Description

Post Graduate Certificate in Primary Mental Health Care and Graduate Certificate in Primary Mental Health Care (we also have a level 6 route)

Primary Mental Health Care

Version: August 2025

Student Programme Handbook

The Universityâ??s Vision for the Future:

We will be recognised globally for the excellence of our people, research, learning and innovation, and for the benefits we bring to society and the environment.

The foundation of this vision and strategic plan remains our three core goals of research and discovery, teaching and learning, and social responsibility, which are encapsulated in our motto: knowledge, wisdom and humanity. It builds on our strengths while taking the University in new directions.

Division of Nursing, Midwifery and Social Work

The Division of Nursing, Midwifery and Social Work is recognised for delivering world-class teaching and research across nursing, midwifery, social work and related disciplines. We currently provide undergraduate and postgraduate education to more than 2,000 students in close partnership with the NHS and are among the top ten universities in the world at which to study nursing (QS World University Rankings 2016).

Our research excellence was recognised by the results of REF 2014 and is underpinned by the production of collaborative, high-quality and impactful research which aims to improve health and social care at local, national and international levels.

Further Information

In addition to this handbook, familiarise yourself with the information contained within the SHS Student Handbook, the A-Z of Student Services and the IT Services Handbook. New students are given a copy of the appropriate handbooks at the beginning of their programme of study; alternatively the information

is available on our website.

CONTACT INFORMATION

DIVISION CONTACT DETAILS

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Division Website â?? Click Here

THE PROGRAMME TEAM

All staff are located in the Jean McFarlane Building, University of Manchester.

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PROGRAMME OVERVIEW AND STRUCTURE

Psychological Wellbeing Practitioner training provides the knowledge and professional skills for people to work as Psychological Wellbeing Practitioners (PWPs) with people with common mental health problems. The PWP role was originally developed to work within Improving Access to Psychological Therapies (IAPT) services in England, providing assessment and low-intensity interventions, and PWP training programmes accordingly prepare people to work as PWPs in IAPT services. Psychological Wellbeing Practitioners are trained to assess and support people with common mental health problems â?? principally anxiety disorders and depression â?? in the self-management of their recovery. Interventions are designed to aid clinical improvement and social inclusion, including return to work, meaningful activity or other occupational activities. PWPs do this through the provision of information and support for evidence-based low-intensity psychological treatments, mainly informed by cognitive-behavioural principles, but also include physical exercise and supporting medication adherence. Behaviour change theory and models provide the framework which support an integrated approach to the choice and delivery of the interventions that PWPs provide. Each student is required to undertake and pass all necessary course units and practice requirements in order to successfully complete the award.

LENGTH OF PROGRAMME

Full time route: The length of the programme is 12 months and must normally be completed within 5 years of registration.

Part time route: The length of the programme is 2 years, with an optional early submission deadline, providing an opportunity to complete the programme in 18 months.

The key theoretical approach underpinning the PWP role is behaviour change, in particular the integrative behaviour change COM-B model (Michie et al., 2014,2011), which incorporates and builds on previous behaviour change theory and frameworks designed to improve health beliefs and behaviour change. The COM-B model of behaviour change demonstrates that three factors are necessary for any behaviour and that behaviour is influenced or determined by an interaction between capability, motivation and opportunity. The COM-B model aids in the PWP clinical method of information gathering, information giving and shared decision making and its use enhances patient centred assessment and collaborative treatment planning.

The PWP programme consists of three units; Engagement and Assessment of common mental health problems, Evidence-based low intensity treatment for common mental health disorders; Values diversity and context. All units must be completed and passed independently to qualify as a PWP.

UNIT OVERVIEW

Engagement and Assessment of common mental health problems

This unit aims to â??assess and support people with common mental health problems in the self-management of their recovery. To do so trainees must be able to undertake a range of patient-centred assessments and be able to identify the main areas of concern relevant to the assessment undertaken. Trainees need to have knowledge and competence to be able to apply these in a range of different assessment formats and settings. These different elements or types of assessment include screening/triage assessment; risk assessment; provisional diagnostic assessment; mental health

clustering assessment; psychometric assessment (using the IAPT standardised symptoms measures); problem focused assessment; and intervention planning assessment. In all these assessments trainees need to be able to engage patients and establish an appropriate relationship whilst gathering information in a collaborative manner. Trainees must have knowledge of mental health disorders and the evidence-based therapeutic options available and be able to communicate this knowledge in a clear and unambiguous way so that people can make informed treatment choices. In addition, trainees must have knowledge of behaviour change models and how these can inform choice of goals and interventions.

