

Working with Vulnerable Individuals, Criminal Convictions and DBS Checks Procedure

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Version History

Version	Approved by	Revisions made	Date
1	Faculty Executive Committee	New procedure drafted to accompany the policy with separate operational steps from policy requirements.	September 2026

1. Purpose

This procedure supports the implementation of the *Working with Vulnerable Individuals, Criminal Convictions and DBS Checks Policy*, which details the requirements for Disclosure and Barring Service (DBS) checks, Letters of Good Conduct (LOGCs), criminal conviction declarations and related fitness to practise considerations for applicants and students on the MB ChB programme.

This procedure outlines the process staff should follow when administering, reviewing and monitoring DBS checks, LOGCs and DBS Update Service subscriptions. It also explains how staff should manage criminal conviction declarations, positive disclosures, ongoing student disclosure requirements, record keeping and information sharing.

2. Scope

This procedure applies to staff involved in administering, reviewing and monitoring DBS checks, LOGCs, criminal conviction declarations and DBS Update Service subscriptions and checks for applicants to, and students enrolled on, the MB ChB programme.

It should be followed when staff are managing DBS checks, LOGCs and disclosure and clearance requirements during admissions, enrolment, ongoing study and return from suspension of studies. It should also be followed where an applicant or student makes a relevant disclosure, or where information is received that may require review in relation to fitness to practise, regulated activity or patient safety.

Where a matter raises wider concerns about professional conduct, patient safety or suitability to continue on the programme, the matter should be considered under the Fitness to Practise process. Other University or Medical School procedures, including those relating to admissions, safeguarding, data protection or student conduct, should also be followed where applicable.

3. Procedure

3.1 Pre-enrolment and resumption of study checks

The Quality Team will provide applicants to the MB ChB programme with information about the DBS and/or LOGC requirements once the Admissions Team has confirmed that the applicant has accepted their offer, paid the required deposit, and holds an unconditional offer.

The Quality Team will also ask applicants to confirm which countries they have lived in during the previous five years, in order to determine which clearance requirements apply to each applicant.

Where a student is returning to the MB ChB programme following a suspension of studies or other interruption, the Quality Team will confirm which DBS, LOGC or DBS Update Service requirements must be completed before the student can resume studies.

Applicants and returning students must be advised of the deadlines for completing the required checks. DBS checks are required to be completed by UK applicants by

the 1st of November. Where a LOGC is required, this should be obtained no earlier than three months before registration day and submitted no later than the 1st of December.

The Quality Team will monitor the progress of ongoing checks and review evidence of DBS checks, DBS Update Service subscriptions and LOGCs before notifying the applicant or returning student whether the evidence has been accepted.

Where an applicant does not complete the required pre-enrolment checks by the specified deadline, the Quality Team should notify the Dean so that a decision can be made about whether the applicant may enrol, whether enrolment should be delayed, or whether further action is required.

Where a returning student does not complete the required checks, which are a condition of their return, by the specified deadline, the Quality Team will notify the Deputy Quality Lead so that a decision can be made about whether the student may resume studies, whether their return should be delayed, or whether further action is required.

Where an applicant or returning student declares a criminal conviction, caution, Fixed Penalty Notice, Penalty Notice for Disorder, pending criminal matter, barring decision or other relevant information, the declaration must be referred to the Professional Development and Conduct Lead for review.

The Quality Team must record the outcome of all pre-enrolment and resumption of study clearance checks securely and in accordance with the University's data protection and records retention requirements.

3.2 Letters of Good Conduct

Where an applicant is required to provide a LOGC, the Quality Team will review the document to confirm that it:

- Has been issued by an appropriate authority.
- Relates to the correct applicant.
- Covers the relevant country or countries of residence.
- Is dated appropriately in accordance with Medical School requirements.
- Has been officially translated into English where necessary.
- Does not contain information requiring further review.

Where the document is unclear, incomplete, not in English, or appears not to cover the relevant period, the Quality Team will request further information from the applicant.

Where the document contains information requiring further consideration, the Quality Team will refer the matter to the Professional Development and Conduct Lead for review.

3.3 DBS application process

The Quality Team will provide applicants or students with instructions for completing an Enhanced DBS application through Know Your People, the University's nominated DBS application provider. These instructions are set out in the *Working with Vulnerable Individuals, Criminal Convictions and DBS Checks Guidance Document*.

