



Name \_\_\_\_\_

### **BDS Bachelor of Dental Surgery Student Agreement**

**Please ensure that you review all of the following information and return scans or photographs of all 5 pages to [meddent-admissions@plymouth.ac.uk](mailto:meddent-admissions@plymouth.ac.uk) once you have completed the signature section on page 5.**

**Please note that we are unable to accept typed signatures.**

As a dental student you will study for a University degree that will automatically allow you to apply for registration with the General Dental Council as a dentist following graduation. During your student years some of your training will take place in a clinical environment. Therefore, it is essential that you can fulfil the requirements based on General Dental Council statements on the duties of a dentist as outlined in Standards for the Dental Team (Sept 2013) and the duties of a dental student as outlined in the GDC's Preparing for Practice (revised 2015). A copy of the GDC's guidelines is available on-line at [www.gdcuk.org](http://www.gdcuk.org).

We ask that you agree the following outline of practice that is derived from the GDC requirements so that you can learn effectively and become a competent and safe practitioner. If you find difficulty with any element of this document, then the Dental School will discuss with you how best to resolve any issues. A satisfactory resolution must be achieved before you commence your studies at the University of Plymouth Faculty of Health. If a resolution cannot be reached, you will be unable to register on the BDS 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 that I am a student and not a qualified dentist. Until I am a dentist, I will not recommend treatment or suggest patients take any action that might be interpreted as dental advice outside of my supervised clinical practice.

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 dental 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 understand and agree to be bound by the principle that dental students and dentists must be free from infection of blood-borne viruses including Hepatitis B, Hepatitis C and HIV. I will inform the School immediately should my infection free status be in doubt during the programme of study. I agree to take part fully in the School's Hepatitis B immunisation programme provided by the Staff Health & Wellbeing Service. I understand that students who have not completed all required immunisations prior to commencing learning in the clinical environment may not be permitted to take part in this element of the programme. The School reserves the right to terminate the course of study of students who do not make every effort to protect themselves and their patients from infection.
7. I understand that an Occupational Health assessment is required prior to the 30<sup>th</sup> June 2021 to meet the conditions of my offer to study with the University of Plymouth Faculty of Health. If adjustments are advised, I understand that the operational decision on implementing these recommendations ultimately rest with the faculty based on a balance of both my needs and the operational capabilities and it may not be possible to grant them in their entirety or at all.
8. I will maintain appropriate standards of dress, appearance and personal hygiene so as not to cause offence to patients, teachers, or colleagues. I agree that the appearance of a student or dental practitioner should not be such as potentially to affect a patient's confidence in that person's clinical judgement or standing. I will abide by the local infection control policy governing clinical environments.
9. 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 Dental School accepts that students will be required to cover their faces for reasons of hygiene while undertaking sterile procedures in clinical settings.
10. 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.

11. I will 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. Prior to both extraoral and intraoral clinical examination of all patients, I will ensure that my hand hygiene is carried out as per the local guidelines that will be issued to me and that I will always wear hand protection in the form of protective gloves.
12. 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 may be required to work outside these hours including occasional evenings or weekends.
13. 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 agree that my assessment data and feedback can be used anonymously in research and educational evaluation to improve the quality of the course and to advance knowledge.
14. 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.
15. 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.
16. 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 (except parking fines) during my time as a student at the University of Plymouth Faculty of Health. Although students are required to have a Criminal Record 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 fitness to be a clinical student or a dentist. I understand that failure to immediately disclose a caution, conviction or criminal investigation against me could result in my exclusion from the programme.
17. 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.
18. I will be aware of the limits of my professional competence and not hesitate to ask for help and advice when needed.
19. 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 practice as a dentist.

20. The school is based across the South West region and I accept that I may be based at any of the sites of the School throughout my programme. If this is for more than six months at a time then I will be required to pay for my own accommodation. The sites I am based at will change throughout my programme and may alter further as the school grows and develops.
21. I accept that I may be required to undertake my Dental Foundation Training in the South West region as in the future Dental Foundation Training places may be directly linked to the Dental School that I qualify from.
22. Lectures and workshops at the University of Plymouth Faculty of Health are often 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 digital learning environment. I accept that participating in the undergraduate programme at University of Plymouth Faculty of Health will involve sessions of this type.
23. I confirm that I have been truthful in my application to the dental 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.
24. I will provide a suitable passport style image 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.
25. I have reviewed **How the University may use my personal data** within the student contract (section 9 - [https://www.plymouth.ac.uk/uploads/production/document/path/14/14771/Student\\_Contract.pdf](https://www.plymouth.ac.uk/uploads/production/document/path/14/14771/Student_Contract.pdf)) and agree that during and after my time at university, the university will hold and process my personal data (including sensitive personal data) in accordance with the Data protection Act 2018, and the student Privacy Notice (<https://www.plymouth.ac.uk/student-life/your-studies/essential-information/dataprotection>).
26. I accept the requirement to obtain dental protection insurance from a recognised dental protection organisation. The School considers that membership of a dental protection organisation is an essential support to undergraduate study and a legal requirement of future clinical practice. I accept that the School will seek evidence of membership and failure to comply is a disciplinary matter for which my study may be terminated.
27. I will comply with the standards and expectations of the General Dental Council, including Standards for the Dental Team, Use of Social Media Guidance and Fitness to Practise.
28. I understand and agree that my personal information will be shared with other schools in the event that I am deemed unfit to practise. That in the interests of patient and

public safety, my details will be added to the Medical/Dental School Councils Excluded Student Database to prevent future fraudulent applications to courses which lead to entry to a registered profession within the UK. That I have a right to access this information and correct any errors.

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

Signature .....

Name (in CAPS) .....

UCAS No. ....

Date .....