Evidenced based low intensity treatment of common mental health disorders

This unit aims to, â??aid clinical improvement through the provision of information and support for evidence-based low-intensity psychological treatments and regularly used pharmacological treatments of common mental health problems. Low-intensity psychological treatments place a greater emphasis on patient self-management and are designed to be less burdensome to people undertaking them than traditional psychological treatments. The overall delivery of these interventions is informed by a behaviour change framework. Examples of interventions include providing support for a range of low-intensity self-help interventions (often with the use of written self-help materials) informed by cognitive-behavioural principles. Support is specifically designed to enable people to optimise their use of self-management recovery information and pharmacological treatments and may be delivered individually or to groups of patients and through face-to-face, telephone, email or other contact methods. PWPs must also be able to manage any change in risk status.â??

Values, Diversity and Context

This unit aims to â??operate at all times from an inclusive values base that promotes recovery and recognises and respects diversity. Trainees are expected to operate in a stepped care, high-volume environment. During training, trainees should carry a reduced caseload, with the number of cases seen depending on their stage in training, building up to a maximum of 60-80 per cent of a qualified PWPâ??s caseload before completion of the training. Trainees must be able to manage caseloads, operate safely and to high standards and use supervision to aid you clinical decision-making. Trainees need to recognise the limitations to their competence and role and direct people to resources appropriate to their needs, including step-up to high-intensity therapy, when beyond their competence and role. In addition, trainees must focus on social inclusion â?? including return to work and meaningful activity or other occupational activities, physical activity promotion to address both psychological and/or physical health outcomes â?? as well as clinical improvement. To do so trainees must have knowledge of a wide range of social and health resources available through statutory and community agencies. Trainees must have a clear understanding of what constitutes the range of high intensity psychological treatments which includes CBT and the other IAPT approved high-intensity therapies and how high-intensity treatments differ from low-intensity working.

PROGRAMME STRUCTURE

2025 Curriculum

Primary Mental Health Care	Engagement & Assessment of Patients with Common Mental Health Problems (20 credits) Evidence-Based Low-Intensity Treatment for Common Mental Health Disorders (20 credits) Values, Diversity & Context (20 credits)	Exit with PGCert level 7 or a Graduate Certificate (level 6)

PROGRAMME AIMS

Psychological Wellbeing Practitioner training provides the knowledge and professional skills for people to work as Psychological Wellbeing Practitioners (PWPs) with people with common mental health problems. The PWP role was originally developed to work within Improving Access to Psychological Therapies (IAPT) services in England, more recently known as NHS Talking Therapies, providing assessment and low-intensity interventions, and PWP training programmes accordingly prepare people to work as PWPs in NHS Talking Therapies and services. Psychological Wellbeing Practitioners are trained to assess and support people with common mental health problems â?? principally anxiety disorders and depression â?? in the self-management of their recovery. Interventions are designed to aid clinical improvement and social inclusion, including return to work, meaningful activity or other occupational activities. PWPs do this through the provision of information and support for evidence-based low-intensity psychological treatments, mainly informed by cognitive-behavioural principles, but also include physical exercise and supporting medication adherence.

INTENDED LEARNING OUTCOMES

The learning outcomes of the programme will provide opportunities for students to develop and demonstrate knowledge and understanding, skills, qualities, and attributes in a number of areas. There is a balance between these components that reflects both the practice-based nature of the programme and the academic requirements of Postgraduate Level study. Practice skills are viewed with the same importance as knowledge, intellectual, and transferable skills.

Engagement and Assessment of Patients with Common Mental Health Problems unit:

A. Knowledge and understanding	A1. Demonstrate knowledge, understanding and critical awareness of concepts of mental health and mental illness, diagnostic category systems in mental health and a range of social, medical and psychological explanatory models. A2. Demonstrate understanding of the complexity of mental disorders and competence in conceptualising comorbidity, including how to decide the primary target problem for intervention in the context of comorbidity of mental and physical health problems. A3. Demonstrate knowledge, understanding and competence in using the COM-B behaviour change model to identify intervention goals and choice of appropriate interventions. A4. Demonstrate competence in identifying patients at assessment who do not fit the criteria for treatment at Step 2 (e.g. those with PTSD, social anxiety disorder or severe mental health problems) and facilitate appropriate stepping up or onward referral.
B. Intellectual skills	B1. Demonstrate knowledge of, and competence in recognising patterns of symptoms consistent with diagnostic categories of mental disorders (according to ICD 11) from a patient- centred interview, and by doing so correctly identify the correct primary problem descriptor. B2. Demonstrate competence in clinical decision making in terms of choosing the appropriate pathway for a service user after assessment.