The Quality Team will monitor completion of the application and record the progress of the check. Where an applicant or student has not completed the application within the required timeframe, the Quality Team will issue a reminder.

Where the application remains incomplete following reminders, the Quality Team will escalate the matter as follows:

- For applicants, once the deadline to complete a DBS check has passed, the matter will be referred to the Dean for consideration.
- For current students, once the deadline to complete a new DBS check has passed, the matter will be referred through the concerns process.

The Quality Team will receive the outcome of the DBS check through Know Your People; however, a DBS check must not be assumed to be clear unless the original certificate has been presented for review and evidence of DBS Update Service registration has been confirmed.

3.4 Review of DBS certificates

DBS certificates are issued directly to the applicant or student. Applicants and students must present their original DBS certificate to the Quality Team for verification. The member of the Quality Team reviewing the certificate should check:

- The applicant's or student's name and date of birth.
- The DBS certificate number.
- The date of issue.
- Whether the certificate is for an Enhanced DBS check.
- Whether the certificate contains any barred list information.
- Whether the certificate contains any disclosed information.

The University must not retain a copy of the DBS certificate. The Quality Team will instead retain a copy of the outcome document provided by Know Your People and will also record the applicant's or student's name, DBS certificate number, issue date, DBS Update Service status, and the outcome of the verification process for audit and compliance purposes.

Where the DBS certificate contains information that may be relevant to fitness to practise, regulated activity or patient safety, the matter must be referred to the Professional Development and Conduct Lead before the applicant or student is cleared for placement activity.

3.5 DBS Update Service registration and monitoring

All students enrolled on the MB ChB programme are required to complete an Enhanced DBS check and provide evidence that they have registered their DBS certificate with the DBS Update Service. Students must maintain an active DBS Update Service subscription throughout their studies on the MB ChB programme. The Quality Team will record confirmation of Update Service registration.

The Quality Team will monitor the DBS Update Service status of all MB ChB students on a regular basis, normally weekly. Additional Update Service checks may also be completed when a student returns from suspension of studies, or another significant period away from the programme, or where a relevant concern has been raised.

Where the student has not maintained an active DBS Update Service subscription during the period away from the programme, the Quality Team will require the student to complete a new Enhanced DBS check before placement clearance can be confirmed.

Where a current student's Update Service subscription has lapsed, or where their DBS status cannot be confirmed, the Quality Team will contact the student immediately to inform them of the requirement to complete a new Enhanced DBS check urgently.

The student will normally be given two weeks to complete a new Enhanced DBS check, unless the Medical School determines that immediate restriction from placement or patient contact is required. During this period, the Medical School will determine whether any interim restrictions are required.

If the student has not completed a new DBS check by the end of this period, the Quality Team will notify the student and relevant internal teams that the student must be removed from placement immediately. As failure to maintain DBS compliance may constitute a lapse in professionalism, a referral to the concerns process will be made.

The Quality Team will notify the following individuals or teams, as appropriate and where there is a legitimate need to know, depending on the Phase of the programme the student is in:

Phase 1

- The student
- The Curriculum Team
- The Faculty Programme Delivery and Operations Manager
- The Dean
- The Deputy Quality Lead
- The Professional Development Team
- The Phase 1 Lead

Where relevant, placement providers will be notified by the Curriculum Team.

Phase 2

- The student
- The Curriculum Team
- The Faculty Programme Delivery and Operations Manager
- The Dean
- The Deputy Quality Lead
- The Professional Development Team
- The Phase 2 Leads
- The Local Education Provider

The student must complete a new Enhanced DBS check and receive confirmation of satisfactory clearance before being permitted to resume placement activity or patient contact. The Quality Team will notify the relevant individuals or teams once satisfactory clearance has been confirmed.

3.6 Placement clearance

Before a student undertakes placement activity or patient contact, the Quality Team must confirm that the student has met the relevant DBS, LOGC and DBS Update Service requirements.

Where clearance is incomplete, expired, unclear or under review, the student must not be permitted to commence or continue placement activity until the Quality Team has confirmed that satisfactory clearance is in place.

