



# **Code of Practice for Personal Tutors**

#### 1 Introduction

This Code of Practice describes the procedures for individual personal support for all students on the MB ChB course at the University of Buckingham Medical School to the standards defined by the General Medical Council "Tomorrows' Doctors" and the "Medical Students, Professional values and Fitness to Practise" guidance.

## 2 Principles

- 1. The Medical School has in place systems for supporting all students which provide:
  - 1.1 Regular personal support
  - 1.2 Crisis support
  - 1.3 Reflection on each student's progress and personal development skills through the eportfolio.
- 2. The responsibility for initiating and maintaining contact in respect of regular personal support lies with the School of Medicine.
- 3. The responsibility for initiating contact in respect of crisis, additional pastoral support or additional requests for guidance lies with the student, but on the understanding that clear arrangements are in place to facilitate that contact.
- 4. Students and staff have equal responsibility for developing and maintaining the relationship.
- 5. Staff providing personal support for students will receive training. This will be through induction for new staff, and appropriate on-going staff development briefings by the Medical School in relation to the content of this Code of Practice. The staff development programme will include information regarding other University services, the pastoral care network, Student Liaison Officers, local Deanery support and the processes for referral of students for further assistance and how to give effective personal support for students.

# 3 Operation of the Personal Support System

- 1. In Phase 1, within the first week of the MB ChB course, each student will be allocated a Personal Tutor.
- 2. The Medical School will notify the student of this allocation and of any subsequent alterations.
- 3. The Medical School has procedures in place whereby students can request alternative Personal Tutor arrangements in exceptional circumstances.
- 4. In Phase 2, a new Personal Tutor will be allocated to each student who will be a clinical teacher on the programme. Referral to the Phase 1 tutor in the Medical School may still be appropriate for some students and will be encouraged if necessary.
- 5. The allocation of staff to the role of Personal Tutor will be undertaken by the distribution of students across some of the University's academic and teaching staff.
- 6. Tutors will have knowledge and understanding of the student's programme of study. The Medical School will ensure that the number of tutees allocated to tutors is at an appropriate level to ensure that they can have meaningful contact with each of their personal tutees.
- 7. Whilst personal tutors have an over-riding duty of care to report concerns about their tutees to the Concerns Process, should this occur the student may request alternative personal tutorial support if they feel the existing tutorial relationship will compromise their position.

8. Personal Tutors will have no role in assessing individual tutees, though will of course act as an examiner for the whole cohort.

## 4 Responsibilities of the Personal Tutor

- Establish initial contact with tutees through an individual face-to –face meeting at the beginning of the MB ChB course, within the induction week; this is regarded as the single most important element in establishing the basis of a sound tutor: tutee relationship.
- Arrange a schedule of individual one-to-one meetings with tutees each term in Phase 1.
- Issue invitations, for example, by e-mail or via Moodle to attend such meetings or interactions, with a reminder that tutors are in a position to advise and guide at all times, not just when difficulties occur.
- Wherever circumstances allow and within office hours, respond positively to requests from tutees for assistance in understanding School or University procedures and engage in personal advocacy to support students.
- Check that any necessary reasonable adjustments for disability are in place to support learning on the programme.
- Refer students to the Medical School Student Support Team as necessary, with the student's agreement.
- Keep a written record of each meeting or significant contact with tutees.
- Assist the student in the construction and development of their e-portfolio by reviewing it
  with them at least once per term in Phase 1 and advise on any areas where additional
  information would be beneficial. There will be a facility on the e-portfolio to tag any notes as
  confidential to students and their Personal Tutor.
- Support students who are being managed through the Medical School Concerns Process or Fitness to Practise proceedings in a non-judgemental way.
- Act as an advocate for students during appeals or similar processes

### 5 Responsibilities of the Student

- Respond to contact from their tutor (contact includes invitations to face-to face meetings, telephone conversations and e-mail).
- Take the initiative in instigating meetings or contact if the need arises, seeking timely advice from their tutor, when faced with academic, course assessment through the e-portfolio, personal or other issues that require support. Together students and Personal Tutors will look at a range of evidence. This will be collated using the e-Portfolio, specifically aligned with the needs of these meetings.
  - Evidence may include:
  - Exam results
  - Peer feedback
  - Other feedback students should store this within their ePortfolio
  - $\circ$   $\;$  Portfolio case studies, and feedback provided on these
  - o Self reflection
  - Feedback from tutor sessions in Phase 2
  - Generic Professional Skills reports
  - o Their CV

- Academic presentations / papers and other examples of achievement
- Students should review their progress, including a brief statement on strengths and weaknesses prepared by students in advance.
- Students and their Personal Tutor should discuss extracurricular/personal factors, acknowledging strengths and exploring difficulties. These may include health issues, reasonable adjustments and career choices.
- Students and their Personal Tutor should review their priorities and goals and whether they are reasonable, achievable and measurable?
- Students must record the notes and outcome of each meeting in the Personal Tutoring section of the e-portfolio, which will be if necessary added to by their Personal Tutor. These records may be used to inform references, career advice, or to advise and support students in the event of special circumstances, disciplinary or appeals matters.

