review, the following options are available:

- **Resolve:** The concern has been managed successfully with any actions having been completed satisfactorily and no similar concerns having been raised in the meantime. The current risk to success is now similar to that of students not in the concerns process so the concern will remain on the student's record, but no further monitoring or actions are required unless further similar concerns are raised in the future.
- **De-escalate:** Some or all required actions have been completed and the current level of risk is significantly lower than when the concern was triaged or last reviewed. Management requirements now meet the criteria for one of the lower categories of concern and the level can therefore be reduced to that level and managed accordingly. The exception to this is any level 3 concern that meets the criteria for student declaration to the GMC, which should remain at level 3 (but can still be resolved).
- **Escalate:** The required actions have not been completed satisfactorily or the situation has otherwise deteriorated, and the current level of risk is now higher and/ or more complex than when the concern was triaged or last reviewed. The level of the concern will consequently be raised and managed according to the new level.
- **Maintain:** The required actions are ongoing, or the situation is of a similar level of risk to when the concern was triaged or last reviewed. Continue management of the concern at the current level.
- **Change category:** The current category is no longer most appropriate to the situation and needs to be updated. Transfer management to another member of the team if necessary.

Individual concerns will be managed on a day-to-day basis by the person nominated at triage and may be reviewed by them, in consultation with other members of the PCT if necessary. Where students only have health concerns at level 1, no further reviews will normally be required as these health concerns are likely to be temporary or managed by reasonable adjustments and are unlikely to impact on other areas of concerns or support.

The broader concerns profile of each student with concerns at level 2 or above will normally be reviewed by a Progress Review Panel. Those students with health concerns at level 2 or below, without a significant professionalism or academic concerns profile (i.e., no professionalism or academic concerns or professionalism or academic concerns at level 1), will be excluded from this process and will continue to be managed and reviewed by the relevant universal support staff. This will ensure confidentiality around health conditions wherever possible and aid the separation of pastoral and health support from academic and professionalism support processes.

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The broader concerns profile of each student with any academic, professionalism or health concerns at level 3 will be reviewed via the concerns committee. Progress review panels may also take place between committee meetings if reviews are required more urgently.

### Progress Review Panels

Progress review panels act as subgroups of the concerns committee and should be chaired by a member of the concerns committee.

#### Phase 1:

The Progress Review Panel will normally consist of the student support domain lead, phase 1 lead, a professional services manager and one or both of the professionalism support lead and academic support lead.

#### Phase 2:

The Progress Review Panel will normally consist of the student support domain lead, phase 2 lead, deputy phase 2 lead or nominated representative from the LEP, a professional services manager and one or both of the professionalism support lead and academic support lead.

Progress review panels will take place at least 3 times per year to consider students with unresolved academic and/or professionalism concerns at level 2 or above or with multiple concerns at level 1 or above. Where appropriate, bespoke panels can be set up to review individual or small groups of students separately to others.

The intensity of review will vary depending on the student's profile. For example, where a student has a small number of concerns with relatively straightforward or routine management strategies, reviews may consist of a brief verbal report or simply an acknowledgment of the status of individual concerns. However, where a student's concerns profile is more complex, more serious or represents a pattern of concern or a negative trajectory, reviews are likely to involve more in depth discussion, review of documentation, consideration of the most appropriate onward management strategies from a student needs focused, and holistic academic context. Where a student has a learning agreement, the progress panel should consider the content of this and the accompanying action plans alongside the student's concerns record. The focus will be on identifying ongoing support needs for the student, monitoring and documenting their progress in meeting the requirements of them.