For returning students, placement clearance must not be confirmed until the Quality Team has reviewed the student's DBS status, DBS Update Service subscription, any required LOGC and any relevant disclosures or concerns arising during the period away from the programme.

A student must not resume placement activity or patient contact until placement clearance has been confirmed by the Quality Team.

3.7 Managing disclosures, positive DBS information and outcomes

Where an applicant, current student, or student returning from a suspension of studies makes a disclosure, or where information is identified through a DBS certificate, LOGC or DBS Update Service check, the matter must be referred by the Quality Team to the Professional Development and Conduct Lead for initial review.

This includes, but is not limited to, disclosures relating to a criminal conviction, caution, conditional caution, Fixed Penalty Notice, Penalty Notice for Disorder, pending criminal investigation or prosecution, barring decision, or any other matter that may be relevant to fitness to practise, regulated activity or patient safety.

The Professional Development and Conduct Lead will undertake an initial review of the information provided. The review will take into consideration the seriousness, frequency, and pattern of offences as well as the implications of any lack of appropriate judgement on a future medical career. Where the matter raises concerns about professional conduct, patient safety or suitability to continue on the

programme, the matter should be referred to the Fitness to Practise process. Any act that breaks a UK law will be considered a significant breach of professional values and behaviours and will result in referral to the Fitness to Practise process.

Where further information is required, the Concerns Team will contact the applicant or student in writing, clearly setting out what information is required and the deadline for response.

Following review, possible outcomes may include, but are not limited to:

For applicants

- No further action.
- Clearance to proceed with the admissions or enrolment process.
- Requirement to complete a new DBS check.
- Referral to the Fitness to Practise process.
- Recommendation that the applicant is not admitted to the programme or withdrawal of an offer.

For enrolled students

- No further action.
- Clearance to proceed to placement.
- Requirement to complete a new DBS check.
- Referral to the Fitness to Practise process.
- Placement restrictions or temporary withdrawal from placement.
- Consideration of termination of studies in accordance with the relevant University or Medical School procedure.

The outcome should be recorded securely and communicated to the applicant or student in writing by the Concerns Team. Where the decision affects enrolment, placement or return to studies, the Quality Team will notify the relevant internal teams on a need-to-know basis.

Where a matter is referred to the Fitness to Practise process, the applicant or student will have the right to appeal in accordance with the MB ChB Fitness to Practise Policy.

Where an applicant fails to declare a relevant conviction, caution or other matter during the admissions process, and this subsequently comes to light before registration, the offer of admission may be withdrawn.

Where a student has enrolled and fails to declare a relevant conviction, caution or other matter which subsequently comes to light, the student's studies on the programme may be terminated in accordance with the relevant University or Medical School procedure.

3.8 Duty to refer to the DBS

Where staff become aware of information suggesting that the University may have a legal duty to refer a student to the Disclosure and Barring Service (DBS), the matter must be escalated to the Designated Safeguarding Lead as soon as possible. The Designated Safeguarding Lead, or nominated deputy, in consultation with relevant senior staff where appropriate, will consider whether the legal duty to refer to the DBS has been met. This may apply where:

- the student has been removed from regulated activity, or would have been removed from regulated activity in cases where they have withdrawn or had their studies terminated; and
- there is information to suggest that the student has engaged in relevant conduct, satisfied the harm test, or poses a risk of harm to children or adults at risk.

Where the legal duty to refer is met, the Designated Safeguarding Lead, or nominated deputy, will ensure that a referral is made to the DBS.

If the DBS subsequently bars a student, the University will not permit the student to undertake regulated activity with the relevant barred group.

The Quality Team will record the decision and outcome where this relates to DBS clearance, placement clearance or student records. The Designated Safeguarding Lead, or nominated deputy, will retain any safeguarding referral records in accordance with the University's safeguarding, data protection and records retention requirements.

3.9 Record keeping and information sharing

The Quality Team will ensure that all records relating to DBS checks, LOGCs, criminal conviction declarations, DBS Update Service checks and review outcomes are stored securely and accessed only by staff with a legitimate need to know.

