Undergraduate Medicine (MB BS) Clinical Remediation Policy Academic Year 2026-27

1. Background

1.1. The Norwich Medical School Attendance and Engagement Policy sets out the expectations for Undergraduate Medicine (MB BS) students regarding engagement with educational opportunities including placement, how attendance will be monitored, and the procedures for dealing with matters relating to attendance and engagement.

1.2. Gaining clinical experience is at the heart of becoming a good doctor which is why our course has early clinical exposure in primary and secondary care which is integrated into every module. Missing just a few sessions can quickly build up to a significant proportional deficit in clinical experience, competencies, and knowledge. There is an association between placement absence and examination failure, notably in the OSCEs.

1.3. This Clinical Remediation policy outlines the approach to clinical absence and is complimentary to the Attendance and Engagement Policy for campus teaching. Campus teaching attendance and placement attendance are not considered interchangeable and there is no cross-compensation.

1.4. Clinical remediation is based on a 9.5% absence threshold, cumulative across the academic year, which aligns with the approach taken to Foundation Programme.

1.5. Students should be aware that at the point of graduation, they are expected to obtain a reference from the School for the Oriel Foundation programme management system. This reference takes into account (among other things) placement attendance and timekeeping.

2. Aims of clinical remediation

The main aim of remediation is to make up clinical experience/exposure lost through absence from clinical placement, and to ensure that our graduates meet the GMC Outcomes for Graduates and are equipped to start work as FY1 doctors.

2.1. Students may miss clinical sessions for a wide variety of reasons (e.g., ill health, bereavement, authorised leave to attend external academic events etc). Where these types of absence are agreed or reported to the school they are designated ‘authorised’. Unauthorised absence can occur when a student misses placement and fails to inform the placement area.

2.2. Whatever the reasons for missing clinical placement, the impact on a student's learning opportunities is the same. Students will be supported to remediate when they hit specified thresholds so that the impact of the reduced engagement may be mitigated.

2.3. The monitoring of clinical engagement along with engagement and attendance of campus teaching also allows a review of any underlying causes, such as ill health, for which the students could be supported.

3. The Process

Key points:

- Any student who misses more than 9.5% threshold clinical placement (total of primary care plus secondary care absences) for any reason during the academic year, must undertake remediation.

- Based on the 9.5% threshold, this is the total number of placement days along with absence threshold for each academic year:

Year Group	Total placement (days)	Percentage	Remediation Threshold Days
1	55	9.5%	**5**
2	80	9.5%	**8**
3	80	9.5%	**8**
4	90	9.5%	**9**
5	80	9.5%	**8**

- Students may hit this threshold at any point in the year. Students will be informed if they have triggered this threshold at the end of each module, or in the case of Year 1, after the second secondary care block, so that they can choose to undertake remediation prior to the end of year. This may include the use of weekends/out of hours or during holidays so that they do not accumulate a deficit by the end of the year.

- This policy does not apply to Modules 4E (External Elective) and 5C (Career Development Placement) which have an expectation of a minimum of 80% attendance and students will need to remediate if they fall below this. They are managed separately due to the self-organised structure and locations of the module placements. Attendance and engagement is confirmed on the supervisor's report at the end of the module.

Criteria and Notification

3.1. Engagement in placement days will be monitored in primary and secondary care so that student absence will be identified and recorded via a central reporting system. Authorised and unauthorised absence is treated in the same way.

3.2. Students will be notified by email should they hit the clinical remediation trigger at the end of each module or after the second secondary care block for Year 1 students.

3.3. Physical registers may be used for individual structured sessions, such as clinical skills, or used at the start of the day, depending on the nature of placement you are attending. Additionally, clinicians will report students missing from timetabled 'booked sessions', where small group apprentice type learning occurs e.g., on wards, outpatients, theatre or shadowing members of the healthcare team. All sessions are considered equally important to attend regardless of the type of session or type of attendance monitoring employed.

3.4. Students who go beyond the threshold for remediation will be contacted by the Student and Academic Service – Academic Registry (SAS-ACR) team and be informed of their requirements for clinical remediation. The head of year will copied into this message, and there is an expectation that the student will meet with the Head of Year to discuss and plan their remediation. This also provides an opportunity to check on the student's welfare, and reason(s) for repeated absence.

3.5. After the remediation has taken place the absence count remains at 9.5% threshold therefore 100% attendance is required in order not to trigger any further days of remediation during that academic year. Further absence would automatically require remediation and a day for day (or half day) equivalence. Any student who exceeds this threshold and has not undertaken the required remediation by dates stated below may be referred to the Professionalism Committee.

3.6. If a student believes an error has been made in the recording of their attendance on placement, they should escalate this to their Head of Year for consideration. The following needs to be noted:

- Evidence of attendance will be required, for example from the staff member who was supervising the student.
- If a student is unavailable for a whole day of placement but had timetabled activity (e.g. with ward work on the other half day) then this must still be reported as a whole day absence. Half day absence can only be recorded where the student is able to be present and attend for the other half day.
- Half day absence is to be used for students who have to go for another appointment or are late due to transport difficulties. Where placement timetables specify ward work etc. this still 'counts' if missed so if a student is off sick for 3 days, they must have 3 whole days absence recorded.

- Any student found behaving dishonestly in relation to attendance at placement will be reported to the Professionalism Lead and will be required to attend a fitness to practise panel. This includes: ○ Signing the register and then not attending the placement ○ Asking another student to sign the register for them ○ Signing the for another student who is not present

4. Arranging and evidencing clinical remediation

4.1. Students are required to arrange and provide evidence that they have done clinical remediation sufficient to get their total attendance back to 9.5% threshold.