# 6 Responsibilities of the School of Medicine

- Alert both staff and students to this Code of Practice annually and circulate any additional departmental guidelines.
- Ensure that relevant information concerning tutees is passed onto tutors in a timely manner.
- Ensure the published arrangement for dealing with students requiring immediate advice or assistance; this means that when a tutor is not available, there should be a clear alternative contact. Such arrangements for crisis support will be clearly publicised to students, academic and administrative staff.
- Ensure that if a Personal Tutor becomes unavailable for any reason for a significant period of time, that a new tutor is allocated and that this is advised to the student.

# 7 Monitoring

- 1 Personal Tutorials are compulsory and must be recorded in the e-portfolio unless previous arrangements have been agreed with the Personal Tutor, student and Student Support, as appropriate. Unexplained failure to attend a personal tutor meeting will be regarded as a cause for concern, and the personal tutor must report this to the medical school concerns process in the same way as any other unauthorised absence from the course.
- 2 The operation of the Personal Tutor system should be a regular agenda item for the Board of Studies for the MB ChB and Concerns Group meetings. In order to monitor the functioning of the system, the Medical School may develop additional methods of surveying student satisfaction with their Personal Tutors.
- 3 The Medical School will report annually on the operation of the Personal Support system as part of the Annual Review of their programmes and will include:
  - a. The maximum number of personal tutees allocated to any one tutor
  - b. Any training or induction activities offered to tutors
  - c. How the Medical School has monitored personal support for students
  - d. Disseminate good practice and any issues across the University

#### 8 Meetings Guidance

#### In years 1-2

In Phase 1 it is anticipated that the tutor and their students will meet for an introductory meeting in January during the Induction week. In the first instance this will be between the Personal Tutor and all of his/hers tutees in Phase 1. The aim of this first meeting will be familiarisation, communication and socialisation. This initial meeting should be used to explain the scheme, the preparatory and follow-up work expected, and to outline the objectives for the years ahead. The tutor may indicate what is expected in terms of academic progress and give guidance on work patterns, study skills and completing their e-portfolio as well as peer tutoring and other student-led group activities. Tutors should agree a way of working with tutees in subsequent individual meetings including how the eportfolio will be shared. He/she should indicate how they can be contacted if the student experiences academic or pastoral difficulty. As a guide, this first group meeting may be expected to last one hour. This initial meeting should be followed up by 1:1 meetings as set out in a meeting schedule. A meeting or email/telephone contact should also be arranged at the beginning of the final term each year to allow the tutor to complete a final Personal Tutor meeting record when the student progresses to the end of year assessments. The e-portfolio will be fully assessed formatively at the end of year 1 and at the end of year 2, by an independent Tutor, to identify reliably, those students whose progress is cause for concern. The Medical School requires a minimum of three contacts between student and tutor per year. Where a student fails a summative assessment, the tutor should offer further meetings for additional support.

#### In years 3-4.5

In Phase 2 the timing of the meetings will be at the discretion of the student and their Personal Tutor. The Medical School requires a minimum of three contacts between student and tutor per year. Personal tutors should offer students general advice and assistance in the ongoing development of their e-portfolio. In Phase 2 the e-portfolio will be assessed summatively on three occasions through a formal appraisal interview with other tutors, and this will occur independently from the review by the Personal Tutor. In Phase 2, tutors may conduct email or telephone meetings, but should aim a face to face meeting at least once in this year. The aim is for each Personal Tutor in Phase 2 to be supported by a doctor in training who will be an integral part of their Personal Tutor Group. Working closely with the students and their Personal Tutor, they may provide additional tuition which may include bedside teaching with formative assessment and provide helpful feedback. They will liaise with the Personal Tutor regarding student progress and record the feedback provided.

The Medical School recognises that there will be a need for flexibility in the frequency, timing and duration of meetings in order to accommodate the needs of students and Personal Tutors, including, for example, evening sessions. All meetings must, however be recorded in the Personal Tutor meeting record and make up part of the student's e-portfolio.

### 9 Further training and support

The Medical School will provide training for all Personal Tutors at the beginning of each new academic year which will cover all the basic aspects of the role in accordance with Tomorrows Doctors Fitness to Practice. Further advice and support on individual student issues can also be given by the Student Support lead (<u>med-studentsupport@buckingham.ac.uk</u>) 07715 371354.



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