



Student Learning Contract

Master of Pharmacy (MPharm)

All student pharmacists must agree to abide by the conditions of a learning contract prior to embarking on the Undergraduate Master of Pharmacy (MPharm) programme.

All student pharmacists are subject to contractual regulations of the School of Healthcare ("the School") and of the clinical setting at which they are placed for experience in practice.

I (print name) acknowledge my intention to take up a place as a student pharmacist in the Master of Pharmacy (MPharm) programme within the School of Healthcare at the University of Leicester.

Personal responsibilities

I **agree** to use all my efforts to benefit from the learning opportunities that are presented to me in both the theoretical and practice aspects of my programme. I understand this will include:

1. Participating in classroom teaching sessions.
2. Participating in group work.
3. Undertaking self-study and learning.
4. Observing, learning and putting into practice the practice aspects of the programme.
5. Reflection on experiences to further enhance my learning.
6. Planning my own learning and monitoring my own progress with support from MPharm academics and clinicians as well as the wider university support services.
7. Participating in Inter-Professional Education (IPE) activities with peers from nursing, midwifery, operating department practice (ODP), physiotherapy, diagnostic radiography and medicine programmes.
8. Completing portfolios to demonstrate my clinical and professional developmental progress.
9. Being aware of the precautions and contraindications associated with clinical skills I undertake, and to wear appropriate clothing/uniform with no jewellery in accordance with university and placement provider policies.
10. Participating in programme Open Days, UCAS visit days and prospective student interview events as part of my continuous professional development (CPD)/ambassadorial activities.
11. Consenting to being photographed by School/MPharm academic staff in any learning environment for the purposes of teaching, learning support, assessment moderation and research. In addition, images may be used on the School/MPharm programme website and for pharmacy programme marketing with no time limit. Additional consent will be sought for this and I can request images to be removed at any point.

Personal Conduct

I **agree** to behave in a manner that supports and enhances the professional standing of the School and the reputation of the pharmacy profession, as well as all organisations in which I undertake practice experience at all times during the theoretical and practice aspects of my programme. This I understand includes:

1. Being polite and courteous to everyone I come in contact with during my programme.
2. Behaving in such a manner that does not compromise the health and safety, confidentiality and dignity of others.
3. Ensuring that my personal attitude and behaviour to others is in line with the aim to provide equitable opportunity and to reduce harassment of others.

Policies

I **agree** to adhere to the following:

1. University of Leicester's [code of student responsibilities](#).
2. The School's Annual Declaration of Good Health and Good Character (available on Blackboard).
3. The General Pharmaceutical Council's standards for pharmacy professionals

Concerns

I **agree** to notify my personal tutor or placement manager immediately if I have any of the following concerns:

1. Relating directly and/or indirectly to the safety of service users/patients in my care.
2. About the behaviour of a fellow student that might put another person at risk.
3. About the behaviour of a colleague on practice placement that might put another person at risk.
4. About any situation that might constitute a health and safety risk to a service user, a student, a member of staff or a member of the public.

Hours of Study

I **agree** to fulfil the expected hours required for each Module of study, with a minimum of **90%** attendance required to progress to the next year of study. I agree to achieve this through:

1. Attending the programme for the required hours each week.
2. Working the hours expected of me each day, following allocated shift patterns in placements which may include evenings and weekends, and providing appropriate documentary evidence.
3. Attending the programme throughout its duration except when I am granted leave of absence.
4. Making up any time I have missed through absence or sickness to ensure that the required hours are met and providing the documentary evidence as directed by the School to demonstrate that this has been fulfilled.

Regulations

I **agree** to abide by the conditions imposed on me by the regulations of The University of Leicester ([Senate Regulations](#)), the [University's Religion and Belief Code of Practice](#), the School of Healthcare

regulations (available on Blackboard) and by the regulations of the NHS Trust/organisation in relation to hours of work, [Uniform Policy](#) and professional behaviour.

I **understand** that as an integral component of my learning I may be asked to participate as a service user/patient during practical or clinical teaching, I **consent** to do this but reserve the right to withdraw my consent in any particular situation.

Removal from the programme

I **understand** that the following situations will be amongst those that may result in my participation in the MPharm programme being discontinued.

1. Failure to abide by any of the above requirements.
2. Behaviour resulting in criminal charges being brought against me whether on the premises of the University, placement organisation or otherwise.
3. Persistent poor attendance and/or poor punctuality resulting in a failure to meet the required learning hours of the programme.
4. Persistent poor attitude and/or poor behaviour, which affects my ability to progress or participate in learning opportunities.

I **agree** to bring to the attention of my Personal Tutor/Programme Leader any issue that may compromise my ability to meet the above requirements. I also understand that my Personal Tutor may speak to me on any of the above issues if they are concerned that I am unable to comply with any of them.

Signed.

Date.