4.2. The responsibility for arranging the placement will rest with the student, however students may seek advice or request contact details of clinicians via the clinical skills team of the chosen hospital.

4.3. There is an expectation that students undertake remediation specifically to address missed module opportunities. This is particularly important for modules where there are short durations of placement e.g. ENT, dermatology, secondary care in module 4D etc.

4.4. Students are encouraged to discuss their remediation requirements with their Academic Adviser and must discuss with the Head of Year.

4.5. Students are advised to choose their remedial placement based on:

- Which sessions/module they have missed.
- Which hospital site they prefer to attend. Any site that currently delivers a module may host a remedial placement although this is discretional. Students do not necessarily have to return to the site where their original placement was hosted.
- Clinical remediation in primary care is not possible.
- There is no additional funding for remediation, so any costs such as transport or overnight accommodation fall to the student themselves.

4.6. Clinical remediation can be arranged at a time chosen by the student and agreed with the supervising clinician, but it is recommended to be taken **as soon as possible after the missed learning**.

4.7. In exceptional circumstances students may ask to do remediation in advance of anticipated absences by ‘building up credit’. e.g. for planned surgery. **This must be discussed with the Head of Year** or it will not be accepted as remediation.

4.8. Clinical remediation must never replace other learning and students must ensure that any remediation undertaken does not have any detrimental impact on other elements of their current studies. Clinical remediation therefore must be

- outside other timetabled activities during campus blocks of the course
- outside the normal working day (9am-5pm) during placement Examples of suitable times for scheduling remediation include evening or weekend sessions and holidays.

4.9. Paid employment in the NHS (e.g. as a phlebotomist, HCA or physiotherapy assistant) cannot be used for clinical remediation.

4.10. Remediation can be a mix of full and half days and does not have to be completed in a consecutive block. A half day is defined as 4 hours long but students may not complete more than 2 half days per 24 hour period.

4.11. Students will evidence their attendance at remediation by completing a Pebblepad form.

- Each form can only evidence a 4 hour (half day) of remediation so if a full day is completed then two forms (one for each 4 hour session) must be submitted. If a supervising Doctor leaves before the 4 hours they should be asked to complete it at that time and another form needs to be completed for further hours.
- Forms must be signed by any fully registered doctor who is **more than 5 years since qualification** (i.e. not a foundation doctor and usually CT/ST3 or above) and does not present a conflict of interest for you and who can verify your attendance. The signatory may sign this form in consultation with their team and does not need to directly supervise you on the ward. The signature should be obtained at the **END** of a shift; please be aware that the signature on the forms are automatically dated and time stamped and any claim for attendance that is pre-dated/timed will be considered invalid. Post dated forms (e.g. signed on or following the next day) are acceptable but students should note that “bulk signatures” i.e. signing of multiple sessions in one go will be subject to audit. When more than one form is signed off in one go, the specific times and activities should be mentioned separately on each form.
- Problems with access to the clinical remediation form on PebblePad can be directed to MED.Pebblepad@uea.ac.uk
- Any evidence of falsifying signatures for clinical remediation will be reported to the Professionalism Lead and the student concerned will be invited to a fitness to practise panel.

5. Repeated absence from clinical placement, Failure to complete clinical remediation & Extenuating Circumstances

5.1. Students who are not engaging with appropriate remediation, will be reviewed in detail under the University Engagement regulations. Other evidence of engagement e.g. attendance for campus, PBL, submission of coursework, workplace assessment completion on PebblePad, may allow triangulation

and enable the student to be appropriately supported. In some circumstances a repeat of the year may be recommended, or the student may be referred to the Professionalism Committee.

5.2. Completion of Clinical Remediation is one of the conditions required to meet the criteria to pass the Fitness to Practise module and is therefore **compulsory.** Students will be informed in writing of their requirement to complete remediation and the date by which this must be completed.

5.3. Students referred to Fitness to Practise with concerns related to Attendance, Engagement and Progress (GR13) will have their clinical remediation reviewed to ensure they are complying with this policy.

5.4. In general, students should complete clinical remediation prior to starting the next academic year i.e. there should be no “carry over” of remediation into a subsequent academic year. Failure to complete remediation by the required deadline at the end of the academic year may result in one of the following:

- Progression by concession on the basis that the outstanding remediation is completed by

  16th June 2027 Year 5
  25th August 2027 Year 1-4

- **In exceptional circumstances** progression to the following academic year with a further deadline for completion. Students will be required to meet with the Head of Year for the year that they progress to, to create a plan for the remediation to be completed, and to have a progress meeting before the extended deadline. Failure to engage with this process will result in a referral to Fitness to Practice.

5.5. Full repeat of the academic year. Where a student is repeating a year including all the associated assessments they do not have to complete remediation. Should a student have exceptional circumstances which have prevented completion of the required clinical remediation by the published deadline then these should be submitted to SAS-ACR Team for the End of Year Board or the Reassessment Board (as appropriate).

5.6. If circumstances are not accepted as a reason for failure to complete clinical remediation the student has the right to submit an academic appeal.

Key Information Table (*please complete all fields*) - see the end of this document for an example

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Version Control Record *(expand table as required)*

Version	Date	Revision Description
14	9.9.2025	Clarification of signatory being >5 years post qualification.
15		Update of department names following the change from LTS to ACR
16	23.92025	Added 1) If a Dr leaves before the 4 hours they should be asked to complete it at that time and another form needs to be completed for further hours.' 2) updated MBBS to Undergraduate Medicine (MB BS)
17	25.09.2026	Updated for 2026-27

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