THE UNIVERSITY OF BUCKINGHAM

Assistantship Policy

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1	Faculty Executive Committee	New Policy	September 2026

1. Purpose and Scope

The student assistantship is the final clinical placement of the University of Buckingham Medical School (UBMS) undergraduate programme. It provides final-year students with a seven-week period of supervised, workplace-based experience designed to prepare them for practice as a Foundation Year 1 (F1) doctor.

The assistantship is an active clinical placement rather than an observational shadowing experience. Students should be integrated into the clinical team and, under appropriate supervision, undertake activities similar to those expected of an F1 doctor. The emphasis is on developing safe prioritisation, clinical responsibility, communication, teamworking and management of the day-to-day workload of a newly qualified doctor.

This policy applies to all UBMS students undertaking an assistantship and to all Local Education Providers (LEPs) delivering the placement. Local arrangements may vary, but they must meet the principles set out in this policy.

2. Core Principles

UBMS and LEPs will ensure that:

· Patient safety is paramount.

· Students entering the assistantship have demonstrated appropriate progression towards the GMC Outcomes for graduates.

· Students remain medical students, not registered doctors, throughout the assistantship and must clearly identify themselves as such.

· Students work within their competence and are appropriately supervised for all clinical activity.

· Patients are informed of student involvement and their right to decline involvement without this affecting their care.

· Each student has a named clinical supervisor and a designated doctor in training, preferably an F1 doctor, with whom they work closely.

· Students are integrated into the clinical team with defined educational responsibilities but must not be used to replace employed staff or to meet minimum service requirements.

· Students have equitable access to learning opportunities, support and reasonable adjustments.

3. Preparation and Induction

Before or at the start of the assistantship, the School and LEP will ensure that students receive appropriate preparation and local induction. This should include:

· the purpose, learning outcomes and expected standard of participation;

· clinical supervision and escalation arrangements;

· infection prevention, occupational health and workplace safety;

· local policies for documentation, requesting investigations and prescribing;

· access to relevant clinical IT systems and technical support;

· confidentiality, information governance and appropriate use of electronic records;

· working patterns, handover, breaks and safe working arrangements;

· recognition of personal limitations and how to seek senior help;

· how to raise concerns about patient safety, supervision, bullying, harassment or professional conduct; and

· available educational, pastoral and wellbeing support.

4. Clinical Activity and Supervision

Students should participate in the normal work of their allocated clinical team and progressively undertake F1-type tasks according to their demonstrated competence and the level of supervision considered appropriate.

Activities may include:

· clerking and reviewing patients;

· contributing to ward rounds and handovers;

· identifying and initially assessing deteriorating patients and escalating promptly;

· prioritising and completing clinical tasks;

· undertaking practical procedures within the GMC Outcomes for graduates;

· preparing referrals and requesting investigations where permitted by local governance;

· following up investigation results with an appropriate registered clinician;

· preparing clinical documentation, including progress notes and discharge summaries;

· communicating with patients, relatives and the multidisciplinary team; and

· developing prescribing skills through medication review, prescribing recommendations and supervised prescribing activity.

Students must not independently undertake activities requiring registration or legal authority that they do not possess.

Where an LEP permits students to enter prescriptions or other clinical instructions onto local systems for educational purposes, there must be a clear governance process. A registered prescriber must review and authorise the prescription before it becomes clinically effective. Students must use only access permissions specifically issued to them and must comply with local information-governance requirements.

The supervising clinician retains responsibility for ensuring that student activity is appropriate, reviewed where necessary and does not compromise patient safety.

5. Working Pattern and Out-of-Hours Experience

The student's working pattern should, where practicable, reflect that of the clinical team and provide realistic experience of F1 working.

Assistantships may include appropriately supervised evening, weekend or other out-of-hours activity where this contributes to the learning outcomes. Students:

· must not be required to undertake additional shifts because of service pressures;

· must not be counted as part of the minimum medical staffing establishment;

· must receive appropriate rest following out-of-hours activity; and

· must have reasonable consideration given to travel, personal safety and access to rest facilities.

Educational value and student and patient safety take precedence over service delivery.

6. Professional Responsibilities and Raising Concerns

Students are expected to demonstrate the professional standards appropriate to a doctor approaching graduation, including reliability, punctuality, confidentiality, respectful communication, teamwork, accurate documentation and appropriate escalation.

Students must recognise the limits of their competence and seek assistance whenever they are uncertain or concerned about a patient.

Concerns about patient safety, supervision, professional behaviour or the learning environment should be raised promptly through the clinical supervisor, local undergraduate education team or established School/LEP speaking-up processes. Students raising concerns in good faith must be supported.

7. Feedback, completion and quality assurance

Students should receive regular workplace feedback from the F1 and other members of the multidisciplinary team, with oversight from the named clinical supervisor. There should be an opportunity for a formal review of progress during the placement and an end-of-assistantship review.

Any concern that a student may not be working safely or demonstrating the professional or clinical standard expected must be communicated promptly to the UBMS undergraduate education team and managed through established School processes.

Students will evaluate their assistantship. UBMS and LEPs will review student evaluation, supervisor feedback, concerns and other relevant quality information to ensure consistency of standards and continuous improvement across all LEPs.

8. Indemnity

UBMS and each LEP must ensure that appropriate indemnity arrangements apply to activities undertaken by students during the assistantship. For NHS placements, relevant NHS indemnity arrangements apply where the student is providing NHS care within the scope of an approved

placement and appropriate supervision. Where this does not apply, including relevant independent or non-NHS settings, specific indemnity arrangements must be confirmed before the placement begins.

9. Relationship to F1 shadowing

The undergraduate assistantship is separate from the mandatory induction and shadowing undertaken immediately before starting F1 employment.

Where practicable, experience relevant to the student's intended F1 post should be encouraged; however, completion of the UBMS assistantship does not replace the employer/Foundation Programme shadowing and induction period required before commencing F1 practice.

10. References and standards

1. General Medical Council. Guidance on undergraduate clinical placements: Student assistantships. The GMC requires students to be appropriately prepared, integrated into clinical teams with defined roles, supported by a designated doctor in training, and given opportunities to undertake activities similar to those of a newly qualified doctor under appropriate supervision.

2. General Medical Council. Guidance on undergraduate clinical placements: Patient safety; Medical students should feel prepared, supported and safe. This includes requirements relating to patient consent, appropriate supervision, IT access, confidentiality, speaking up and preparation for clinical placements.

3. General Medical Council. Guidance on undergraduate clinical placements: Annex — Indemnity clauses.

4. UK Foundation Programme. Employment and start date: Induction and shadowing period. Mandatory F1 induction and shadowing takes place before commencement of the Foundation Programme and is distinct from undergraduate assistantship