

## MB ChB Course 2018/19 Health and Conduct Survey

Congratulations on receiving a conditional offer of a place to study on the University of Warwick MB ChB Course. **Patient safety is of primary importance to everyone who works in health care. This concern for safety also extends to the health and wellbeing of medical students, to ensure they are supported during a challenging course in novel clinical environments.** Therefore a condition of your offer is that you declare all past and current health and conduct issues that may affect your fitness to study medicine and practise as a doctor following successful completion of the course. The purpose of the declaration is that, should you become a student, the School and University can support you to successfully complete your course and help to prevent health and conduct issues becoming more serious and a cause of difficulty. Warwick Medical School (WMS) is committed to providing support and reasonable adjustments for any disability related needs as required.

To aid your understanding, you should read the professional values expected of you as a medical student, and the advice to medical schools on how to deal with concerns about students' fitness to practise. These are set out in the General Medical Council's (GMC) and Medical Schools' Council's (MSC) Guidance [Medical students: professionalism and fitness to practise](#). You may also find it useful to read the [case study](#) page that gives examples of the type of issues that can happen during a course of study. Please note that a [health condition](#) does NOT necessarily mean there is a student fitness to practise concern. However, failure to disclose potentially relevant information is a fitness to practise issue.

As part of the application and selection centre process, you may have already disclosed health issues, criminal convictions and cautions, fixed penalty notices, both current and spent, in Section 2 of the UCAS form. If so, you are requested to give consent to share these further. Please see Section C in the Health and Conduct Declaration form below.

### Medical Schools' Council Excluded Students Database

In the interests of patient and public safety, the MSC maintains a database of medical students who have been excluded from a medical school on fitness to practise grounds. This also applies to students that leave voluntarily before a fitness to practise hearing has concluded and only after the completion of any appeal that is unsuccessful. If you leave WMS under these circumstances the following information will be entered and stored on the MSC Excluded Students Database:

- Known name(s) including any changes of name by Deed Poll
- Current gender and gender at birth
- Date of birth
- Name of the medical school that the student was excluded from
- UCAS ID
- Photograph
- A copy of the outcomes letter at the end of the fitness to practise proceedings.

Please see Section C in the Health and Conduct Declaration form below.

### Instructions

1. Please complete Section A **OR** B below
2. Please complete Section C below by ticking all statements that apply
3. Please send your declaration and any scanned documentation to [Healthandconduct@warwick.ac.uk](mailto:Healthandconduct@warwick.ac.uk) by **31 March 2018**

If you do not have access to email and/or scanning facilities, please send the declaration and any documentation to the address below. Please ensure that any documentation is annotated with your name, UCAS number, University number and the declaration statement number to which it refers:

Health, Welfare and Professionalism Group  
Warwick Medical School  
University of Warwick  
Coventry  
CV4 7AL

### What happens next?

If you have nothing to declare, then this part of the process is complete. If you make a declaration, it will be reviewed by the WMS Health, Welfare and Professionalism Group, which acts as the low-level professionalism committee established in line with the [appendix diagram](#) in the GMC/MSG Guidance and is recognised as best practice among medical schools. Its role is to identify, in the first instance, any support or reasonable adjustments you may need and to determine whether [the threshold of student fitness to practise](#) may have been reached. You will receive written feedback once your declaration has been reviewed, which will have one of the following outcomes:

1. Where it is determined that the threshold has not been reached, your declaration will be signed off as no further action but may include recommendations such as seeking support from the University's [Wellbeing Support Services](#). Please note that to be able to arrive at this determination, the Group may request additional information.
2. Where it is determined that the threshold may have been reached, you will be referred to the University's Fitness to Practise Committee, which may also include a request for additional information.

**In the event that you do not take up a place at Warwick Medical School, all information you have provided will be destroyed.**

## Health and Conduct Declaration

Surname:	
First Name:	
UCAS Number:	
University Number:	

**A. Please read each of the declaration statements and tick all that apply.** For each of the statements that you tick, please provide further information where indicated. If you are not able to provide this at the time of submitting the form, please indicate when you will be able to do so in the 'Additional Documentation' section below. Do you have now, or ever had in the past:

