



THE UNIVERSITY OF  
BUCKINGHAM

MEDICAL SCHOOL

**MB ChB**

# **Mitigating Circumstances; Personal Tutor and Pastoral report forms**

## 1 *Introduction*

There are many reasons why students feel Mitigating Circumstances can affect their performance in assessments, both personal and health related, and every case will be considered seriously by the Mitigating Circumstances Group.

The GMC guidance 'Professional behaviour and fitness to practise: guidance for medical schools and their students' states that medical students should be aware that their own poor health may put patients and colleagues at risk. The GMC requires that in order to demonstrate that they are fit to practise, students should seek medical or occupational health advice, or both, if there is a concern about their health, including mental health. Medical students should accept that they might not be able to accurately assess their own health and must be willing to be referred for treatment and engage in any recommended treatment programmes. The Medical School requests that students who are concerned about their physical or mental health should contact either, their Personal Tutor or Student Support Lead.

Students who submit a Mitigating Circumstances form prior to an assessment should request that either a Personal Tutor summary form or a Pastoral summary form should be submitted with their Mitigating Circumstances form. A copy of both of the forms is given below and can be obtained from the Student Support team.

## 2 Personal Tutor summary form

Student information	
Name	
Student number	
Year of Study	
Date and title of assessment	
Name of Personal Tutor	

I confirm that the above student has been seen by me, their Personal Tutor, and their problems discussed.

Yes  No

I confirm that the above student has been seen by me, their Personal Tutor, and that the student has already sought and received professional support

Yes  No

I confirm that the above student has been seen by me, their Personal Tutor, and advised that in view of the nature of his/her problems, that the student should arrange to meet with a member of Student Support team

Yes  No

Additional comments:

**Personal Tutor signature:**

**This form must be submitted to:**

Student Support Lead

Medical School

[med-studentsupport@buckingham.ac.uk](mailto:med-studentsupport@buckingham.ac.uk)

### 3 Pastoral summary form

Student information	
Student name	
Student number	
Year of Study	
Date and title of assessment	
Name of Pastoral team member:	
Pastoral member specialism:	
Date of first contact with Pastoral team:	
Number of times seen by Pastoral team:	

I confirm that the above student has been seen by the Pastoral team. The student was advised that the problems he/she has experienced are within those normally experienced by medical students and that they should take the assessment above

Yes  No

I confirm that the above student has been seen by the Pastoral team and in view of the problems that the student has suffered, that he/she has been given or should seek appropriate support/help/advice.

Yes  No

I confirm that the student has been given or sought appropriate support/help/advice

Yes  No

I confirm that the student has not sought appropriate support/help/advice

Yes  No

I confirm that the above student has been seen by the Pastoral team and advised that in view of the nature of his/her problems, that the student should be referred to the Concerns Group. The student has been advised to seek appropriate support.

Yes  No

Additional comments:

**Pastoral signature:**

**This form must be submitted to:** Student Support Lead, Medical School [med-studentsupport@buckingham.ac.uk](mailto:med-studentsupport@buckingham.ac.uk)

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