### Concerns committee

Membership of the full concerns committee will consist of the following:

- Professionalism Lead (Chair)
- Student Support Lead
- Academic support lead
- Phase 1 Lead,
- Phase 2 Lead,
- Representative from an LEP/secondary care



- General Practitioner,
- Mental health specialist,
- Two Lay members,
- Patient Safety Lead
- Administrative support

The committee will be considered quorate for decision making purposes where there are at least five members present including at least two medical school academics, at least two clinicians and at least one lay member. The committee will meet at least three times per year (face to face or online) to consider the full concerns profile of students with level 3 concerns in any category (including health concerns). Students will be invited to submit their remediation evidence for formal review by the concerns committee from a holistic perspective in the context of practise as a medical student and future doctor. Where the committee are satisfied that the necessary progress has been made, the committee will be able to resolve and/ or de-escalate one or more of the student's concerns. Should the committee be unable to resolve any or all of the concerns based on the student's inability to evidence the required insight, remorse and remediation, they must notify the student of elements that have not yet been satisfactorily remediated and may make recommendations for further support. In situations where the student is not engaging in remediation, persistently receiving concerns or the concerns are at a significant risk level the student will normally receive a formal warning and may be required to sign a learning agreement, which may include conditions for continuation of study. Where level 3 concerns are considered to require escalation, the committee should refer to the fitness to practise process and/or to the Dean (see below).

In cases where the concerns committee (or the PCT) considers that the GMC's thresholds for fitness to practise have been met, the student should be referred to the fitness to practise process (see below for more details). In such cases where there is a significant area of concern at the highest level i.e., a student's poor attendance and engagement with the course, and/ or engagement with the concerns process, and/ or breach of an individual learning agreement, the student should be referred to the Dean for consideration of compulsory suspension or withdrawal of studies (see below for more details) in addition to or instead of referral to the fitness to practise process. In some circumstances, a student's behaviour or pattern of behaviour may depart significantly from the expected standards of professionalism outlined in "*Achieving good medical practise: guidance for medical students*" and "*Outcomes for graduates*", but not reach the threshold for referral to fitness to practise procedures. In these circumstances, as well as monitoring future behaviour, it may be appropriate to issue a warning to the student.

Where a student who has previously been referred to FTP and/or the Dean for remediation and the outcome is that they continue their studies, at least one concern in the relevant area should remain at level 3 for an extended period of time (at least until the end of the academic year) and until the concerns committee are satisfied that all of the concerns have the appropriate remediation evidence. Students who have unresolved level 3 concerns or are in the fitness to practise process towards the end of phase 1 will have this logged in their Transfer of Information document for phase 2. Students towards the end of their senior rotation who have not appropriately evidenced remediation for concerns or are in the fitness to practise process will be reported to the Dean and the Quality team for consideration by the relevant examination board.

The concerns committee may also choose to review student case studies and themes associated with recent concerns in a broader context. The committee may agree “standard” management or review actions or processes for particular types of concern to facilitate more efficient day to day running of the concerns process or make recommendations for changes to future versions of this policy. The committee may also choose to make recommendations regarding areas of concern or potential improvements at a course or cohort level and if so, these will be fed back to the relevant teams (e.g., assessment, curriculum, student support) or committees (e.g., ALT) for consideration.

## Remediation of professionalism concerns

As medical students are studying to join a GMC regulated profession, which places them in contact with patients and vulnerable members of the public; there are expected standards of professional behaviour and etiquette set out in GMC’s professionalism guidance “Outcomes for graduates” and “Achieving good medical practise: guidance for medical students.”

It is accepted that there is not a set way to demonstrate remediation because each student’s case is different and the opportunity in which a student can show they have remediated will depend on the specific circumstances of the professionalism concern raised. Regardless of the nature of each case, key elements, or stages for one’s professionalism self-development are:

- Insight, a period of reflection and self-assessment.
- Sincerely expressing remorse.
- Remediation – taking steps to improve by learning from mistakes; putting measures in place to prevent similar events from recurring.
- Presenting evidence of the steps taken and measures put in place.

The University of Buckingham Faculty of Medicine and Health Sciences (FMHS) and the GMC can counsel and provide support, instruction and some direction to the student but it is incumbent on the student to demonstrate a positive change has occurred.

## Escalation from the concerns process

### Referral to Fitness to Practise (FtP)

Thresholds for referral to Fitness to Practise (FtP) process and guidance around each of these are available on the GMC website (<https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/student-professionalism-and-ftp/professional-behaviour-and-fitness-to-practise/medical-student-fitness-to-practise>) and are also indicated below. Students should be referred to the FtP process when they meet one or more of these GMC’s thresholds:

- Has a student's behaviour deviated from the guidance set out in *Achieving good medical practise: guidance for medical students* or a medical school's own code of conduct? And might it, as a result, have harmed patients or put patients, colleagues, or themselves at risk of harm?
- Has a student shown a deliberate or reckless disregard for professional or clinical

responsibilities towards patients, teachers, or colleagues?

- Have attempts to improve a student's behaviour or health failed and does the medical school identify a remaining unacceptable risk to patient safety or public confidence in the profession?
- Has a student abused a patient's trust or violated a patient's autonomy or other fundamental rights?
- Has a student behaved dishonestly, fraudulently or in a way designed to mislead or harm others?
- Might the student's behaviour undermine public confidence in doctors generally if the medical school did not act?
- Is a student's health condition or disability compromising patient safety?

The fitness to practise proceedings are independent of the concerns process but the concerns committee is normally the route to determining whether these thresholds have been met and a referral needs to be made. When a decision has been made to refer a student to fitness to practise, the concerns committee also need to decide whether the referral should be accompanied by either removal from placement or a full suspension of studies. This may be appropriate if continuation of study or attendance at placement at this time is considered a safety risk to either the student themselves, their fellow students, staff, and/or patients.

In particularly serious cases such as reports of violence, sexual misconduct or criminal conviction, students should be referred the FtP process directly without the need to escalate through the various levels of the professionalism concerns process. In such cases, the FtP referral may be initiated at the concerns triage stage.

As the Fitness to Practise proceedings are independent of the concerns process, a complete re-investigation by an independent Investigating Officer will occur prior to a Fitness to Practise hearing if required. The full fitness to practise process including details that need to be included within the referral is described within a separate Fitness to Practise policy.

### Referral to the Dean

If a student with level 3 concern should need to be escalated, the majority of these cases would be escalated into the fitness to practise process described above. In addition, the general regulations for the MB ChB course permit the Dean for FMHS to make certain decisions in relation to continuation of study that may be relevant to students with level 3 concerns. These decisions can be in the absence of or in addition to a fitness to practise investigation.

In the context of this policy, threshold for referral to the Dean would normally include one or more of the following:

- The student has one or more level 3 professionalism concerns where unauthorised non-engagement is a key element of the concern.
- The student has one or more level 3 academic concerns or has missed substantial periods of time on the course such that they may not be able to complete the required learning or further training in the remaining time available within the current academic year.
- The student has one or more level 3 professionalism and/ or health concerns where the

contents of the concern(s) may represent a safety risk to themselves, patients or other members of the public and/or other students or staff.

- The student has breached an individual learning agreement or conditions of study notified following a previous referral to the Dean or via another route.

Referrals to the Dean should include:

- A summary of the student's concerns profile and remediation progress
- A summary of any communications and interventions in relation to student engagement across all relevant teams
- A summary of pastoral factors that have been notified to the student support team and may be relevant to the student's concerns profile (e.g., learning difficulties, health conditions, reasonable adjustments, personal circumstances)
- Any information provided by the student in terms of their expectations for how things may change in the near future.
- Details of the regulation(s) to be considered

Outcomes of a referral to the Dean would normally include one of the following:

- 1) Permission to continue study within the current academic year as planned. Conditions may be applied, and the student will be required to set up an individual learning agreement covering the individual expectations of them and the support that will be put in place for them. The learning agreement should state that compulsory suspension or withdrawal of studies may be initiated if the student does not meet the expectations outlined in the learning agreement.
- 2) Compulsory suspension of studies to restart the current academic year at the next start point. Conditions may be applied, and the student will be required to set up a learning agreement covering the individual expectations of them and the support that will be put in place for them. The learning agreement should state that compulsory suspension or withdrawal of studies may be initiated if the student does not meet the expectations outlined in the learning agreement. Students may appeal.
- 3) Compulsory withdrawal of studies. The student will be required to leave the course permanently. They will still be eligible for any exit award that they meet the requirements for at this point and they will have the right of appeal.

