



THE UNIVERSITY OF
BUCKINGHAM

MEDICAL SCHOOL

MB ChB

Code of Practice for Student Liaison Officers

1 *Background*

It has become increasingly clear in recent years that qualified health professionals, including doctors, must raise concerns about a colleague's behaviour if this behaviour puts patients or indeed themselves at risk, or when they find themselves in a position which they find difficult or uncomfortable. These principles are clearly defined in the GMC document *Tomorrow's Doctors*, the Francis Report and the government's response to the Francis Report. It has also become apparent in recent years that similar standards need to apply to medical students and the GMC's document on *Fitness to Practise for Medical Students* defines this. Therefore Medical schools must educate medical students in this principle and provide them with the necessary support and transparent pathways through which they can raise concerns.

Raising concerns about colleagues can be challenging for those involved in reporting the concerns and these challenges may be particularly difficult for medical students to address, at least initially. There are a number of reasons for this: First, students at the start of their studies are beginning to learn the standards that are expected of themselves and of the medical student body as a whole. Second, there is often a strong sense of camaraderie between medical students which can sometimes make it difficult for medical students to raise concerns about colleague[s], even if well founded. Third, medical students who raise concerns may feel that their report may not be taken seriously. Fourth, particularly for Phase 1 students, who do not have extensive clinical contact, it may be difficult to judge and extrapolate whether a situation or a student's behaviour in the University environment may pose a risk to patients in the clinical environment.

The majority of medical students have a clear sense of right and wrong. The challenge, as outlined above, is applying this moral code to their student lives outside the more defined world of lectures, learning objectives and exams. The Medical School is committed to supporting and helping its students in judging when to apply their moral sense as this is the basis of professional medical practice. It is particularly important that we give our students the confidence to address these issues in partnership with the Medical School. The guidance set out below is designed to clarify for our students the alternative pathways, from their Personal Tutor or Student Support Team, through which they can raise concerns if appropriate.

2 *The role of the Student Liaison Officer*

In the situation where a student is unsure of the significance of their position or otherwise of a fellow student's behaviour, they can contact the Student Liaison Officer. The Student Liaison Officer has no disciplinary role and him/herself will not usually directly refer concerns to the Concerns Group as a consequence of concerns raised by fellow students. The primary role of the Liaison Officer is to listen to, advise and support students and if necessary, help them put into context the behaviour of a student they may have concerns about. If the Student Liaison Officer has concerns about any significant welfare, health or safety issues for either students reporting concerns or about a student who is a cause for concern, then the Student Liaison Officer may inform the Director of Medical Education directly. This principle also applies if it is judged that patient safety may be compromised.

The Medical School will appoint one male and one female Student Liaison Officer. The Student Liaison Officer will not be a member of the Concerns Group or Fitness to Practise Committee and will not be a member of the Student and Staff Support Unit. The specific roles of the Student Liaison Officer are:

- To meet with any student who is concerned about the attitude or conduct of another student and discuss confidentially the nature of the concerns expressed by the students.
- To provide advice to students about their concerns and in particular, help put their concerns into the context of the behaviour expected of students at various stages of the medical course.
- If the Student Liaison Officer feels that no further action needs to be taken at this point, to advise the student[s] accordingly.
- If the Student Liaison Officer is of the view that action should be taken, to provide support and advise the students of the appropriate action. This may, for example, involve completing a Concerns form or following the anti-bullying policy.

The Student Liaison Officer will not normally directly report students about whom concerns have been raised to the Concerns Group. This report should come from the students who have sought the advice of the Student Liaison Officer. The Student Liaison Officer will provide advice and support with this process.

The only occasion when the Student Liaison Officer may have to break confidentiality is if in his/her view the behaviour of a student that has been brought to his/her attention may significantly affect their own or another student's health or welfare. This also applies if patient safety is judged to be at risk. If the Student Liaison Officer considers this to be the case, then he/she will inform the students who have raised the concern and speak to the Director of Medical Education.

The Student Liaison Officers for the University of Buckingham Medical School are Dr Jacqueline O'Dowd (jacqueline.odowd@buckingham.ac.uk) telephone 01280 820 349 and Mr Ash Dawotal (ash.dawotal@buckingham.ac.uk) telephone 01280 820168.

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