

**UNIVERSITY OF
PLYMOUTH**Faculty of Medicine and
Dentistry

Name _____

Peninsula Medical School Student Agreement (Diagnostic Radiography)

As a Diagnostic Radiography student you will study for a University degree that allows you to undertake work-based placements, in clinical environments, during your degree. Therefore, it is essential that you can fulfil the requirements based on Professional and Statutory Regulatory Bodies (PSRBs) including the Health and Care Professions Council (HCPC) and the Society and College of Radiographers (SCoR), and statements on the duties of a practitioner as outlined in the Academy of Healthcare Science Good Scientific Practice (<http://www.ahcs.ac.uk/2012/12/good-scientific-practice>), and Standards of conduct, performance and ethics (<http://www.hcpc-uk.org.uk/aboutregistration/standards/standardsofconductperformanceandethics>).

We ask you to agree the following outline of practice so that you can learn effectively and become a competent practitioner. If there is difficulty for you with any element of this document, then the School will discuss with you how best to resolve it. A satisfactory resolution must be achieved before you commence your studies. If a resolution cannot be reached you will be unable to register on the programme.

Please read the following statements and confirm that you understand and accept them.

1. I will listen to patients and respect their views, treat them politely and considerately, respect patients' privacy and dignity, and respect their right to refuse to take part in teaching.
2. I will not allow my views about a person's lifestyle, culture, beliefs, race, colour, gender, sexuality, age, social status, or perceived economic worth to prejudice my interaction with patients, teachers, or colleagues.
3. I will be honest and not abuse the trust of a patient or other vulnerable person. I will not enter into an improper relationship with another person, for example, with a school pupil whom I may be mentoring.
4. I will always make clear to patients and colleagues that I am a student and not a HCPC registered Diagnostic Radiographer.
5. I agree to be bound by the principle of confidentiality of patient records and patient data. I will therefore take all reasonable precautions to ensure that any personal data relating to patients, which I have learned by virtue of my position as a student, will be kept confidential. I will not discuss patients with other students or professionals outside the clinical setting, except anonymously. When recording data or discussing cases outside the clinical setting I will endeavour to ensure that patients cannot be identified by others. I will respect all hospital and practice patient records. I

will also keep confidential any personal information shared by students or staff during my training.

6. I will maintain appropriate standards of dress, appearance and personal hygiene so as not to cause offence to patients, teachers, or colleagues.

7. I will expose my face fully to patients, teachers and colleagues in all clinical and teaching settings. To ensure adequate communication, students are required not to cover their faces in all clinical areas, where they are working with teachers or where they are expected to work together with other students. Students may cover their faces in plenaries unless specifically asked not to do so by the teacher. Students will have to uncover their faces for identification purposes, including entry to examinations and the library. The Faculty accepts that students will be required to cover their faces for reasons of hygiene while undertaking sterile procedures in some clinical settings.

8. I accept that I will be expected to learn by practising on other students, and allowing others to practise on me. I will participate in recognised teaching and learning activities that may require practising clinical examinations and practical procedures on other students, on a consented basis, and will be willing to allow other students to examine and perform practical procedures on me. Where I am expected to remove my clothing, I will have the option to decline.

9. I will physically examine patients, peers and model patients as required during my training (irrespective of their gender, sexuality, culture, beliefs, disability, or disease). I will follow appropriate chaperone and consent guidance. I accept that in order to register with HCPC as a Diagnostic Radiographer in the UK, I will be willing to assess or complete any imaging techniques on any individual as fully and intimately as is required as part of my training.

10. I will attend learning activities as required by the regulations of the course, and I will work diligently to complete my degree. Classes are timetabled between 8am and 6pm, Monday to Friday and regular attendance is expected of all students. Students on clinical placement will be required to work outside these hours including evenings and weekends. I am aware that attendance is monitored and failure to meet the minimum attendance levels may preclude my progression and result in my withdrawal from the programme.

11. I undertake to provide timely and honest feedback on the usefulness, significance and effectiveness of all aspects of the course, including teaching. I will respond to all the feedback I receive in a constructive manner. I accept that my assessment data and feedback may be used anonymously in educational evaluation to improve the quality of the course.

12. I will treat other health professionals, staff and fellow students with respect and attempt to maintain effective cooperation between all members of a team, including when caring for a patient.

13. I will be honest in submitting course work for assessment, and will never plagiarise material from other sources and submit it as my own work.

14. I will tell the School if I am charged with or convicted of a criminal offence and will inform the School of all cautions, warnings and fixed penalty notices during my time as a student at University of Plymouth. Although students are required to have a Disclosure and Barring Service check before entering the school, the School also needs to know if a student has a subsequent conviction especially if there is a possibility that this will affect their fitness to be a HCPC registered Diagnostic Radiographer.

15. If I experience a health professional, member of staff or fellow student behaving in a way that I feel is unprofessional or may lead to harm to patients or others I will discuss this immediately with a senior member of staff in line with the School's Raising Concerns Policy.

16. I will be aware of the limits of my professional competence and not hesitate to ask for help and advice when needed.

17. I will inform the school if there is any significant change to my health that might affect my fitness to be a clinical student or to register with the HCPC as a Diagnostic Radiographer.

18. Lectures and workshops at the University of Plymouth may be linked by video recording between multiple locations. Video images include members of staff and, occasionally, students. The recordings are not edited and are stored for subsequent access by staff and students via the electronic learning environment. I accept that participating in this undergraduate programme will involve sessions of this type.

19. I confirm that I have been truthful in my application to Peninsula Medical School, and that I did not omit important information relevant to my application. I understand that if the School discovers that I have been untruthful in my application, it may withdraw the offer of a place or terminate my course of study.

20. I will provide a passport standard photograph in order for the School to produce a student identity card. I consent to this image being used in School offices and on the UNIT-e student records system for verification purposes.

21. I will comply with the standards and expectations of the Health and Care Professions Council and Society and College of Radiographers.

22. I am aware that whilst the Diagnostic Radiography programme will provide a training position for me, this does not guarantee training within a specific locality.

I confirm that I have read, understood and accept all of the statements listed in this agreement.

Signature

Name (in CAPS)

UCAS No.

Date