	C1. Demonstrate knowledge of, and competence in applying the principles, purposes and different types of assessment undertaken with people with common mental health disorders (across in person, telephone and video-based modes of delivery).
	C2. Demonstrate knowledge of, and competence in â??patient-centredâ?? information gathering to arrive at a succinct and collaborative definition of the personâ??s main mental health difficulties and the impact this has on their daily living.
	C3.Demonstrate competence in assessing and understanding the world view of patients, with a focus on the here and now, including cognitive patterns and biases that link to specific conditions and the implications of these to shape low-intensity working.
	C4. Demonstrate knowledge of, and competence in accurate risk assessment with patients or others to ensure practitioners can confidently manage this effectively in accordance with NICE Guidance.
C. Practical skills	C5. Demonstrate knowledge of, and competence in the use of standardised assessment tools including symptom and other psychometric instruments to aid problem recognition and definition and subsequent decision making.
	C6. Demonstrate the ability to set agreed goals for treatment which are specific, measurable, achievable, realistic and timely (SMART).
	C7. Demonstrate knowledge of, and competence in giving evidence-based information about treatment choices and in making shared decisions with patients.
	C8. Demonstrate knowledge of, and competence in selecting an appropriate mode of delivery in partnership with patients. If digital modes of delivery are considered, competence to assess a service userâ??s suitability for online interventions, revising this as necessary on an ongoing basis.
	C9. Demonstrate competence in understanding the service userâ??s attitude to a range of mental health treatments including prescribed medication and evidence-based psychological treatments.

D. Transferable skills and personal qualities	D1. Demonstrate knowledge of, and competence in using â??common factorsâ?? to engage patients; gather information; build a therapeutic alliance with people with common mental health problems; manage the emotional content of sessions and the impact of this on both themselves and the client and hold boundaries.

Evidence-Based Low-Intensity Treatment for Common Mental Health Disorders unit:

A. Knowledge and understanding	A1. Demonstrate understanding of and competence in selection of appropriate cases for low intensity treatment, aligned to NICE guidance and the IAPT Manual. For example, people whose primary problem is social anxiety disorder or PTSD should only be offered a high intensity intervention. A2. Demonstrate knowledge and understanding of, and competence in using the COM-B behaviour change model and strategies in the delivery of low-intensity interventions. A3. Demonstrate knowledge of, and competence in supporting people with medication for common mental health problems to help them optimise their use of pharmacological treatment and minimise any adverse effects. A4. Demonstrate knowledge and understanding to map core skills into text-based interventions.
B. Intellectual skills	B1. Critically evaluate a range of evidence-based interventions and strategies to assist patients in managing their emotional distress and disturbance.B2. Critically evaluate the role of case management and stepped care approaches to managing common mental health problems in primary care including ongoing risk management appropriate to service protocols.

C. Practical skills	C1. Demonstrate knowledge of, and competence in developing and maintaining a therapeutic alliance with patients during their treatment programme, including dealing with issues and events that threaten the alliance. C2. Demonstrate competence in planning a collaborative low-intensity psychological treatment programme for common mental health problems, including appropriate frequency of contacts, managing the ending of contact and development of relapse prevention strategies. C3. Demonstrate in-depth understanding of, and competence in, a range of low-intensity, evidence-based guided self-help psychological interventions where these are NICE recommended for anxiety disorders and depression, selecting one or more of these intervention strands delivered in an adequate dose for work with patients, linked to their goals: o Behavioural activation o Graded exposure o Cognitive restructuring (including behavioural experiments) o Worry management o Problem-solving o Promoting good Sleep o Promoting physical activity o Medication support C4. Demonstrate competence in delivering low-intensity interventions using a range of methods including one-to-one treatment (in person, via video consultation, via telephone, interactive text or computerised cognitive behavioural therapy (cCBT)) and guided self help groups (in person and via video). C5. Demonstrate competence in selecting and revising mode of delivery, as necessary on an ongoing basis depending on patient choice, suitability, etc.
D. Transferable skills and personal qualities	D1. Demonstrate competence in succinct and accurate note-taking skills