## Declaration of concerns

Concerns at the uppermost level (level 3) are considered to have entered a "formal low level concerns process" for GMC declaration purposes. Students with level 3 concerns or who have previously been in the fitness to practise process may need to declare their concerns to the GMC on applying for provisional registration. Students may also need to declare concerns raised during medical school to their allocated foundation school via the STEP form. The specific criteria for these processes are published by external agencies to students and medical schools at the relevant time each year. The medical school will make efforts to alert students to relevant publications and criteria

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for these purposes, but it is the student's responsibility to ensure the accuracy of any information they declare to any external agency and that they meet the declaration requirements. Students with level 3 concerns or fitness to practise referrals are advised to check their insurance policies (e.g. with the MDU) to see if they need to be notified.

## Record keeping and confidentiality

Records of all academic and professionalism concerns raised will be maintained within the student record system, along with the relevant review outcomes and associated files and notes. Level 1 and 2 health concerns will be recorded in a similar manner but with only summary review information. More detailed notes and reports about specific health conditions will be stored separately within the universal support team unless the concern is escalated to level 3, at which point the most recent and relevant information will be added to the concerns record.

Concerns will be held on record throughout the student's time on the course and for no longer than is required by the Data Protection Act 2018 (UK's implementation of the General Data Protection Regulation (GDPR)). Relevant information from the concerns record will be included in any referral to the fitness to practise process and/ or the university conduct team and may be shared with other areas of the university either alone or as part of the broader student support record where this is relevant to other policies, processes or institutional obligations e.g., appeals, visa sponsorship.

Information from the concerns records may be provided to appropriate authorities such as the GMC where this forms part of the registration or subsequent monitoring process for professional practise or is required to meet the medical school's licencing and accreditation requirements. This could take place during the course and/ or at a later date (e.g. if a fitness to practise issue was to arise during foundation training). Attempts will be made to notify the graduate if information needs to be passed to an external agency after graduation, but specific consent will not be sought as information sharing of this nature is referred to within the student agreement. Information held within the concerns process should not be shared with external agencies for other purposes except in extreme and/ or emergency situations where this is considered necessary for safeguarding purposes or where it is required to meet the university's legal obligations.

## Pastoral support

Pastoral support is available for all students within the faculty as part of the universal faculty support provision and this will continue to be available to students when concerns have been raised. Students may also be actively referred to specific pastoral support as part of the concerns management process. Further pastoral support that is fully independent of the faculty and of the concerns process is available to students via central University services such as the faculty mentors and other wellbeing staff.

## Related Policies

1. Fitness to Practise policy.
2. Reasonable adjustment policy.
3. Absence and leave policy.
4. Phase 1 Engagement policy.
5. Phase 2 Engagement policy.

## Document Control

Date policy approved: January 2024

Date of policy review approval: Reviewed December 2024

Date of next policy review: Academic year 2025/26

## Appendix: Example situations for different levels and categories of concern

	Level 1	Level 2	Level 3
Academic concerns	Phase 1: Students in the QE Phase 2: Unsatisfactory end of block report	Phase 1: Repeat year students Phase 2: Two unsatisfactory end of block reports or failed remediation of level 1 concern within the next block or students in the QE.	Phase 1: Repeat year students with unsatisfactory results in a summative assessment Phase 2: Repeat year students or three or more unsatisfactory end of block reports or failed remediation of level 2 concerns within the agreed timeframe
Professionalism concerns	Behaviours below expectations outlined in university agreements/policies and/or AGMP e.g. failure to complete paperwork, poor communication, unauthorised non-engagement	1) Repeated behaviours below expectations outlined in university agreements/policies and/or AGMP despite previous concern notification 2) a general pattern of unprofessional actions e.g. persistent unauthorised absence or poor behaviour directly impacting on others or with significant negative consequences	1) Continued poor behaviour after reflection and commitment to improve 2) serious behavioural issues e.g. warning from the conduct team or police, DBS issues, issues involving patients, potential FTP level
Health concerns	1) Continuing regular sickness absence 2) on track for unsatisfactory engagement for the year primarily due to sickness	1) Meets the persistently unsatisfactory engagement criteria primarily due to sickness 2) Poor management of health	1) Behavioural and/or safety concerns in relation to health 2) Academic requirements unlikely to be possible this year due to ongoing health issues