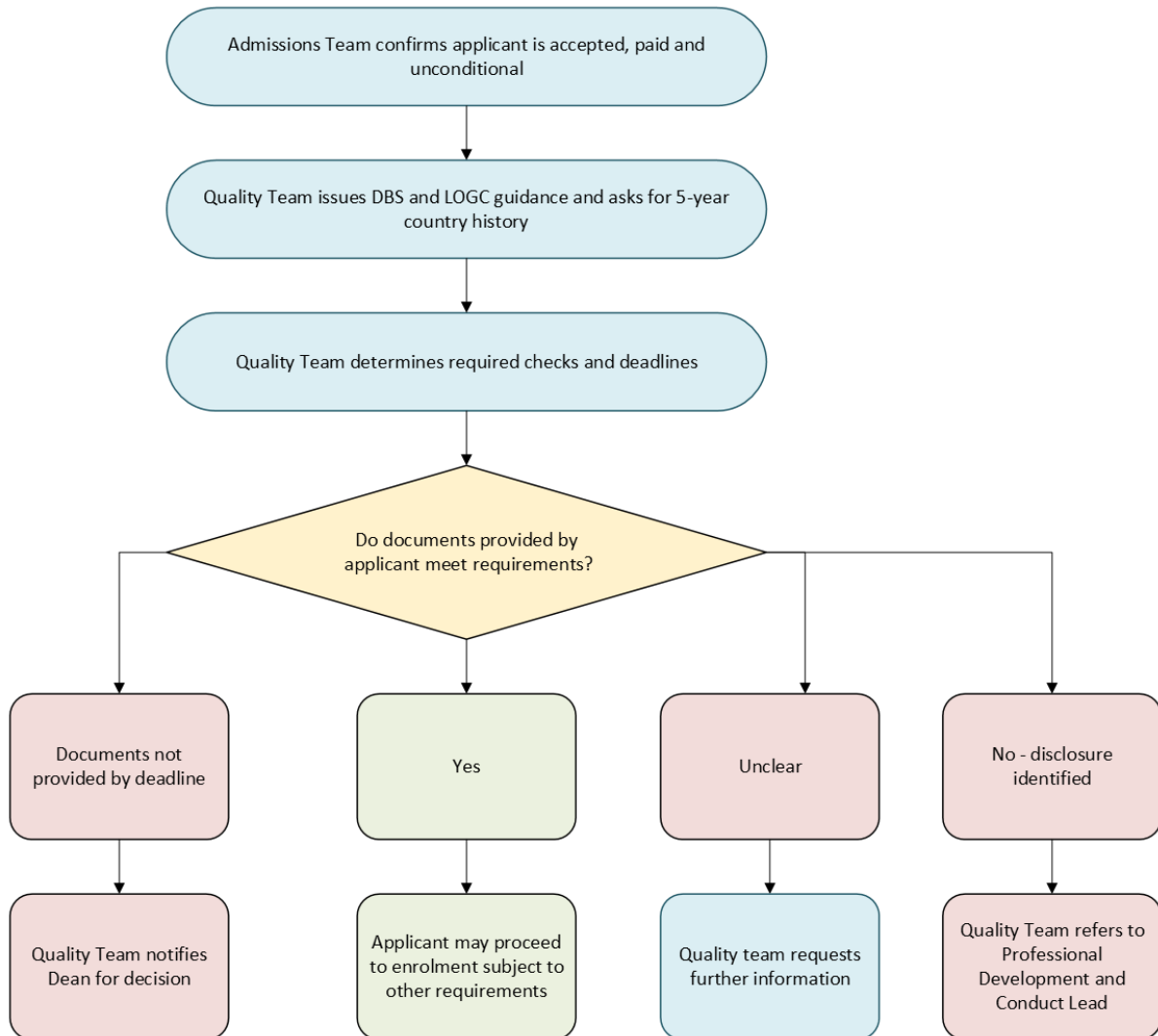
The University must not retain a copy of the DBS certificate. The Quality Team will instead retain the outcome document provided by Know Your People and will also record the applicant's or student's name, DBS certificate number, issue date, DBS Update Service status, and the outcome of the verification process for audit and compliance purposes.

The Disclosure and Barring Service requires organisations to keep a record of the ID documents used for DBS identity verification for a minimum of two years for compliance purposes. Where the University retains copies of ID documents as part of this record, the Quality Team will ensure that these are stored securely, accessed only by authorised staff, and retained and disposed of in accordance with the University's Data Protection Policy.