Values, Diversity and Context unit:

A. Knowledge and understanding	A1. Demonstrate knowledge of, and commitment to a non-discriminatory, recovery orientated values base to mental health care and to equal opportunities for all and encourage peopleâ??s active participation in every aspect of care and treatment.
	A2. Demonstrate awareness and understanding of the power issues in professional-patient relationships.
	A3. Demonstrate an awareness of voluntary, community and statutory organisations in their community that may be helpful to signpost/refer to.
	A4. Demonstrate a clear understanding of what constitutes high-intensity psychological treatment and how this differs from low-intensity work.
B. Intellectual skills	B1. Demonstrate an appreciation of the PWPâ??s own level of competence and boundaries of competence and role, and an understanding of how to work within a team and with other agencies with additional specific roles which cannot be fulfilled by the PWP alone.
C. Practical skills	C1. Demonstrate knowledge of, and competence in, responding to peopleâ??s needs sensitively with regard to all aspects of diversity, including working with older people, the use of interpretation services and taking into account any cognitive, physical, or sensory difficulties patients may experience in accessing services.
	C2. Demonstrate knowledge of, and competence in using supervision to assist the PWPâ??s delivery of low-intensity psychological treatment and/or medication support programmes for depression or anxiety disorders.
	C3. Demonstrate knowledge of, and competence in gathering patient-centred information on employment needs, wellbeing and social inclusion and in liaison and signposting to other agencies delivering employment, occupational and other advice and services.

D. Transferable skills and personal qualities	D1. Demonstrate competence in managing a large caseload of people with common mental health problems efficiently and safely.

CURRICULUM CONTENT

All course unit information is published via your MyManchester Student Portal using the CUIP (Course Unit Information Publishing) system. This will include unit outlines, assessment details, learning outcomes, and a link to the reading lists. Click here to access your Student Portal.

PROGRAMME DATES

Welcome Week / Induction / Registration

There will be a two day introductory lecture at the start of the programme which will orientate you to the programme and to the University, the Faculty of Biology Medicine and Health and the Division of Nursing, Midwifery and Social work.

For semester dates click here.

For your programme timetable, please check your MyManchester area.

PROGRAMME REGULATIONS AND POLICIES

As a registered student of The University of Manchester, you agree to comply with the rules and regulations under which the University and its students must operate. The principles underpinning these are set out in the Universityâ??s Statutes, Ordinances and Regulations, which are listed in the Founding Documents available at: http://www.regulations.manchester.ac.uk/postgraduate-degree-regulations/.

Postgraduate Taught Degrees at the University of Manchester are based on the National Framework for Higher Education Qualifications (FHEQ). This framework requires students to achieve credit at Postgraduate Certificate Level in order to get an award. This will normally mean passing 60 credits. The way in which you study these credits will be defined later in the Programme Handbook and the Programme Specification.

The University sets standards relating to your performance on every unit but also on your progression through the programme. Your Programme and Course Unit Specifications will set out the requirements for passing the credit on individual units.

All students undertaking the programme must pass **all** the relevant units in order to be eligible for an award (subject to rules regarding academic compensation and professional qualifications â?? University of Manchester Manual of Academic Procedures, section 5(d)).

For students funded to undertake the programme through the contract between the University and Health Education England North-West, this funding normally covers all programme fees **for a maximum period of three years.**

What happens if I fail some units?

First of all donâ??t panic, but the first thing to do is sit down with your Academic Advisor or Programme Director who will take you through your options. There will be a maximum of 2 attempts per

assessment.

This is known as â??referred assessmentâ?? and these reassessments will normally take place in the same academic year as the original assessment. The Examination Board will then make decisions on your progress and advise you accordingly of the decisions and next steps. It should be noted that skills based competency assessments are independent of academic level and must be passed.

Due to the critical nature of clinical competence, there can be no compensation/condonement for any assessment.

What happens if I fail my resits?

Upon taking the referred assessment, if you fail again, the Examination Board will make a decision with regards to your progress. The possible options available may, in exceptional circumstances, include repeating the unit or being awarded an exit award once youâ??ve exhausted all the opportunities to retrieve failed assessment. A maximum of two attempts at an assessment are normally available, unless mitigating circumstances have been accepted.