1.	A physical impairment or mobility issue e.g. one that may prevent you from moving a collapsed patient into a safe position, or that affects your ability to write legibly by hand <sup>1</sup> .	<input type="checkbox"/>
2.	A mental health condition or disability e.g. depression, anxiety, personality disorder, or any other mental health issue <sup>1</sup> .	<input type="checkbox"/>
3.	Autism Spectrum Disorder or Social Communication Impairments <sup>1</sup> .	<input type="checkbox"/>
4.	Specific Learning Difficulties e.g. dyslexia, dyscalculia <sup>1</sup> .	<input type="checkbox"/>
5.	A fit or seizure in the last twelve months <sup>1</sup> .	<input type="checkbox"/>
6.	Blood borne viruses <sup>1</sup> . (If you do not acquire the necessary immunity you may still be admitted to study but be excluded from exposure prone procedures).	<input type="checkbox"/>
7.	Any hearing impairment not corrected with a hearing aid <sup>1</sup> .	<input type="checkbox"/>
8.	Any visual impairment not corrected by glasses or contact lenses <sup>1</sup> .	<input type="checkbox"/>
9.	Any other health issues/condition e.g. allergies, diabetes, arthritis, rheumatism <sup>1</sup> .	<input type="checkbox"/>
10.	Been issued with a fixed penalty notice, including disorder and harassment notices. If so, please provide details. (You do not need to declare any road traffic offences where you have accepted the option of paying a fixed penalty notice).	<input type="checkbox"/>
11.	A spent or current caution(s) and/or criminal conviction(s) <sup>2</sup> .	<input type="checkbox"/>
12.	A current or future proceeding that may lead to a caution or conviction <sup>2</sup> .	<input type="checkbox"/>
13.	Previously been refused registration or a licence to practise by another medical, health or social care regulator. If so, please provide: <ul style="list-style-type: none"> <li>• Details of the regulator;</li> <li>• Documentary evidence of the grounds for refusal;</li> <li>• A full statement from you on the background, the grounds for refusal and information of any appeal, successful or not.</li> </ul>	<input type="checkbox"/>

<b>14.</b>	<p>Previously been fined, given a warning or reprimanded by another medical, health or social care regulator. If so please provide:</p> <ul style="list-style-type: none"> <li>• Details of the regulator and your reference/registration number;</li> <li>• Documentary evidence of the fine, warning or reprimand;</li> <li>• A full statement from you of the circumstances and information on any appeal, successful or not.</li> </ul>	<input type="checkbox"/>
<b>15.</b>	<p>Been subject to disciplinary action by a university or employer. If so, please provide:</p> <ul style="list-style-type: none"> <li>• Documentary evidence of the nature of the disciplinary action;</li> <li>• Contact names and details of any person(s) involved that can be approached for further information;</li> <li>• A full statement from you of the circumstances and information on any appeal, successful or not.</li> </ul>	<input type="checkbox"/>

**Notes:**

<sup>1</sup>Please provide any medical reports and letters from any treating health care professionals to include any support you may need.

<sup>2</sup> For future, current or spent caution(s) and/or criminal conviction(s) please provide where applicable:

- The date of the caution or conviction
- The name and address of the court or police authority
- The details of the penalty (if applicable) that was imposed
- A caution note or conviction notice, or a recent Disclosure and Barring Service report
- A commentary on the incident(s)
- Character references

**OR**

**B. Nothing to declare.**

I do not have any current or past health or conduct issues to declare	<input type="checkbox"/>
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**C. Consent and Confirmation**

I consent that any information previously submitted by me during the application process, selection centre process and with this declaration may be shared with any University committee, group or officers as required in the course of my studies.	<input type="checkbox"/>
I agree that if I accept a place to study at WMS I will be required to complete an Occupational Health form for University Hospitals Coventry and Warwickshire NHS Trust Occupational Health Department, and, as a result, may be invited to attend an assessment by an Occupational Health Advisor / Physician.	<input type="checkbox"/>
If I am excluded from the WMS MB ChB course on the grounds of fitness to practise, even if I leave voluntarily before the fitness to practise hearing has concluded, and after the completion of any appeal that is unsuccessful, I understand that my information will be included in the MSC Excluded Students Database.	<input type="checkbox"/>
I confirm that the information given by me in this Health and Conduct Declaration is true and complete to the best of my knowledge.	<input type="checkbox"/>
Signature:	
(Returning this form by email will serve as your signature; the email will be retained with this form as proof)	
Date:	

[Additional Documentation](#)

Please include any further information and/or list the details of any additional documentation here, and indicate which declaration statement number it refers to: