## **University of St Andrews - School of Medicine Handbook**

## TRANSFER OF INFORMATION FROM ST ANDREWS TO SUBSEQUENT MEDICAL SCHOOL

The Transfer of Information process is designed to allow St Andrews students to highlight any issues that might be relevant to their clinical studies to their future medical school Student Support Services. It is important to appreciate the following points:

- 1. The transfer of information is a supportive process aimed at allowing Support Services to highlight to Hospital Deans or School Pro Deans any information that may be of relevance to students' clinical studies and is one of the process used to safeguard patent safety.
- 2. Information contained on this form will be kept in the confidential student record, no information will be shared with anyone else unless without specific permission.
- 3. The information contained on the Transfer of Information form (TOI form) will not be used at any point to determine future professional progress as a clinical medical student.
- 4. The questions are designed to allow the student to highlight issues that they believe may be pertinent and to determine how much specific information to give in regard to each of these. It is important to understand that withholding information that may be of relevance to patient care or giving false information in regard to your academic career would be inconsistent with the GMC guidance on probity and any identification of such activity would be considered a very serious matter.
- 5. If you have any questions related to this questionnaire please contact the St Andrews Medical Student Support; <a href="mailto:medsupport@st-andrews.ac.uk">medsupport@st-andrews.ac.uk</a>
- 6. The Medical Student Support team may add a summary of information in which case any student will be invited to review that summary.

#### **Procedure**

 All students must complete this form. Please type the details into the box. You must answer all 'A' questions. Provide an answer to the 'B' questions if required. You must also answer questions 9 and 10.

#### University of St Andrews - School of Medicine Handbook

# TRANSFER OF INFORMATION FORM (TOI FORM)

# **Confidential When Complete**

This Transfer of Information (TOI) form will be passed to Student Support Services at your future Medical School. The information will not be passed to your Educational or Placement Supervisor (usually the consultant with whom you will have a clinical placement) without prior discussion with you. The purpose of supplying this information is to ensure that they are aware of any particular support or help that you may need during your clinical study. Complete all the boxes, use the space overleaf or extra pages if required.

<b>1A</b> . Full name:			Date of birth:	
2A. Which University are you transferring to?				
<b>2B</b> . If going to Manc hospital:	hester then which base			
<b>3A.</b> In which calendar year did you commence the St Andrews BSc (Hons)?				
<b>4A</b> . List any assessments that you have deferred? type 'none' or list modules				
<b>5A</b> . Have you appeared before the progress committee and/or the Professionalism and Welfare Committee for conduct or attitude reasons (including yellow cards)? Type 'yes' or 'no'				
<b>5B</b> . If you answered 'yes' at 5A then describe how many times and in which modules:				
<b>6A</b> . Have you been subject to Fitness to Practise action or given cautionary advice (e.g. letter from the Dean academic misconduct)?  Type 'yes' or 'no'				
	yes at 6A then elaborate:			
<b>7A</b> . Have you had any periods of formal absence / leave of absence from the course? Type 'yes' or 'no'				
<b>7B</b> . If you answered 'yes' at 7A then describe the duration and reasons for the absence. Possible options are; academic, personal, health etc:				
	ed support by student services t St Andrews? Type 'yes' or oding			
nature of this support				
9. I confirm that I will not recycle course work which I submitted for my St Andrews degree for further assessment at my partner school.  Type 'yes' to indicate consent				
help Student Support Dean please add this engage with student medical school for as disability or counselli appointment with Stu- beneficial please note				
By submitting this form I confirm that the information given in this form is accurate				