Should a trainee fail any assessment within the maximum permissible attempts, the Programme Director and Academic Advisor will inform your service to advise that it would not be appropriate for you to continue to work with patients.

How is my award calculated?

To be considered for a Postgraduate Certificate you must have achieved 60 credits at the appropriate level.

Postgraduate Certificate Programmes are only awarded as a Pass.

For an achievement of 60 credits at level 6, a Graduate Certificate will be awarded.

When and how are decisions made about my results and my progress?

There are normally three available assessment opportunities: January, May / June and August / September within each academic year. It is expected that all your attempts at referral assessment will take place in the same academic year in which the assessment was first taken. After each assessment period there is an Examination Board.

Members of the Examination Board normally include your Unit Tutors, Programme Director and overseen by an External Examiner from another university. It is the job of the Examination Board to review all the results anonymously and make decisions on the award of credit and who can resit exams / assessment or gain compensation. It is also the role of the Examination Board to decide who cannot continue and will leave the University with an exit award. Some students will narrowly miss the threshold for a classification and so we look at their pattern of marks (Mark Distribution) and may look at their examined work (Mark Review).

What do I do if I disagree with the Examination Boardâ??s decision?

The University has clear and fair procedures which set out the course of action should you wish to appeal against an Examination Board decision or make a complaint. There are a number of grounds on which an appeal may be made, however an appeal which questions the academic or professional judgement of those charged with assessing your academic performance or professional competence will not be permitted. The relevant regulations and forms can be found at:

Academic Appeals, Complaints, Conduct and Discipline

In the first instance, we would urge you to contact your Academic Advisor who will be able to talk you through the decision-making process.

Checking your Virtual Learning Environment (VLE)

The Division uses Canva as the central location for information about all student resources. You will be given training on how to access Canva in your induction.

As a student you are required to check Canva at least weekly, as this is where the Division will post both generic and specific information relating to course units and programmes.

VLE Student Community Area

The Student Community area has been devised to provide information that is generic to all course units within the programme. Each section has been structured to reflect the studentâ??s journey through the unit / programme:

On Your Programme â?? includes your Programme Handbook; Attendance, Sickness, Absence, and Interruption information; Academic English Success Programme information; etc.

Student Support & Advice â?? includes information about the Universityâ??s wide range of Student Support Services.

Exams & Assessments â?? includes the Assessment Schedule and exam information; Extensions and Mitigating Circumstances information; Policies and Regulations; etc

GUIDANCE FOR PRESENTATION OF TAUGHT MASTERS DISSERTATIONS

The University of Manchester guidance on presentation of taught Masters Dissertations is available at: **Guidance for the presentation of Taught Masters dissertations**

The guidance explains the required presentation of the dissertation, and failure to follow the instructions in the guidance may result in the dissertation being rejected by the examiners.

Primary Mental Health Care

Year 1 Full Year or 2 Years Part Time	Engagement & Assessment of Patients with Common Mental Health Problems (20 credits) Evidence-Based Low-Intensity Treatment for Common Mental Health Disorders (20 credits) Values, Diversity & Context (20 credits)	The pass mark for a Postgraduate Certificate will be 40%. For a level 6 Graduate Certificate the pass mark is 40%.

Exit with PgCert

ASSESSMENT

MARKING PROCESSES

All Examiners receive a copy of the marking criteria. This provides a guide as to how work should be graded, please see the Exams & Assessments section of the Postgraduate Student Community for a copy of this document.

- **Marking Units**: All marks for credit-bearing assessment must be given as percentages.
- **Double Marking:** The University has a policy for marking, details of which are found in the Manual of Academic Procedures located at http://www.tlso.manchester.ac.uk/map/teachinglearningassessment/assessment/sectionb-thepracticeofassessment/policyonmarking/. In the Division of Nursing, Midwifery and Social Work, we operate a system of moderation, whereby all scripts are marked by one person and a sample of the scripts are marked by a second person. The exception to this is NURS60046, the Dissertation Course Unit, which is double-marked. Double-marking is where every text is marked independently by two markers.
- **Resolution of Marks:** Programme Committees have procedures whereby differences in marks can be resolved internally by the two markers or by the use of a third marker. In exceptional cases, the External Examiner may be asked to adjudicate and award an agreed mark.
- **Anonymous Marking:** The University has a policy of anonymous marking and anonymity of students at Examination Boards. It is appreciated that some types of assessment employed on Taught Masters Programmes cannot be undertaken anonymously, but Programme Management Teams and Examination Boards follow this policy wherever possible. The Board of Examiners, in

consultation with the External Examiner will examine the assessment methods for a programme, and where they are unable to comply with the policy an application must be made to the Graduate Division to ratify any deviation.