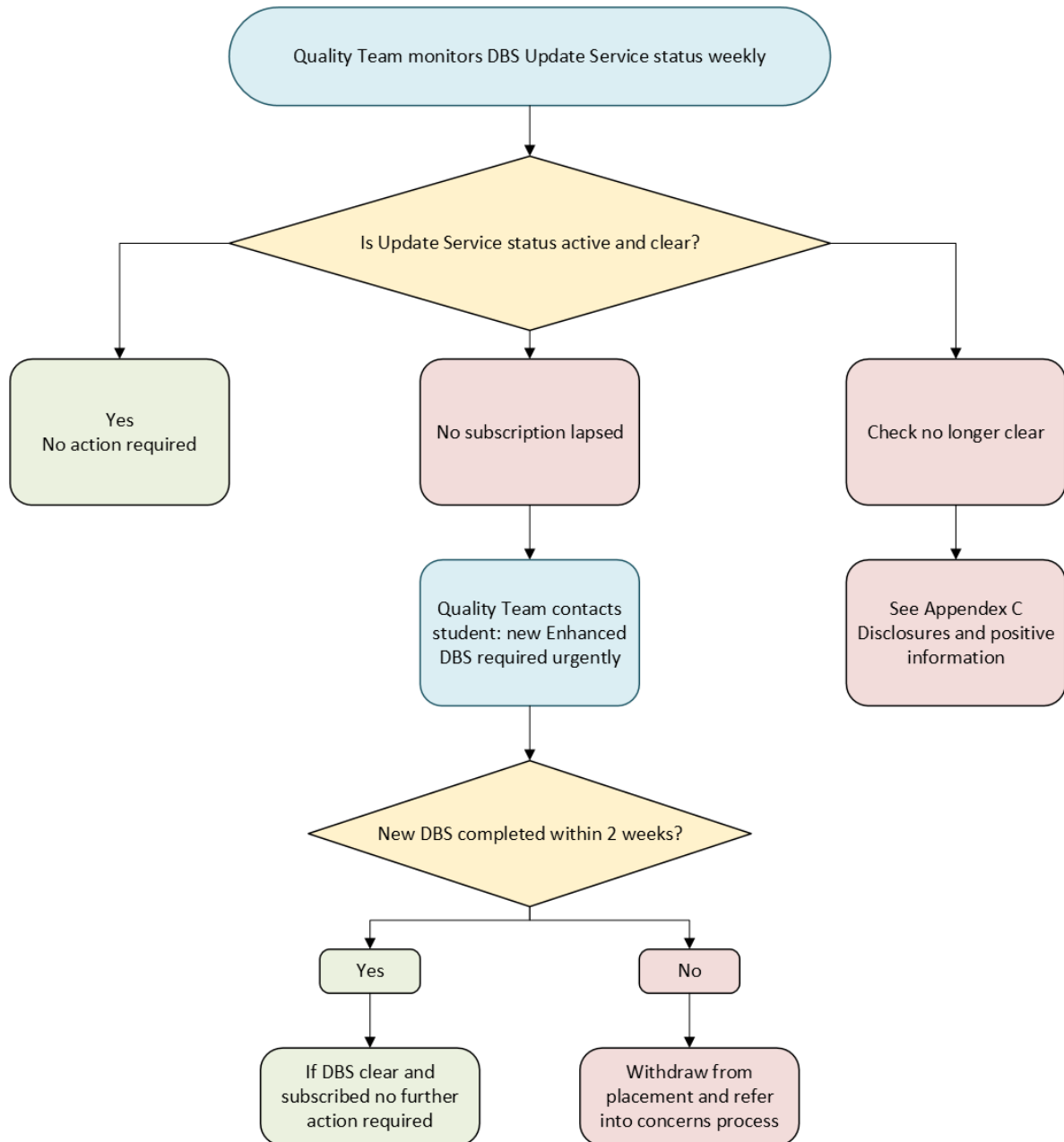
Information relating to DBS checks, LOGCs, criminal conviction declarations and DBS Update Service checks will only be shared internally or externally where there is a lawful basis to do so and where the disclosure is necessary and proportionate.

Records will be retained and disposed of in accordance with the University's Data Protection Policy.

Annex A: Applicant pre-enrolment clearance



Annex B: Current student DBS monitoring



Annex C: Disclosures and positive information