For any student who has cited throughout their summative assessment submission but failed to provide a reference list, the assessment will be marked, following which a 10% reduction will be applied by the marker. A comment will be provided in the feedback noting the absence of a reference list.
This change does not replace or impact the policy pertaining to academic malpractice.

MARKING SCHEME

Clinical assessments will be marked using the Sheffield competency tool for assessment and treatment. Please see your VLE/Canva for details of the Sheffield competency tool and manual. Academic marking will follow the faculty rubric. Please find the University of Manchesterâ??s Assessment Toolkit for further details Student Homepage.

FEEDBACK / RETURN OF MARKS

You will be provided with dates for submission of your assignments, practice documents, and examinations by the Unit Lead on commencing the unit.

You will normally receive provisional feedback, based on the Internal Markerâ??s comments, four to six weeks after submission. This feedback is **provisional** and subject to confirmation of / by the External Examiner and ratification by the Examination Board. This information will either be posted or emailed to you at your University student account, or uploaded to the Divisionâ??s online results system for you to access through your VLE.

- Following External Examinersâ?? approval and ratification, you will receive the final feedback by post or email to your University student account.
- Any student who has failed will be notified in writing of the resubmission date following the ratification of results by the Examination Board.
- Any student having failed a part or all of the assessment process for the second time, will automatically be referred to the Progress Committee.
- Results cannot be given over the telephone and no tutor / lecturer is permitted to divulge results to you or others.
- Tutors / lecturers are the only people who are entitled, on request, to remove examination scripts from the relevant Examination Office. The scripts need to be signed in and signed out by a tutor / lecturer.

Notes

1. **Working days are Mondays, Tuesdays, Wednesdays, Thursdays, and Fridays, excluding Bank Holidays.**

RE-ASSESSMENTS

A student who fails to satisfy the Examiners in any assessment of taught units may be permitted to resubmit the assessment or retake the examination on one further occasion, up to a maximum of half the taught credits. The student will take this opportunity during the next available University examination period or within a period as published in the Programme Handbook. The maximum number of attempts per assessment will be two.

Full copies of PGT regulations are available at https://www.regulations.manchester.ac.uk/academic/postgraduate-degree-regulations/.

RESIT FEE CHARGES

All students needing to undertake a resit assessment at second attempt may be charged a fee.

There is no compensation in units with more than 1 summative assessment in Primary Mental Health Care. For more information please see the unit specification.

EXTERNAL EXAMINERS

External Examiners are individuals from another institution or organisation who monitor the assessment processes of the University to ensure fairness and academic standards. They ensure that assessment and examination procedures have been fairly and properly implemented and that decisions have been made after appropriate deliberation. They also ensure that standards of awards and levels of student performance are at least comparable with those in equivalent higher education institutions.

External Examinersâ?? reports relating to this programme will be shared with student representatives at the *Staff Student Liaison Committee (SSLC)/programme committee/other appropriate forum (specify)*, where details of any actions carried out by the programme team/School in response to the External Examinersâ?? comments will be discussed. Students should contact their student representatives if they require any further information about External Examinersâ?? reports or the process for considering them.

External Examiner for Primary Mental Health Care

Name: **Katie Lockwood**
Name of Current Institution: **University of Exeter**
Position at Current Institution: **Programme Lead**

Please note that it is inappropriate for students to make direct contact with the External Examiner under any circumstances, in particular with regards to a studentâ??s individual performance in assessments. Other appropriate mechanisms are available for students, including the Universityâ??s appeals or complaints procedures and the UMSU Advice Centre. In cases where a student *does* contact the External Examiner directly, the External Examiner has been requested not to respond to direct queries. Instead, the External Examiner should report the matter to their Division contact who will then contact the student to remind them of the other methods available for students. If students have any queries concerning this, they should contact their Examinations & Assessments Office.

RETAKING A WHOLE PROGRAMME

Students may, in exceptional circumstances, and with prior permission of the Faculty, NHS England and the service provider be allowed to retake the entire programme. In such circumstances, students may re-register only if all outstanding fees have been paid. Fees are payable for the new period of registration.

CHARGES FOR EXTENSIONS TO LENGTH OF PROGRAMME

Students who go beyond the standard programme length and for whom we stop getting funding, will be charged extension tuition fees.

Additional fees will be charged based on the proportion of the Bench Mark Price (as set by SHA) effective at the date when the extension is required.

GRADUATION

A person who has passed the certificate examination shall be deemed to be a graduate of the University from the date of the meeting of Senate at which the relevant examination result was confirmed. Candidates who so wish may be presented for conferment of the certificate at the appropriate ceremony following confirmation of the result.

The names that are printed on the certificate will be the studentâ??s name as recorded in the University student record system and which is printed each year on the registration form. It is important, therefore, for students to check the registration form to ensure that their names are correctly recorded. The name printed on the certificate cannot subsequently be amended without valid proof of the correct name (i.e. birth certificate, passport, etc.) and this service may incur a charge.

Students eligible for graduation are encouraged to check the online student system normally 6 â?? 8 weeks prior to their ceremony taking place to register their attendance at the ceremony and to request tickets for family / friends.

http://www.studentnet.manchester.ac.uk/selfservice/graduation/

EQUAL OPPORTUNITIES

The A-Z of Services provides information and advice on a range of topics including finance, examinations, accommodation and health; it also contains details about the Universityâ??s policy for students with additional support needs and its equal opportunity and race equality policy. Please see the University Student Handbook for further details.

The University may share appropriate information relating to your health and/or conduct with external organisations such as your professional employer(s) (for example, relevant NHS Trust Professional and Statutory Regulatory Bodies (PSRB), placement and training providers and/or regulator (such as [Note â?? ideally this should be tailored for each programme handbook, with the name of the relevant regulator included]). This may occur where concerns in relation to your health and/or conduct arise and the University considers it necessary for them to be disclosed to one or more of the above organisations. The Universityâ??s Privacy Notice for Registered Students (which is accessible via this

link: http://www.regulations.manchester.ac.uk/data-collection-notice/) includes further information about how the University may use and process your personal data, including the legal basis and conditions which may be relevant to such processing (see section 6 of the Privacy Notice). The University will only disclose special category data (such as data relating to your health) to a third party organisation where one of the additional conditions are satisfied (see section 9 of the Privacy Notice), including where processing is necessary for reasons of substantial public interest.

HEALTH AND CONDUCT COMMITTEE

Functions of the NMSW Health and Conduct Committee

The overall function of the NMSW Health and Conduct Committee (NMSW H&CC) is to consider matters concerning a studentâ??s conduct and health as directed by both the University of Manchester regulations and policies; for example, attendance, academic malpractice, plagiarism, conduct, and discipline â?? both inside and outside the campus of the University of Manchester.

The Committee does this by monitoring studentsâ?? health, conduct, and discipline issues (including attendance) and determines the consequences and course of action for students in the following scenarios:

- Where a report of unprofessional behaviour or unsatisfactory conduct has been received (this may include plagiarism);
- Where reports of unsatisfactory attendance have been received;
- Where a studentâ??s general health is of concern.

Regulation XX: Monitoring Attendance and Wellbeing of Students

The full terms of reference for Health and Conduct Committee can be found in the Postgraduate Student Community area on your VLE.

Harassment *is unwanted conduct that may create the effect (intentionally or unintentionally) of violating a personâ??s dignity or creating an intimidating, hostile, degrading, humiliating, or offensive environment which interferes with an individualâ??s learning, working, or social environment or induces stress, anxiety, or sickness on the part of the harassed person.*

Discrimination *takes place when an individual or a group of people is treated less favourably than others because of their race, gender, gender reassignment, marital status, status as a civil partner, disability, age, religion or belief, sexual orientation, or other factors unrelated to their ability or potential.*

Bullying *can be defined as repeated or persistent actions, criticism, or personal abuse, either in public or private, which (intentionally or unintentionally) humiliates, denigrates, undermines, intimidates, or injures the recipient. It should, in particular, be borne in mind that much bullying occurs in the context of a power imbalance between victims and alleged perpetrators.*